Te Puni Kōkiri
MINISTRY OF MĀORI DEVELOPMENT

File Ref: OIA 40188

18 OCT 2019

Tēnā koe

Official Information Act request

Thank you for your Official Information Act request dated 18 Whiringa-ā-nuku 2019 where you asked for the following information:

- *"In 1996/1997, Mrs Ipu Absolum was contracted by Te Puni Kokiri to do some research relating to Maori who committed suicide. The research was commissioned in relation to a National Strategy on Health.*

- *I would like to request, under the Official Information Act 1982, a copy of the report completed by Mrs Absolum, any other reports or documents relating to the research, including instructions around the scope of the research and any subsequent reports outlining what was to be done with the research or how it was to be used."*

Your request has been considered in accordance with the Official Information Act 1982 (the Act).

One document, *A Review of Evidence: A Background to Support Kia Piki Te Ora o Te Tai Tamariki* has been identified in scope of your request. While this document is attributed to Keri - Lawson Te Aho, Ipu Absolum is identified as a major contributor and we believe this is the document you are seeking. While the document was published at the time we are uncertain how available this is and are happy to send you a copy.

We are unable to identify any other documents relating to this report including *instructions around the scope of the research and any subsequent reports outlining what was to be done with the research or how it was to be used.*

I trust my response satisfies your request.

You have the right to seek an investigation and review by the Ombudsman of this response. Information about how to make a complaint is available at www.ombudsman.parliament.nz or freephone 0800 802 602.

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If you wish to discuss any aspect of your request with us, including this decision, please feel free to contact Madeline Smith, Senior Ministerials Advisor, Ministerials and Business Support via smitm@tpk.govt.nz.

Ngā mihi

Rahera Ohia
DEPUTY CHIEF EXECUTIVE POLICY PARTNERSHIPS

A REVIEW OF EVIDENCE:

A BACKGROUND DOCUMENT TO SUPPORT KIA PIKI TE ORA O TE TAITAMARIKI

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He mihi aroha tenei ki a koutou katoa.

Keri Lawson-Te Aho

INTRODUCTION

This background document to the Māori youth suicide prevention strategy, Kia Piki Te Ora O Te Taitamariki, is based on recognition of the relationship between culture and behaviour. This critical relationship has been confirmed throughout a pre-consultation phase for the development of the Māori youth suicide prevention strategy by Māori and non-Māori practitioners.[1] It has also been confirmed through an analysis of local and international research as being an appropriate emphasis for the prevention of Māori and other indigenous youth suicide.

Kia Piki Te Ora O Te Taitamariki has been designed from a Māori cultural development framework that recognises the priorities and preferences of Māori individuals, whānau, hapū, iwi and communities. It also sees the need for the response to the rising Māori youth suicide rate to come from within and involve the individuals, whānau, hapū, iwi and Māori communities concerned. This strategy promotes Māori responses to Māori youth suicide, emphasising the role of government as an enabling and supportive one rather than a directive one.

Kia Piki Te Ora O Te Taitamariki is also based on international research about the prevention of indigenous youth suicide. Within this international emphasis is a recognition of the commonalities between indigenous and first nations peoples and Māori. These commonalities are sourced in the disempowered position of indigenous peoples and the devastating impact of colonisation that has been transmitted through history and continues to traumatise indigenous peoples all over the world.

There is well established international research on the patterns, causes and prevention of indigenous youth suicide. The risk factors which place indigenous youth internationally at higher risk of suicide include factors that are also implicated in Māori youth suicide. These factors are social disadvantage, family breakdown, drug and alcohol abuse, mental illness including depression, a history of exposure to suicide and suicide attempts, child abuse, imprisonment, low self-esteem, loss of romantic attachment and peer pressure.

The same risk factors also apply to the general New Zealand youth population. However, the magnitude and prevalence of the risk factors is where the experiences between Māori, indigenous and non-Māori populations seem to differ.

There are additional risk factors which apply only to Māori and other indigenous youth. These are the risk factors relevant to cultural alienation, the impact of history through intergenerational modelling and behavioural transfer, and confusion over identity.

There appears to be a higher tolerance of multiple risk factors exhibited by Māori youth. This may indicate a pattern of inter-generational transfer and role modelling of risk taking behaviours that have become 'normal' over time. Given the lack of specific research, it is difficult to link patterns of inter-generational behaviour with Māori youth suicide. Until such time as it is confirmed or disputed by research, this pattern is suggested by anecdotal evidence.[2]

There are concerns too about the role of mainstream institutions failing to ensure the safety of Māori. Prisons are the clearest example of this – 25% of all Māori suicides occur in custody.[3] There have also been links made between low self-esteem in Māori youth and their experiences in the education system. Common themes arose from the three focus groups held to discuss Kia Piki Te Ora O Te Taitamariki, indicating some generalisations may be made about the issues confronting Māori youth.[4] Whatever the responses from mainstream services and systems toward Māori youth, they are not reducing the growing disparities between Māori and non-Māori in all major social policy areas.

In terms of the actual numbers of Māori who die from suicide, the Māori youth suicide rate has risen considerably over the past ten years. However, the true level and incidence of Māori youth suicide cannot be determined because of the way in which Māori suicides are recorded and reported. It is also impossible

to accurately assess the impact of this issue for Māori. However, it is important to note an increasing trend. Beyond that, conclusions may be drawn from local evidence and anecdotal reports by Māori communities. These reports advise that Māori youth suicide is considerably higher than figures provided by official statistics.

Regarding youth suicide prevention, there is increasing evidence that indigenous peoples who are least susceptible to alcohol and drug abuse, self-destruction, mental illness, and behavioural problems, are those who can demonstrate competency in both traditional and contemporary contexts.[5] In other words, those indigenous people who are culturally competent in both Western and traditional worlds probably have the best chance of survival. This implies that cultural knowledge and behaviour provide a protection against self-destruction.

It is also important to note that those prevention programmes that are designed and implemented by the indigenous communities concerned, and that are based on local networks, resources, skills and cultural processes are reporting significant reductions in indigenous youth suicide.[6]

Finally, many of the assumptions that underpin mainstream health, education and social service strategies do not work for indigenous populations internationally. This is equally true in New Zealand and may be substantiated through an analysis of the failure of many mainstream programmes to access Māori and deliver effective services.[7] Irrespective of whether cultural interventions work, one thing is certain – mainstream approaches do not. That in itself is rationale enough for a cultural development approach to Māori youth suicide prevention.

This document is neither final nor exhaustive. It is the beginning of the process of working to reduce Māori youth suicide by developing whānau and communities that are able to nurture and care for Māori youth so that future generations of Māori youth actively choose life over death. It is a recognition that Māori youth are precious, and vital to our collective survival as Māori.

BACKGROUND

Youth suicide has appeared on, and disappeared off, the government health, youth and education policy agendas over the past eight years. During this time, there have been numerous publications and lots of advice but very little action in terms of the development of a national strategy for the prevention of youth suicide in New Zealand.[8] Within this process, Māori youth suicide prevention has been relatively invisible despite an increasing call that government move to address the issue in Māori communities from within those communities.[9]

In 1996 the Ministries of Youth Affairs, Health and Māori Development took up the challenge to address the New Zealand youth suicide rate. The result is the draft national youth suicide prevention strategy which includes a separate strategy for Māori called Kia Piki Te Ora O Te Taitamariki.

During the pre-development stage of Kia Piki Te Ora O Te Taitamariki, individuals and groups working with Māori youth in education, health, mental health, research and policy were consulted to gain an understanding about how Māori youth suicide could be prevented from the perspectives of those working 'hands on' with at-risk Māori youth.[10] The pre-development process included interviews with focus groups of Māori youth in Taumarunui, Wainuiomata and Kaiangaroa Forest.

In addition, a Māori Reference Group was established to oversee and monitor the development of the separate Māori strategy and a Māori health researcher was engaged to research and design the content of Kia Piki Te Ora O Te Taitamariki.[11] The complete national strategy including Kia Piki Te Ora O Te Taitamariki was used in draft form for a series of Māori focus group hui in Wanganui, Christchurch, Auckland, Whakatāne and Whangārei. The focus group hui were facilitated by Te Korowai Aroha Aotearoa Inc. and Te Hau Ora O Te Tai Tokerau.

MĀORI YOUTH SUICIDE: THE STATISTICS

Māori youth suicide has risen significantly since 1984. This is consistent with trends in other indigenous populations. The reported numbers of Māori deaths identified as suicide increased from 17 to 31 for Māori males and 5 to 12 for Māori females over the period 1984-1994. In 1994 there was a total of 43 Māori youth suicides reported in official statistics.

UNDER-COUNTING OF MĀORI YOUTH SUICIDE

Comparative rates between Māori and non-Māori youth suicide are computed by dividing the numbers of recorded Māori suicide deaths (numerator) by the population of Māori (denominator) as identified in the New Zealand Census.[12]

This rate is compared to the rate of non-Māori suicide deaths in the population. This process is flawed for two reasons. First, the definitions of Māori used in the numerator and denominator data do not match. The comparison of two different data sets results in considerable under-counting of Māori ethnicity. Second, the process of recording and reporting Māori deaths is susceptible to front line collectors of ethnicity data making a judgement about ethnicity, often from the physical appearance of the deceased.

Before 1995 the ethnicity of the deceased person was obtained from death registration forms (RG28). These were completed by funeral directors. Since September 1995 the individuals who certify death have been required to record the deceased's ethnicity on the cause of death certificate.[13] It is too early to see what impact this change will have on Māori suicide statistics.

On the basis of current data collection processes, there is no way of determining the true level of Māori youth suicide. In some studies of discrepancies between reported death statistics and actual numbers of Māori deaths, the percentage of under-counting has ranged from 28%[14] to 82%.[15]

Given this, Māori and non-Māori suicide statistics cannot be compared with any certainty because the numbers of Māori suicides are likely to be considerably under-counted. Despite the obvious flaws in the data, the Ministry of Health report small numbers of Māori suicides compared to the New Zealand youth population.

The data available is useful as a means of identifying upward trends in Māori youth suicide. It provides a guide to changes in suicidal behaviour in the Māori youth population, which may be usefully compared with trends in indigenous youth suicide internationally.

Finally, anecdotal reports of Māori youth suicide suggest a significant discrepancy between official statistics and actual numbers of suicides.

THE POLICY CONTEXT

This section briefly outlines the policy context within which Kia Piki Te Ora O Te Taitamariki has been developed. In particular, stated commitments to address the specific needs of Māori are identified and included as support for a distinctive approach to the prevention of Māori youth suicide as part of the prevention of youth suicide generally.

MĀORI HEALTH POLICY

The Government's Māori health goal requires that health agencies (Ministry of Health, Transitional Health Authority (now the Health Funding Authority), Crown Health Enterprises) work to ensure that Māori have the opportunity to enjoy at least the same level of health as non-Māori. Furthermore, Māori health and mental health are health gain priority areas where the Government expects to achieve improvements.

In working to meet this goal, government agencies are also encouraged to apply three defined principles. These are:

- recognise Māori aspirations and structures,
- promote positive health for Māori and,
- encourage greater Māori participation.[16]

MĀORI MENTAL HEALTH POLICY

The broad goal for Māori health applies directly to Māori mental health policy. This means that the Ministry of Health, the Transitional Health Authority (now the Health Funding Authority), the Mental Health Commission and other agencies working in mental health are required to work to advance the Government's Māori health goal, and Māori health and mental health as health gain priority areas.

MĀORI DEVELOPMENT POLICY

The Ministry of Māori Development (Te Puni Kōkiri) is a policy agency with a statutory obligation to promote improved Māori achievement levels in education, training and employment, health, and economic resource development.

Te Puni Kōkiri has another role to monitor and liaise with departments and agencies who provide services to Māori in order to ensure that these agencies provide adequate services for Māori.

CULTURAL CONSIDERATIONS IN MĀORI AND INDIGENOUS YOUTH SUICIDE PREVENTION

The following section considers the critical relationship between culture and behaviour. Definitions of culture and the way in which behaviour is shaped by culture are presented here as part of the rationale for addressing Māori youth suicide from within a cultural framework of understanding and practice. Much of the literature used in this section has come from research with other indigenous populations. It is relevant because of the indigenous status of Māori.

DEFINING CULTURE

Culture has been defined as 'the customary beliefs, social forms and traits of the group of people defined by social, religious or racial group.'[17] Inherent within the concept is the notion of shared values, behavioural practices and patterns, attitudes, history, identity and biology.

A New Zealand definition of culture is 'the total collection of behaviour patterns, values and beliefs that characterise a particular set of people'.[18]

Contrary to its interpretation and use in mainstream New Zealand health research and psychiatry, culture is more than the ethnic composition of a client group or a research sample. It is about individual and collective behaviour that is distinctive, different and meaningful to those who live by it.[19]

According to Metcalf, cultures constantly change, inventing and reinventing themselves in response to inside and outside pressure or incentives.[20]

However, there are consistencies in meaning and behaviour that continue to exist through time and across generations for indigenous peoples. Without generalisation, the consistent behavioural characteristics for Māori may include the central notion of the link between individual and collective well-being, the idea of a spiritual dimension to contemporary and individual reality, and the relevance of whānau.

OTHER INDIGENOUS DEFINITIONS OF CULTURE

Culture was defined by one Native American woman as:

To find ourselves, who we are
To learn our way of life as Indian
To heal our mind and our soul
To have courage and be strong
To have faith of ourselves...
Great spirit bless this sacred place.[21]

This carries an understanding of culture that is centred on the individual but that intertwines individual growth with collective cultural tradition. It also links spiritual healing with psychological healing and ultimately with spiritual guidance, with the notion of a higher power. It is consistent with some Māori interpretations of Māori well-being that encompass holistic understandings where genealogy, family, and the mental, physical and spiritual elements of life form part of an integrated and inseparable whole.[22]

Biomedical interpretations of indigenous youth suicide tend to reduce the relevance of culture as a key part of understanding indigenous youth suicide. This occurs by redefining cultural factors and explaining differences through the use of measurable risk factors such as poverty. These is also a tendency to view cultural difference only in terms of the differential impacts of generalised risk factors.[23] However, there can be no doubt that cultural alienation, identity and role confusion and loss of cultural systems of meaning and practice are directly relevant to indigenous youth suicide.[24] Further, these correlates of indigenous youth suicide have been consistently offered as explanations for suicide in research on rates, risk factors and prevention methods over at least the last forty years.[25]

THE RELATIONSHIP BETWEEN CULTURE AND BEHAVIOUR

It has been found that cultural alienation is a valid explanation for indigenous experiences of being at higher 'risk' for drug and alcohol abuse, mental health problems including depression and suicide, and other adverse behaviours.[26] Eckersley identifies that culture can provide a sense of belonging and purpose, a sense of meaning and self-worth and a moral framework to guide conduct.[27] Similarly, Skegg et al. link the cultural alienation of young Māori to increased suicide risk.[28]

La Due confirms a relationship between cultural identity and alcoholism for Native American women, noting that the loss of cultural ties and values contributes to Indian alcoholism, and that women who are away from their traditional centres of support, be it familial, spiritual or communal, appear to be at a higher risk for alcohol abuse.[29]

Durie maintains that a secure Māori identity will act to protect against poor health even in the presence of adverse socio-economic conditions. This finding has been derived from preliminary results of the Hoe Nuku Roa: Māori Profiles research project in which it has been identified that Māori in the study associate a secure identity with 'a sense of being Māori and access to cultural markers such as whānau, Māori land, knowledge of ancestors, Māori language and opportunities to associate with other Māori people.'[30]

To date, theories about the impact of cultural loss on individual Native American behaviour has placed indigenous individuals along an acculturation continuum. According to this approach, the outcomes of colonisation present as behaviours that collectively indicate the extent to which the individual has been alienated from their identity as Native American. This is measured according to the degree of traditionality or acculturation that is manifest in the behaviour of the individual.

Metcalf proposes a cultural cultivating model in the treatment of Native American women for alcoholism.[31] Taking the notion of a traditional to acculturated continuum, Metcalf broadens the theory by proposing that many Native Americans are neither grounded in their traditional culture nor acculturated into the dominant culture.[32] According to Metcalf, the assumption that client characteristics vary only along a traditional to acculturated continuum fails to recognise the heterogeneity of indigenous populations. In treatment terms, the cultural cultivating model recognises that any form of intervention with Native Americans must recognise the various realities of Native Americans and adopt a mix of approaches in the treatment process.[33]

In research on indigenous youth suicide in the United States, it was found that although high suicide rates have been associated with drug and alcohol abuse, high unemployment, child abuse and neglect, less traditional tribes have higher rates of suicide than traditional tribes.[34] The reason for this is thought to be related to a greater sense of belonging and greater support of adolescents.[35]

In terms of local analyses of the interface between culture and behaviour, in the development of guidelines for the purchase of mental health services for Māori, Durie et al. identify many of the same themes that have been recognised in the development of Kia Piki Te Ora O Te Taitamariki.[36] Those themes are directly relevant to practices that they term cultural affirmation. These include recognising the relationship between culture and health, and confirming the importance of cultural inputs into mental health programmes such as cultural assessment, whānau participation, use of Māori language, tikanga Māori, karakia, rongoa, Māori leisure pursuits, involvement of tohunga or traditional healers and a Māori workforce.

Thompson identified consumer and whānau preferences in mental health services.[37] The results were similar in that whānau participation, recognition of Māori spirituality and cultural engagement were seen as central to effective mental health services for Māori.

Further, in the consensus development conference on the treatment of people with drug and alcohol problems it was agreed that health and sickness of any kind are inseparable from spiritual and whānau well-being.[38] These are cultural determinants of well-being for Māori.

In summary, there is clearly a relationship between culture and behaviour that needs to be recognised in the design of Māori youth suicide prevention strategies. That relationship is pertinent to the use of cultural values and strengths as psychological protection for indigenous youth. The merits of cultural development are also highly relevant to reversing low self-esteem, and placing the individual Māori young person within a context of support through the re-establishment of collective cultural responsibilities for the well-being of Māori youth.

CULTURE, SUICIDE AND MENTAL HEALTH

Suicide is inherently linked to mental health status. The relationship is complex, particularly where indigenous populations are concerned. This is because of the presence of multiple risk factors (for example, high rates of unemployment, low rates of educational achievement, high rates of poverty, increasing domestic violence and family dysfunction[39]) set against an historical context of colonisation and the trauma of cultural loss. While there is no clear line of cause and effect that relates colonisation, general suicide risk factors and Māori youth suicide rates, that is a statement about the lack of appropriate research rather than confirmation that there is no relationship.

It is also difficult to determine whether Māori youth suicide is an act of spiritual liberation or a response to severe emotional pain. It may be a combination of both.[40]

Given this, understanding the relationship between suicide and mental health status occurs partly by default for indigenous peoples. In other words, it is through an analysis of what does not work to improve mental health and reduce suicide that effective interventions with indigenous peoples may be developed. Unfortunately, it is the lessons learned from failure that generate the prescription for success.

In New Zealand, trends in mental health service use by Māori matched with increasing suicide rates may indicate that mental health services continue to fail Māori. Does this mean that mental health services are unable to assess the cultural determinants of Māori behaviour adequately? The evidence of misdiagnosis of Māori by mental health services would seem to support this conclusion.[41]

In a study of the patterns of Māori mental health service use, Bridgeman states:

> In the Guidelines for Cultural Assessment released by the Ministry of Health there is a reference to the impact of colonisation and discussion of diminishing identification of Māori with their cultural heritage. Among other factors Durie states that cultural affiliation is necessary for good mental health. An extension of this line of discussion, proposed here is that Māori rates of psychotic illness perhaps indicate a culture under siege, and the extent to which Pacific Islands levels are much lower than Māori is a measure of the extent to which Pacific culture is relatively intact... Bridgeman and Lealaiaulotu have argued that the strength of Pacific Islands churches which prohibit the use of alcohol and drugs, a powerful extended family network, and the extensive use of Pacific Islands healing approaches are evidence of a cultural integrity that provides protection against mental illness. While psychotic illness is present in every culture, the point of entry to that diagnosis for Māori seems to be a group of illnesses which have no counterpart in traditional Māori society, namely drug and alcohol disorders.[42]

THE CULTURE OF POVERTY, HEALTH INEQUALITIES FOR MĀORI, AND SUICIDE

Recent research has attempted to explain Māori health inequalities by way of a culture of poverty. The culture of poverty is an economic rationale in which Māori poverty is related to lack of access to a share in the wealth of society. The culture of poverty theory undermines the relationship between cultural identity and behaviour, because inequality is linked to lack of resources rather than ethnic and cultural difference.[43] There is some truth in the argument that adequate resourcing will lead to improved access because resources enable people to

participate. However, the higher rates of Māori poverty are only a partial explanation of Māori youth suicide rates.[44] The culture of poverty theory is limited where Māori are concerned. It serves as an explanation for the relative position of Māori within New Zealand and fails to recognise that the cause of Māori disadvantage is the impact of colonisation.[45]

As an approach to addressing Māori youth suicide, cultural development is about involving Māori youth in Māori institutions, increasing the access of Māori youth to a strong Māori identity, and locating Māori youth within the supportive contexts of whānau and relevant cultural communities – bearing in mind that where these do not exist, they need to be developed. International research clearly shows the benefits of a strong cultural identity for the individual well-being of indigenous youth. The broad issues of poverty and other environmental barriers to mental wellness are partly moderated by cultural development.

MĀORI SUICIDE

In some cultures, there is a pattern of suicide in the history of the culture. An historical and traditional pattern of suicide has been identified in Māori culture by a number of researchers.

DEFINING SUICIDE AND WHAKAMOMORI

Suicide is defined as 'purposefully self inflicted injury resulting in death.'[46] Para suicide or self-inflicted injury describe non-fatal incidences of self-harm.[47] Māori suicide is often translated as whakamomori.[48] This is interpreted as 'a deep seated underlying sadness'[49] and 'an in built tribal suffering.'[50] Finally, whakamomori has also been defined as meaning 'grieving without a death.'[51]

'Whakamomori' has gained popular usage as a term for Māori suicide. However, there are cultural understandings of this term in which whakamomori describes a psychological, spiritual and cultural or collective state of being that may or may not result in physical death.

Use of the term whakamomori differs from iwi to iwi. For example, the term is not considered to be an appropriate description of Māori suicide for Māori in the northern part of the North Island where tarona has been used as a more appropriate term, and where whakamomori is more commonly associated with rape.[52] The notion of loss without physical death is consistent with the association of the term whakamomori with rape.

Finally, it is important to note that in using a Māori term to describe suicide, there is a degree of acceptance that Māori youth suicide may be partly understood by Māori cultural definitions used to describe it.

IS THERE EVIDENCE OF SUICIDE IN TRADITIONAL MĀORI SOCIETY?

Skegg, Cox and Broughton refer to the existence of suicidal behaviour in traditional Māori society.[53] However, they are cautious not to link a pattern of suicidal behaviour in traditional Māori culture to contemporary explanations of Māori youth suicide despite the fact that they question whether history is repeating itself. The reason for this is the fundamental differences between the two patterns.

In traditional society, according to Skegg et al., the act of suicide was contained within traditional culture and may have been practised particularly by bereaved women. There is also some reference to suicide as a form of recompense for shame caused by a harmful act.[54] Whereas contemporary Māori suicide largely affects young Māori men alienated from their culture as Māori, traditional Māori suicide is directly linked to traditional cultural interpretation and practice. Although these are two different contexts and behavioural patterns, the relevance of cultural meaning and practice is highly relevant to both.

Durie states that suicide is a culturally alien behaviour for Māori and this means that the act has a greater impact for contemporary Māori.[55] Bridgeman and Dyall also indirectly question whether it is relevant to understand

contemporary Māori suicide as stemming from a culturally-based suicidal pattern of behaviour. Bridgeman and Dyall note that symptoms like suicidal ideas (depression) were very uncommon in traditional Māori culture.[56]

There is evidence that supports a form of suicidal tradition in Māori culture which has no contemporary equivalent. The existence of suicide in traditional Māori culture may be seen as a challenge to cultural development as a means of addressing contemporary Māori youth suicide. However, it is not proposed that Māori youth assume all the cultural traditions of pre-colonised Māori. That is impossible.

It is proposed that there are positive elements of Māori cultural practice that can be restored in contemporary settings, and that these may usefully serve as a protection for Māori youth. There is confirmation of the importance of cultural identity in providing a form of psychological support for indigenous youth and a social infrastructure to belong to.[57]

CULTURE AND HISTORY: COLONISATION AND ITS EFFECTS

The idea that history affects the contemporary socio-cultural position and contemporary behaviour of youth is part of the analysis of suicide for indigenous peoples the world over.[58] One of the responses to enforced acculturation and colonisation for Māori was the establishment of negative behaviours as coping mechanisms for the trauma of colonisation. These have been transmitted inter-generationally through role modelling so that over time adverse behaviours have become normalised.

Histories of colonisation for indigenous peoples show the removal and breakdown of cultural institutions that would have once modified and controlled individual behaviour for the collective good and collective behaviour for individual good.[59] The removal of land, the forced impoverishment of Māori, and the removal of Māori control over Māori destinies have had profound effects on Māori in contemporary New Zealand society.[60] These are the facts of history that have been transported through whakapapa or genealogical relationships. The impact of colonisation for Māori is transmitted to each new generation born into the circumstances created by it. In many respects, Māori life scripts have been written before birth unless there is a conscious effort to change patterns of behaviours within whānau, hapū and iwi.

Assimilation, in this report, is the process of absorbing one cultural group into another.[61] In other words, the recreation of Māori as non-Māori by removal of Māori cultural traditions and patterns of behaviour, and the conversion of Māori value and belief systems to replicate non-Māori.[62] There is ample evidence to confirm that the policy of assimilation was vigorously pursued in New Zealand history,[63] as indeed it was pursued in other indigenous cultures at the time of colonisation and since then.[64]

Colonisation is a political act. It assumes cultural superiority and the right to dominate.[65] As a process, it has to render indigenous perspectives and experiences as irrelevant and inferior in order to impose a new cultural belief system and political order. Those are the necessary conditions without which colonisation could not work.[66]

The result of constructed relations of inferiority and dominance is that many Māori struggle to maintain an identity as Māori and to have access to the institutions of Māori culture which provide strength and a source of psychological, spiritual, cultural and physical well-being for themselves, their families, and the broader social networks of which they are an integral part.[67]

A further outcome is that Māori realities are not considered to be valid when weighed up against dominant cultural realities. This continues to be relevant for Māori researchers, clinicians and others where western science and medical research is often seen to be the search for 'truth' whereas the validity of Māori research processes is treated as doubtful.

Another example occurs in the practice of Western psychiatry. Māori beliefs in a spiritual relationship with ancestors have often been interpreted as a symptom of mental illness despite active attempts to have Māori world

views recognised in the practice of psychiatry in New Zealand. At best, the outcome is that selected Māori patients are permitted access to Māori traditional healers and elders, but this occurs alongside the ongoing administration of Western psychiatry and is often a hard won concession rather than an accepted part of effective treatment for many Māori.

At a practical level, inter-generational violence[68] and abuse, drug and alcohol abuse,[69] depression,[70] mental illness,[71] physical illness, rising youth suicide rates and Māori youth mental health problems all point to symptoms of a traumatised culture.

Although it is hard to measure the exact impact of colonisation on contemporary Māori lives, the symptoms of Māori cultural crisis speak volumes about the impact of colonisation on Māori cultural institutions and Māori in contemporary Māori society.

The following section considers some of the cultural and psycho-social outcomes of colonisation for Māori and their relevance to understanding and preventing Māori youth suicide. Some of the supporting literature for this analysis is derived from international research. The outcomes have been grouped into two main categories including collective cultural outcomes and individual psychological outcomes.

COLLECTIVE CULTURAL OUTCOMES

E kore te uku e piri ki te rino, ka whitikia e te rā ka ngāhoro
Clay will not cling to iron. When the sun dries it out, it will fall away.[72]

Māori cannot be reconstructed as non-Māori because Māori are not and never can be anything but Māori. The fact of whakapapa remains despite the significant challenges to it.

Cultural breakdown and loss of identity as Māori

Loss of cultural identity as Māori is the result of colonisation. First, the removal of land rendered Māori unable to maintain cultural traditions which had for centuries been based around the identification with land as the source of spiritual and physical identity for individuals, whānau, hapū and iwi.[73] Second, the active process of assimilation rendered Māori values, traditions, practices, beliefs and world views irrelevant to the values and beliefs of the dominant culture. It created an imposed inferiority through the denigration of Māori identity.

Māori land was bought and sold to speed the colonisation of New Zealand. The buying and selling of Māori land, by any means foul or fair, not only isolated Māori from their essential identity as Māori but it served to impoverish them. The death rate of Māori soared alongside land alienation as the impact of spiritual, psychological, cultural and physical annihilation took its toll.[74]

Social dislocation

Urbanisation assisted the loss of Māori cultural identity. Forced to move to the cities because of rural landlessness, Māori moved away from the traditional tribal homelands to an urban base. By 1975 the bonds to land for 70% of the Māori population were severed.

Further, the roles of whānau, hapū and iwi as the source of social support were undermined and Māori became socially isolated in a new environment that was in direct opposition to the collective patterns of behaviour that had characterised Māori social, cultural and political organisation.

Loss of Māori authority and control

Loss of control over the conditions of Māori lives at the individual and collective levels is also a direct outcome of colonisation. The individualisation of land saw the breakdown of the collective authority of

whānau, hapū and iwi, and the inability to exercise management and control over the lives of individual Māori within the collective. The loss of Māori authority and control continued to break down centuries of tradition and further alienated Māori from the land and from their collective and individual realities as Māori.

Poverty

Māori poverty is seen partly in the high rates of Māori ill-health, lack of home ownership, poor educational outcomes and other social indicators of well-being. However, poverty does not fully explain the current position of Māori. If that were the case, then Māori disadvantage could be remedied by way of economic development. Poverty is a symptom of Māori disadvantage, not a cause of it.

PSYCHOLOGICAL OUTCOMES FOR THE INDIVIDUAL

There is a consensus that identity and affiliation with cultural values impacts on youth suicide rates for indigenous peoples. It is important to understand here that it is not proposed that increasing the participation of Māori youth in kapa haka or teaching them to speak Māori will necessarily reverse the increasing Māori youth suicide rate. However, it is proposed that identity within a collective culture is important for Māori youth.

Cultural identity is the way Māori youth see themselves as part of a particular cultural group. Māori youth do see themselves as different from non-Māori youth. This is evident in the way that Māori youth affiliate with other Māori youth, cluster in environments where other Māori youth are, identify with black (Afro-American) culture through the acceptance of black role models, and other behaviours that are about the search for belonging and a common identity. The association with an oppressed black underclass has become a particularly relevant characteristic of urbanised Māori youth behaviour.[75]

The question needs to be asked, are there remnants of traditional Māori cultural values which can be used to strengthen and support contemporary Māori youth? The place to begin is to locate Māori youth within the common history of Māori as an indigenous colonised population and to consider the outcomes of that history in a contemporary setting.

Finally, to understand the Māori youth suicide problem, the outcomes of history at an individual level need to be understood. Only in this way, will we begin to understand many of the realities of Māori youth that lead to a decision to suicide.

INDIGENOUS PSYCHO-PATHOLOGY: THE CREATION OF MĀORI MENTAL ILLNESS

There is increasing support for the existence of a form of cultural depression,[76] variously called sub-clinical depression,[77] acculturative stress,[78] cultural grief and collective post-traumatic stress disorder (there are probably other labels for the same concept).

This psycho-pathology (mental illness) is thought to be characterised by self-destructive behaviour (such as drug and alcohol abuse) and negative ideation (thinking) (such as low self-esteem, feelings of worthlessness, feelings of inadequacy, feelings of hopelessness, and depression). This is plausible when considering the rates of mental illness and alcohol and drug abuse for Māori and other indigenous populations. There is a point beyond which individual behaviour becomes a deficient explanation for widespread indigenous mental illness.

Indigenous mental illness is thought to be related to the outcomes of trying to live in two worlds and fitting into neither,[79] coupled with histories of cultural genocide over which indigenous peoples have been not able to exercise sufficient control. This carries an idea of intergenerational, collective cultural suffering.

Grief at an individual level is a profound experience that requires a process of resolution before individuals are able to move on. Loss of a loved family member is identified as a devastating experience and a risk factor for mental illness and, in some cases, suicide.

Considering the impact of an individual's grief, what happens in situations where whole groups of family members are obliterated through circumstances outside of their control? This has been the historical experience of indigenous peoples. How do individuals cope with the extent of that grief and when do Māori collectively grieve for all the lives that were unjustly lost to historical circumstances that they could not prevent? Is there a spiritual and psychological impact that consumes Māori and other indigenous populations, that is ever present in the contemporary realities of Māori and that lies just below the surface of Māori and indigenous consciousness?

In a paper on the impact of land confiscation in Tainui, Mahuta identified that raupatu (land confiscation) has had a profound psychological impact on the people of Tainui.[80] Land confiscation and genocide have also had a devastating impact on generations of Māori youth in Taranaki who are now trying to restore whakapapa where whole families and generations have been erased from history as if they never existed. How do contemporary Māori cope with the extent of Māori grief?

ACCULTURATIVE STRESS

Acculturation results from two cultures coming into contact, with subsequent changes in the original cultural patterns of either or both groups. Assimilation or the forcing of one culture into another occurs during the process of acculturation.

Acculturative stress is defined by Berry as:

> ... one kind of stress, that in which the stressors are identified as having their source in the process of acculturation. In addition, there is often a particular set of stress behaviours that occur during acculturation such as lowered mental health status (especially confusion, anxiety, depression), feelings of marginality and alienation, heightened psychosomatic symptoms level and identity confusion.

Acculturation continues to be a process that impacts on contemporary Māori. The extent to which Māori suffer from stress-related illness and diseases may be relevant to the ongoing influence and transmission of acculturative stress over generations.

INSTITUTIONAL, STRUCTURAL AND PERSONAL RACISM

> I see these girls coming in to high school with their selves battered and bruised after eight years in the system... They have little confidence. Their behaviour often reflects their inner pain and confusion. And all the school does is to yell at them, to punish them, to expel them... The frustrations of being a Māori language teacher are essentially summed up in the feeling that the education system has invited you to be a mourner at the tangihanga (funeral) of your culture, your language and yourself.[81]

The link between racism and the marginalisation of Māori cultural values and Māori individuals has been identified.[82] The continued failure of Māori in education confirms that the education system is not a place that effectively serves many young Māori.

The life chances of Māori are reduced significantly through educational failure. The education system in New Zealand continues to embrace mainstream New Zealand values and perceptions of valid knowledge. Māori content and process is generally marginalised within this schooling process.[83]

In practical terms, this places Māori students at significant risk. Risk from a process that batters self-esteem and confirms a sense of failure and worthlessness for many Māori youth, risk from a process that confirms that the uniqueness that they bring with them as Māori has no place in mainstream education in New Zealand, risk from a process that confirms indirectly – and at the most fundamental of levels – that being Māori is the same as being a failure.

SUMMARY

Colonisation created a set of conditions which have endured for generations of Māori. The impact on Māori in 1998 can be seen in patterns of behaviour – at the collective and individual levels – that have been maintained since colonisation. Many of the behaviours have altered in form and substance with changes in Māori culture, rapid urbanisation and improved availability and access to introduced cultural products such as alcohol and drugs. However, self-destructive behaviour and negative thinking may be indicative of a form of psycho-pathology that is characteristic of all indigenous peoples devastated by colonisation.

The impact of behaviours such as inter-generational violence and abuse, alcoholism and drug abuse, family dysfunction, and social and cultural isolation are significant for Māori today.

It is important that the restoration of cultural values and practices be seen as part of a necessary re-establishment of Māori responsibilities for Māori youth and Māori youth suicide prevention. This is because tikanga (Māori cultural practices and philosophies) includes codes of conduct for individual and collective Māori behaviour. It also prescribes roles for reciprocal relationships and responsibilities.

Above all, it is critical that responses to Māori youth suicide are based on the reality for contemporary Māori youth, and that efforts to prevent Māori youth suicide start from the acknowledgement that many Māori youth are at risk not because they have failed but because they have been failed by circumstances outside of their control.

SUICIDE RISK FACTORS FOR NEW ZEALAND YOUTH GENERALLY, MĀORI YOUTH AND INDIGENOUS YOUTH INTERNATIONALLY

The suicide risk factors for New Zealand youth generally, Māori, and indigenous youth internationally are shown in Table One. This shows whether the risk factors are a result of cultural disintegration and breakdown, or whether they are simply indications of youth culture the world over. It is important to note that many of the general risk factors have been derived from case studies of suicide attempts and psychological autopsies of completed suicides. However, suicide risk is complex and there are no definitive rules that completely explain the reasons for youth suicide. There are factors that have been shown to be consistently present in many completed and attempted suicides but not in every case.

Indigenous youth internationally and Māori youth are likely to experience higher levels of multiple general risk factors. Further, many of their general risk factors stem from cultural disintegration and loss of individual and collective cultural practices and threatened cultural identities.

From a Māori and other indigenous peoples position, it is important to consider the contemporary outcomes of history when considering risk factors for suicide. Māori do not live in an historical vacuum. History is a living part of, and fundamental to, contemporary Māori realities.

It is also important to realise that for Māori, there is almost no research on Māori youth suicide. The information has to be derived from what is known about historical and contemporary Māori realities.[84] This list of suicide risk factors for Māori and indigenous youth is not exhaustive. It is intended to guide prevention efforts.

Table One: Suicide risk factors for New Zealand youth generally, Māori youth and indigenous youth internationally

NEW ZEALAND YOUTH	MĀORI YOUTH	INDIGENOUS YOUTH INTERNATIONALLY	MĀORI YOUTH RISK FACTORS AS IDENTIFIED BY MĀORI YOUTH
Social disadvantage[85] characterised by low socio-economic status and low educational achievement.	Social disadvantage including high rates of poverty, high rates of unemployment, low educational achievement.[86]	Social disadvantage including high rates of unemployment,[87] low educational achievement.	Unhappy family relationships, family violence, inability to communicate with parents, bullying, drug and alcohol abuse.
Dysfunctional family background[88] such as history of parental mental illness including drug abuse, family breakdown such as divorce, family violence, poor parenting, poor parent/child relationships.[89]	Inter-generational and family dysfunction, drug and alcohol abuse,[90] child abuse and neglect,[91] domestic violence, sexual and physical abuse.[92]	Inter-generational and family dysfunction, drug and alcohol abuse,[93] child abuse and neglect,[94] availability of firearms,[95] parent attempted suicide,[96] friend or relation attempted suicide, death in immediate or extended family.[97]	Peer group pressure, self-destructive acts for peer acceptance, loss of peer acceptance.
Personality traits/ disorders, such as angry or aggressive behaviour, social withdrawal, rigid thinking, poor problem-solving, cognitive style present rather than future oriented, negative or hopeless outlook.[98]	Institutional factors: imprisonment – 25% of all Māori suicides occur in prison.[99] Mainstream education system: Māori youth self-esteem is linked to their experience of schooling.[100] The national protocols for the prevention of youth suicde in schools failed to recognise the link between culture and behaviour.[101]	Institutional factors: imprisonment,[102] boarding school.[103]	Loss of romantic attachment, relationship break-up.

NEW ZEALAND YOUTH	MĀORI YOUTH	INDIGENOUS YOUTH INTERNATIONALLY	MĀORI YOUTH RISK FACTORS AS IDENTIFIED BY MĀORI YOUTH
Genetic and biological factors, including a vulnerability to mental illness, impulsivity and aggressive behaviour.	Cultural factors, social dislocation and break-down of whānau sup-ports, loss of cultural knowledge, failure to fit into Māori and main-stream cultures, loss of cultural practices as a guide for individual and collective conduct.	Cultural factors such as low participation in customary practices, frustrated social and cultural roles,[104] con-flict between reserva-tion society values and mainstream American values,[105] history of acculturation.[106]	Goal frustration.
Psychiatric risk factors including previous sui-cide attempts. Mental illness, depression, substance abuse (including cannabis, alcohol and other drug use and dependency), childhood trauma.[107]	Psychiatric risk factors, depression, drug and alcohol abuse.[108]	Psychiatric risk factors, history of attempts,[109] depressive symptoms, experience of suicide ideation, anomic de-pression,[110] feelings of helplessness leading to depression.[111]	
	Other factors: low self-esteem,[112] availability of means such as alcohol, high impulsivity in Māori youth behaviour – this is reflected in, eg, drink driving patterns.[113]	Other factors: low self-esteem,[114] availability of means such as alcohol, alienation from family and community,[115] loss of romantic attachment,[116] peer pressure.[117]	Other factors: drug and alcohol problems, lack of counselling services for Māori youth.

There are risk factors for suicide which apply to all youth. However, the way in which risk factors cluster and the behavioural responses and capacity to respond are where the differences lie for Māori and indigenous youth. For example, Māori youth are likely to experience multiple risk factors. Whether this places them at greater actual risk is not known because it is unclear whether there is a level beyond which particular combinations of risk factors becomes lethal. Often it is the seemingly most inconsequential problem that will trigger the decision to suicide. However, this is the trigger, not the cause.

INTERVENTION DESIGN: THE PREVENTION OF INDIGENOUS YOUTH SUICIDE

This section reviews strategies for the prevention of indigenous youth suicide, including priorities in strategy development, programme outcomes, and the implications for Māori youth suicide prevention.

COMMUNITY AND CULTURALLY-BASED INTERVENTIONS

The fundamental characteristic of this approach is that the community at risk knows best how to respond to its own problems, and that each community has the potential capacity to build on its strengths and use these to address internal problems – provided that the right conditions for community action are created. This approach is completely compatible with current developments in public health.[118]

It is also completely compatible with Māori health development where the agenda is determined by Māori for Māori and emphasises whānau, hapū and iwi development.[119] There is a further emphasis on the use of cultural traditions and practices as a means to strengthen indigenous youth against suicide.

Case Study One: Alaska Native Elders Suicide Prevention Project

> Suicide prevention does not require a totally new type of program. Instead, what is needed is a reinstatement of aspects of each community that enabled it to survive for thousands of years without outside experts. Healthier communities that have identified their own strengths and built on them have less destructive behaviour. Yet their efforts are not publicised or even recognised as 'suicide prevention'.[120]

The Alaska Native Elders Suicide Prevention Project sought to identify the characteristics of healthy, functioning Native communities where the suicide rates were low.

The intent was to identify the core characteristics of healthy Native communities and use these to replicate the conditions in other Native communities as a form of suicide prevention. It was accepted within this approach that Native communities had the capacity to respond to their own needs. It also recognised the diversity of Native communities and villages, and that exemplary Native elders had a vital role to play in the education of Native communities and Native youth.

The project identified a need to embrace and teach the young about their histories and traditions and thereby provide guides for conduct and behaviour. It also recognised that it would be impossible to recreate a pure traditional cultural model because of the extent of assimilation of Native communities in Alaska.

Finally, the elders found it difficult to place suicide prevention into a context of traditional cultural understanding because they were trying to integrate traditional concepts with contemporary outcomes.

Recommendations from the project

- Emphasise early education in traditional values and norms complemented by teaching positive parenting (identify cultural brokers within communities who know best how to integrate traditional knowledge into a contemporary context).
- Treat the community, not just those that attract attention (the best approach to treating destructive behaviour is to treat the whole. All villagers are taught from infancy what is expected. Attention given at the time of crisis is too late).
- Establish evaluation tools which measure behaviour changes in individuals as well as communities.
- Use elders as part of the teaching staff in classrooms.[121]
- Teach young people verbal and interpersonal communication techniques.

- Use the villagers for problem identification, solution and evaluation.
- Apply the role model approach to a variety of counselling situations.
- Match policy amendments to research findings.

A ROLE MODEL FOR A COUNSELLING APPROACH FOR YOUTH SUICIDE PREVENTION

A model for counselling for youth suicide prevention was developed as a result of the Elders project. This model is shown below:

standard psychiatric approach

professional therapist	brief treatment illness	patient

elders' approach

elders	developing values over time capabilities	individual as part of family/community system

Case Study Two: Alaskan Youth Suicide Prevention Projects

> ...a community as used in this programme means a group of people living in the same area and the institutions those people have developed: schools, councils, clinics, churches, clubs etc. Communities can't know or act except as the people in that community know and act. It's up to one or more individual community members to get the community started learning and doing...[122]

Through the community based suicide prevention (CBSP) projects, communities have studied local problems and developed their own theory about high rates of self destructive behaviour. Most communities have formulated a public health theory to explain high rates of suicide and alcohol problems. Their theory is that contributing causes of self destructive behaviours relate to the social environment. To that end, interventions that focus on the individual are limited. Therefore the CBSP projects try to change the social environment when it condones or reinforces self-destructive behaviour such as drinking... a first step in social change is to develop a strong sense of self. Therefore, many of the CBSP projects have implemented cultural development activities...[123]

The Alaskan youth suicide programme has been operating in 66 villages throughout Alaska. The programme provides financial support to villages who have established their own approaches to youth suicide prevention based on the unique characteristics of each village and the existing community resources and infrastructures.

A centralised co-ordination process occurs through linking prevention efforts at the local village level through the Alaska Department of Health and Social Services, Division of Mental Health and Developmental Disabilities. This occurs by way of a nationally placed co-ordinator, regular training programmes that bring locally-based Native Alaskan community mental health workers together at least on an annual basis and the sharing of progress in a bimonthly community-based suicide prevention newsletter. Training of locally-based co-ordinators occurs through certificated programmes and peer support networks organised on a regional basis.[124]

The funding for the programme matches locally based community-sourced funding with state funding. Thus for every 0.68 cents provided by the community, the state provides $1.00. This has proven to be an effective way

of ensuring ongoing local commitment to the programme through bolstering self-help efforts and binding government and community effort. The programmes vary in approach from community to community. Approaches can be classed in three broad categories:

COMMUNITY SUPPORT

Community-based suicide prevention (CBSP) projects are becoming embedded in the communities they serve. No agency identity is emerging, no one individual is being identified with the project, and projects don't make a big deal out of name recognition. Instead, they get positive activities moving in the community, try to involve as many residents as possible and attempt to organise activities that become a natural and recurring part of the community.[125]

This relies on a community infrastructure to augment support and provide opportunities for healthy behaviour and to change the community environment which enables self-destructive behaviours. These programmes include teaching traditional culture and developing community-based support networks providing a range of services such as crisis intervention teams, counselling programmes and support groups.

COMMUNITY SKILLS DEVELOPMENT

Community skills development focuses on educating community residents about the characteristics of suicide and self-destructive behaviour, treatment approaches and how to help in crisis situations. The underlying rationale is that community residents who feel that they have greater control over any community problem will be better placed to take control over self-destructive behaviour. School-based education is important for early intervention.

AGENCY AND INSTITUTIONAL DEVELOPMENT

This group of interventions refers to direct interaction with formal helping agencies. This may include working with local government to establish curfews, developing agreed role model behaviours among local community leaders, working with the school system to address the special needs of at risk youth, development of referral processes, and working with external agencies to collect information and refer at risk individuals to appropriate treatment programmes.

PROGRAMME OUTCOMES

The CBSP programme was evaluated for impact and outcome in 1993.[126]

- The findings showed a 51%, reduction in completed suicides in the CBSP communities, compared with an overall drop in suicide for Alaska Natives of 22%.
- The CBSP projects were influencing the behaviour of individuals toward pro-active responses to suicide risk among neighbours and family.

Five case study communities showed that:

- more local residents were able to identify and appropriately refer a suicidal person,
- more local residents had recently assisted a child who had problems,
- most communities reported an increase in abstinence and social drinking and a decrease in abusive drinking,
- local residents reported a significant increase in their perception of local control over local problems,
- of the 190 different measures of project impact examined, improvement was demonstrated in 56% of the measures.

INSTITUTIONAL CULTURALLY-BASED INTERVENTIONS

Case Study Three: The Worth of the Warrior

The Worth of the Warrior programme operates in Hawai'i and throughout the United States as an institutionally-based programme developed to reduce suicide and speed recovery from mental illness in Vietnam war veterans. It is included here because of the high number of Native American Vietnam war veterans completing suicide, and because it provides an analysis of cultural development inside orthodox mental health programmes.[127] While it does not directly address youth suicide, it provides clues about the worth of integrating traditional healing with more orthodox approaches to mental health services. The programme was developed by a Native American clinical psychologist.[128]

The programme integrates Native American cultural traditions and western psychiatric treatment to deliver therapy that uses the strengths of traditional Native American culture. Native American elders and healers work alongside Western-trained psychiatrists using, for example, sweat lodges, talking circles, prayer and chanting and herbal medicines. The programme aims to reduce suicide and speed the reintegration of Vietnam war veterans into the community.[129]

Case Study Four: Zuni Life Skills Development Programme

The Zuni life skills development programme was designed in collaboration with the Zuni pueblo and included in the curriculum at the Zuni tribal high school (situated in New Mexico, 150 miles from Albuquerque). The programme is described as 'a culturally tailored intervention programme designed to remedy the behavioural and cognitive correlates of suicide.'[130]

The Zuni Life Skills Development curriculum was structured around seven major units:

- building self-esteem,
- identifying emotions and stress,
- communication and problem-solving training,
- recognising and eliminating self-destructive behaviour,
- suicide information,
- suicide intervention and,
- personal and community goal setting.

The programme actively recognised the particular norms, values, beliefs and attitudes of the Zuni. The programme was delivered by teachers and individuals from the local community and received ongoing support from the community.[131]

Outcomes of the programme

A combination of self-report, behavioural observation and peer rating of classmates' skills and abilities relevant to suicide intervention were used to evaluate the outcomes of the Zuni Life Skills Development programme. Results showed that students exposed to the curriculum scored better than the non-intervention group in terms of hopelessness, suicide probability, and self-efficacy for anger management. The intervention group also demonstrated a greater ability to solve problems and apply suicide intervention skills.

THEMES FROM INDIGENOUS PEOPLES' SUICIDE INTERVENTION PROGRAMMES

The themes from the case studies are shown in Table Two. Emphasising cultural development in Māori youth suicide prevention efforts is supported as an appropriate approach by these case studies.

Table Two: Summary of themes from effective indigenous suicide prevention programmes in the United States

Theme	Sub themes	Approaches	NZ equivalents
Cultural development	Use of culture as a protective factor, blending cultural tradition with contemporary realities, strengthening tribal concern for indigenous youth suicide, emphasising high risk settings/contexts, cultural input in mainstream treatment models, development from within.	Cultural skills training, traditional arts and leisure, strengthening tribal community involvement in Native youth suicide prevention, utilising tribal elders in counselling, using cultural traditions as therapy, tribal role models, cultural curriculum development, communication and inter-personal skills training.	Māori programmes in mental health services: Whare Marie, Tokanui, cultural training and wananga, eg, taiaha training, cultural groups and cultural competitions, tribal wānanga, Māori education and bilingual development in mainstream schools, Māori traditional healers, kaumātua and kuia in education, prisons, mental health services, cultural curriculum development of health and education, Māori violence prevention programmes, Māori parenting programmes such as Tipu Ora, Te Puawai Tapu.
Community development	Communities respond to local dynamics, infrastructures, resources and capacities, development from within, community sets the agenda for responding to youth suicide, utilising existing skills.	All of the above	There are no Māori youth and community-based suicide prevention programmes in NZ that are identified as such. However, there are limited counselling services. Māori community development is seen as part of addressing Māori youth suicide.

Theme	Sub themes	Approaches	NZ equivalents
Integrating mainstream and traditional healing	Integrating physical, spiritual and mental elements of treatment and healing.	Use of sweat lodge and other Native American practices alongside Western psychiatry.	Karakai and traditional healing in some mental health services for Māori psychiatric patients, Māori traditional healers.
Education against suicide		Relevance of life skills training, influencing curriculum design, accessing peer networks.	

THE MODEL OF INTERVENTION: CHARACTERISTICS OF INDIGENOUS PROGRAMMES

Fundamental to many of the indigenous youth suicide prevention programmes is the idea that indigenous communities, individuals, tribal groups and youth should respond to suicide for themselves. If designed by Native peoples, the approaches are characteristically inclusive of cultural values and processes. These include finding the strengths that exist in Native communities and using these to design tailored suicide prevention strategies. There are two basic approaches: influencing mainstream culture, settings, programmes and services; and indigenous community development. These approaches are highly relevant to Māori.

CONSULTATION WITH KEY STAKEHOLDERS

Kia Piki Te Ora O Te Taitamariki was designed with advice from key stakeholders working in the area of youth suicide prevention, youth development, education, and youth mental health including drug and alcohol services and Māori health researchers. Informal discussions were also held with three groups of Māori youth. Informed consent was obtained from parents, caregivers and Māori youth participants before the discussions.

Summary of key themes

The summary of key concerns from interviews with key stakeholders during the developmental stages of Kia Piki Te Ora O Te Taitamariki are shown in Table Three.

These results do not include the Māori youth suicide focus group meetings which are reported separately. It is worth noting that the ideas presented here about how Māori youth suicide may be prevented are consistent with other indigenous approaches.

It is also significant that the numbers of Inuit youth suicides have gone down since the implementation of culturally and community-based programmes that contain the same components that have been identified here. The method works provided there is commitment to it.

Table Three: Themes from key stakeholder interviews

Theme	Content	Implications
Māori community development	Māori must accept responsibility for responding to Māori youth suicide. By Māori for Māori responses which are community based but emphasise individual youth. Māori communities have the skills to respond but need to be resourced properly and left to get on with the job. Self-determination in responding to Māori issues.	Māori youth suicide prevention strategies, programmes and services must be driven by Māori for Māori, and according to Māori priorities, processes and capacities.
Whānau development	Whānau are the basic unit of Māori society and efforts to reduce Māori youth suicide need to include whānau development. This is particularly relevant for urbanised Māori youth who may be estranged from their culture, hapū and iwi. Whānau can be related by whakapapa or surrogate whānau. Sort out roles and responsibilties.	Māori youth suicide prevention strategies need to emphasise the development of whānau and the strengthening of whānau capacities to nuture and protect Māori youth as the fundamental part of Māori social organisation.
Tikanga/cultural devlopment	Cultural development means teaching Māori youth about their identity as Māori, who they are, where they come from and how their whakapapa as Māori is a strength. Cultural development contains within it the prescription for inter-personal relationships, codes of conduct and reciprocal roles and responsibilites.	Cultural development is about restoring traditional values and practices which guide how Māori interact with each other and applying them in a contemporary context, and locating Māori expertise to impart cultural training and re-training.

Theme	Content	Implications
Māori youth development	Emphasising the development of Māori youth is preferable to emphasising youth suicide prevention. Māori youth need to be more involved in tribal development, Māori community development and in leadership roles. Māori youth must be prepared for these roles in the future.	Māori youth should be central to the design of Māori youth suicide prevention approaches. Māori youth need to be supported and trained to assume a role in Māori communities, cannot assume that Māori youth are ready or willing to take up leadership or membership roles as Māori. Strategies must recognise where Māori youth are being placed, and the diversity of being Māori and young.
Mainstream development	Mainstream instituions are not safe for many Māori youth, many Māori die in prison.	Develop alternatives to existing practices.Cultural input into mainstream practices. Monitoring management of Māori inmates. Emphasis on changing settings.
Individual Māori/treatment and services/Māori mental illness	Need to develop effective services for Māori youth and whānau with drug and alcohol problems, depression. Incorporate wairua and tikanga into counselling. More Māori counsellors.	Development of by Māori for Māori youth mental health services and other relevant treatment programmes. Māori mental illness cannot be adequately treated using Western diagnostic and treatment modalities. Māori mental health workforce development.
Research	True numbers of Māori dying by suicide under-counted. Lack of evaluation data which identifies whether Māori programmes in mainstream mental health settings work or whether there are models for effective treatment of Māori mental health problems.	Develop an appropriate Māori health, mental health, Māori development, youth research agenda.

MĀORI YOUTH PERSPECTIVES ON PREVENTING MĀORI YOUTH SUICIDE

Three focus groups with Māori youth were held in Wainuiomata, Taumarunui and Kaiangaroa. It is important to note that each community of Māori youth has unique characteristics and the individual participants came from diverse backgrounds. All of the participants identified as Māori and/or affiliated with Māori youth on a regular basis.

The youth ranged in age from 14-16 years. Support workers were present at the focus group sessions and parental and participant written consent was sought before the discussions. Participant background data is not included in this document to preserve the anonymity of participants.

KNOWLEDGE OF SUICIDE

All of the participants had experienced suicide within their families, peer network or community. Perceptions of suicide also came from the media. In particular 'Once Were Warriors' was frequently identified as a 'truthful picture of what it is like in lots of Māori families'. None of the participants had attempted suicide according to the knowledge of local Māori support workers.

SUICIDE RISK FACTORS ACCORDING TO THE SAMPLE

The risk factors are reported according to the frequency with which they were identified as issues.

RESULTS OF THE FOCUS GROUPS

Family relationships

> ... this guy I know did it because of family domestics... He came to us for help and when he went home again his parents were fighting and he hung himself...

The most often reported reason for suicide in the three groups was upset family relationships, living with domestic violence and other forms of abuse, an unhappy family life, an inability to communicate with parents, and sibling rivalry and bullying.

This confirms that, for this sample, an approach that encompasses healing both the individual and the whānau is important. For many Māori whānau, where dysfunctional behaviour, violence, abuse and addictions are entrenched, a whānau development approach cannot occur overnight. It takes time to undo generations of dysfunction. However, it is important that approaches to Māori youth suicide prevention include working to alter the circumstances that inspire Māori youth suicide.

Whānau development is critical to the prevention of Māori youth suicide but should not exclude the protection and rights of individual young Māori people being paramount.

Peer group pressure

> ... one of the fullahs, he hung himself... He did something to the group and they wanted to pay him back... He was pretty big. He was scared. He had no one to go to... just couldn't do nothing, so he hung himself...

Peer group pressure is significantly implicated in Māori youth suicide. In particular, engaging in self-destructive behaviours to maintain a place within the group and fearing the consequences of not going along with the collective will were related to youth suicide for this sample. It seems that peers are so important to Māori youth that they are willing to endanger themselves to belong and gain acceptance. This is also thought to be a significant factor in Aboriginal youth suicide where expulsion from a sports team is seen as

a devastating experience that may trigger suicide. The issue is about belonging to a team or a collective and having a place with the group.[132] In this context, individual identity is realised through collective identity and group membership.

Relationships with girlfriends/ boyfriends, loss of romantic attachment

> ... this boy I know, his relationship broke up and he became depressed and did it...

Girl friends, boy friends and romantic attachments were seen as important to perceptions of personal identity. The break-up of a relationship was seen as a loss and a cause for depression and suicide. This again places the notion of individual identity as being linked to belonging, being accepted, being loved in relation to another individual.

Goal frustration

> ... I knew this guy, he used to dream all the time about being a famous basketball player but he couldn't make the grade and ended up killing himself... It was going to be his way out of home...

In this sample, the attainment of goals was seen as being important. Goal frustration or the inability to attain goals has been linked to Native American youth suicide. Similarly, the implementation of life skills training has been linked to prevention efforts.

Other factors identified

A number of other factors were identified by the sample including:

- responsibilities and roles and the need to make sure that Māori youth know what is expected of them and that the expectations are not too heavy,
- drug and alcohol abuse which was related to the modelling of addictive behaviours within the whānau, and the experimental use of drugs and alcohol as a result of peer group pressure and a condition of belonging to a peer group,
- schooling experiences and feeling like a failure, bullying in schools,
- having no one to talk to when experiencing depression or dealing with a relationship break-up.

How can Māori youth suicide be prevented?

The ways that Māori youth suicide may be prevented, according to this sample, include:

- fixing relationships in families and teaching Māori youth how to communicate with their parents,
- drug and alcohol counselling for families and Māori youth,
- having friends and peers,
- having steady relationships and knowing how to be in a relationship,
- being staunch as Māori and knowing your whakapapa,
- having somewhere to go to when you need to get away and having someone to talk to who understands you,
- counselling services for Māori youth including services in high schools,
- having a youth centre or a place to go to.
- getting more involved in sports and other challenging pastimes.

THE COMPONENTS OF A NATIONAL MĀORI YOUTH SUICIDE PREVENTION STRATEGY

Several factors underpin and provide a reason for a specific Māori approach to youth suicide prevention. First, the Māori youth suicide rate has increased considerably over the past ten years. This is consistent with trends in indigenous youth suicide rates internationally. While there are thought to be more non-Māori youth than Māori youth dying from suicide in New Zealand, the rate at which Māori youth are dying by suicide has increased dramatically.

However, the exact number of Māori youth dying from suicide is not able to be identified at present based on the current data. Put simply, if a coroner, undertaker or medical practitioner sees a white face, the identity on the death certificate is likely to be stated as non-Māori unless family members are vocal about correcting such errors of judgement.

Second, mainstream policies and services in all major areas relevant to Māori youth, such as education and health, have not reduced the growing disparities between Māori and non-Māori. Māori youth continue to be failed by education, health and other mainstream systems and institutions in New Zealand.

Third – and this needs to be raised as a challenge to whānau, hapū and iwi leadership and organisation – Māori youth have a marginalised role in Māori tribal development and Māori institutions. In other words, large numbers of Māori youth do not participate in whānau, hapū or iwi life, do not go to the marae, do not attend tangi, do not speak Māori, or bear any of the other markers of cultural participation.

The latter is one of the most severe indicators of cultural loss. When combined with the fact that cultural identity is integral to good mental health, the implications become apparent. Nonetheless the fact that Māori youth are Māori cannot be removed irrespective of where they are and how they live. This makes the initiatives in Māori development, particularly in the urban setting, critical to the prevention of Māori youth suicide.

Kia Piki Te Ora O Te Taitamariki is a collective effort. It represents the views, ideas and experiences of Māori service providers, community health workers, educationalists, clinicians, kaumātua, parents, whānau and others. It combines these with the views of Māori youth and sets this against the context of indigenous and local research. It is not without gaps as any attempt to reverse the direct outcomes of colonisation are themselves contained in the framework created by the conditions of colonisation. However, Kia Piki Te Ora O Te Taitamariki reclaims the right to respond to Māori youth suicide by Māori for Māori.

KIA PIKI TE ORA O TE TAITAMARIKI: A MĀORI YOUTH SUICIDE PREVENTION STRATEGY

Goal one: strengthening Māori communities

To strengthen Māori communities so that they contribute towards fulfilling the potential of Taitamariki Māori

> ... The prevention of Māori youth suicide is as much about the affirmation of old wisdom as it is about anything else... That means recognising that as Māori we have the strengths around us and within ourselves to deal with any issue that confronts us...[133]

Māori youth suicide is an issue for Māori communities to resolve through the development of Māori communities' capacity to respond effectively and appropriately. Communities is used here as an inclusive term that includes individuals, whānau, hapū and iwi and other forms of Māori community organisation. This does not mean placing the onus back onto Māori communities to deal with a rising Māori youth suicide problem without the necessary support and capacity to act appropriately.

This development requires that Māori communities be adequately resourced to respond, and that a developmental approach to the building of community capacities to respond is taken – bearing in mind that a century of the impact of colonisation cannot be remedied overnight.

Further, there can be no assumption that Māori communities are ready and able to respond to Māori youth suicide without support, without time, without the need to consider issues such as workforce development and any other factors needed to sustain a Māori community response.

However, fundamental to this goal is the recognition that Māori youth suicide must be responded to by Māori for Māori. That is, by Māori setting the agenda and being instrumental in working to change the way in which Māori communities respond to Māori youth suicide.

This approach is supported as an effective way to prevent indigenous youth suicide.[134]

It is also important to note that there are a number of Māori community, whānau, hapū and iwi development initiatives that may serve as models of a community-based approach to Māori youth suicide prevention. Some of these models include:

- tribally-based wānanga, for example, Tolaga Bay with Te Aitanga a Mahaki;[135]
- informal drug and alcohol and crisis support networks operating in Tuhoe;[136]
- counselling and crisis support services for troubled youth and families bereaved by suicide in Carterton;[137]
- urban marae involvement in education programmes with 'at risk' Māori youth, for example, Te Whānau O Waipareira Trust in Auckland,[138] and urban marae involvement in prison-based programmes for suicide prevention conducted by Te Whānau O Waipareira Trust in Auckland;
- community-based Māori sports and recreation programmes as part of He Oranga Poutama as a form of Māori community and youth development.[139]

The examples of Māori community development approaches to local issues are numerous. Most of these initiatives are not recognised and do not receive sufficient funding to provide these vital services. It is important that all efforts to reduce Māori youth suicide build onto existing Māori community efforts and work to develop capacities to act where these are not present. The first step is the communities identifying the strengths and competencies that exist within their midst and strengthening these as part of the collective community effort.

Finally, the effort to enable Māori communities to address Māori youth suicide cannot occur without the input of Māori youth. Otherwise, Māori communities run the risk of developing intervention strategies that do not take into account the view of those receiving the results.

Goal two: taitamariki development

To strengthen taitamariki through taitamariki Māori development

This goal emphasises that taitamariki always need to be the focus of any Māori youth suicide prevention strategy. It is also a response to the preference for the negativity to be removed from Māori youth suicide prevention, and for the emphasis to be on positive and pro-active Māori youth development. This is notwithstanding the need to recognise that there are Māori youth who need more than to be included in Māori youth development or to be reconnected with whānau, hapū and iwi as if that is the panacea for Māori youth problems. However, it means that many Māori youth are disconnected from whānau and whakapapa, and are born into the most tragic of personal and whānau circumstances over which they have been able to exercise very little control.

This strategy also challenges Māori community and tribal leadership (where this exists) to realise that if Māori youth are dying by their own hands, Māori development becomes a contradiction.

Above all, irrespective of a loss of consciousness and knowledge about whakapapa, Māori youth do have whakapapa which potentially binds them to a caring Māori community. However, that relationship is a reciprocal one. Māori communities including Māori youth must be instrumental in the realisation of Māori youth potential and the strengthening of whakapapa as Māori.

Goal three: cultural development

To increase the role of cultural (tikanga) development as a protective factor for taitamariki Māori

This goal recognises that Māori youth are unique as Māori and that if the conditions could be recreated whereby the positive aspects of being Māori were brought into a contemporary setting, this may protect Māori youth from some of the risk factors for suicide. It is based on the belief that Māori youth problems are partly a result of being alienated from cultural values and identity. It is also about the lack of rules for conduct that create a reciprocal responsibility for the maintenance and protection of whakapapa.

As has already been discussed, cultural development can occur in the most colonised of indigenous populations, as the Alaskan community suicide prevention programmes demonstrate. However, it requires cultural experts who know how to combine cultural practices with contemporary realities.

Goal four: support of mainstream

To encourage and assist mainstream services to respond appropriately and effectively to the needs of taitamariki Māori

The majority of Māori youth receive mainstream services particularly through the education system. It is important to note that 25% of all Māori suicides occur in a mainstream setting – in prisons. It is the view of the author that misdiagnosis of Māori in the mental health services means that Māori are the casualties of a mental health service that cannot cater for them.

Therefore, it is imperative that mainstream services are encouraged to deliver a safe level of service to Māori. This is to reduce the potential for mainstream services to create secondary victims of Māori youth (that is, Māori youth are victimised because they are Māori and victimised a second time by mainstream services that fail them).

It is also important to understand that what has been advocated in this strategy is a Māori development approach. That will take time. However, in the meantime, and alongside Māori development, mainstream development cannot be overlooked because of the fact that many Māori interact, and will probably continue to do so, with the mental health services.

Goal five: information and research

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

In 1994 Disley noted that there was a lack of information about New Zealand youth suicide.[140] This is still relevant in 1997.

There is almost no research or information about the causes and true level of Māori youth suicide that can be used to inform prevention efforts. The way in which Māori youth suicide statistics are collected is seriously deficient. It is debatable whether the collection of Māori youth suicide statistics is an effective use of resources when the critical success factors of Māori health programmes may be a better way to programme for the prevention of Māori youth suicide.

However, where decisions such as whether there is or is not a 'real' Māori youth suicide problem are being made by comparison between Māori and non-Māori youth suicide data it becomes important to be able to identify the deficiencies in current data collection processes for Māori. Further, anecdotal reports suggest that the number of Māori youth suicides is significantly higher than officially reported suicide statistics. These

reports will not be explained while non-Māori researchers continue to downplay the magnitude of the Māori youth suicide problem because official statistics are seriously deficient.

It is imperative that a Māori youth suicide research agenda be set that combines accurate data with other information for effective suicide prevention programming.

CULTURAL INTERVENTIONS: FACTORS FOR EFFECTIVENESS

Effective cultural interventions with indigenous youth may be identified from an analysis of the contents of this background document. Many factors have been confirmed by global planning in public health for indigenous youth suicide prevention strategies in the United States, and the experiences of Māori practitioners and experts in Māori development. These factors are:

Government commitment and active support

The Alaska Youth Suicide programme works because the United States federal government is committed to the prevention of youth suicide in Alaska. Without dedicated commitment to reduce youth suicide in New Zealand, Kia Piki Te Ora O Te Taitamariki will not work. At present, government has many of the resources to make this strategy work. However, government must maintain commitment and active support for Kia Piki Te Ora O Te Taitamariki as part of a national response to youth suicide.

Māori commitment and active support

There has to be a commitment to address the issue of Māori youth suicide from within Māori communities in order for a national Māori youth suicide prevention strategy to work. This includes a commitment to the concept of rebuilding cultural processes as a valid form of Māori suicide prevention.

Relocating the design of prevention strategies into the hands of those most affected by them

Māori must be instrumental in the design of strategies at the local level for the prevention of Māori youth suicide. This needs to be accompanied by active Māori involvement in all aspects of planning and management of the response to Māori youth suicide. This approach has been identified by the Ottawa Charter for Health Promotion and confirmed by the Jakarta Declaration. For Māori, the right to be instrumental in Māori youth suicide prevention is sourced in the Treaty of Waitangi and the precedent for self-determination contained within the Treaty.

Base interventions on the realities of those receiving them

It should be obvious that interventions will work provided that they are meaningful to those receiving them. This means that prevention efforts must actively recognise the behavioural and attitudinal patterns of Māori and indigenous youth. The cultural realities of the consumers must be the focal point of any intervention design if effectiveness is a serious consideration.

Understand historical factors that create a suicide risk for indigenous youth

An historical analysis requires that those designing responses to Māori and indigenous youth suicide understand their own histories so that history has meaning as a significant factor in the prevention of youth suicide.

Recognise the validity of Māori and indigenous expertise

Non-indigenous experts often fail to recognise the limitations of their own expertise where indigenous populations are concerned and then wonder why their strategies, research and approaches fail to reach indigenous peoples, or why there may be discrepancies between theory and practice. Fundamental to any indigenous youth suicide prevention strategy is the need to validate indigenous expertise. This means

recognising that indigenous experts in indigenous youth suicide prevention do know what they are talking about – and that part of validating indigenous expertise necessarily challenges the expertise of non-indigenous experts.

Integrate traditional knowledge into contemporary settings

Finally, there is a need to ensure that cultural interventions recognise where indigenous youth are placed and work to weave tradition and contemporary realities together to create the conditions for change. This requires a particular type of cultural expertise.

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