

# Tūramarama ki te Ora

'Bringing Light to the Dark'

## National Māori Strategy for Addressing Suicide

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2017-2022



## The Artwork Explanation – Rere



The above artwork was given by Charles Williams, *Ngāti Kahungunu*, *Ngāi Tūhoe*, *Ngā Puhi* and Janine Williams, *Ngāti Paoa*, *Ngāti Whātua o Kaipara*. Charles and Janine<sup>1</sup> are world renowned artist working and travelling extensively throughout Aotearoa (New Zealand) and around the globe. They create visual stories that connect us to the whenua (land) and to the tangata whenua (local people) they encounter. Their art features in an urban context with modern interpretations of cultural design, along with native/endemic birdlife.

In the bird world Tui are understood to be the only native bird that represents hopes and aspirations, hence the reason for adorning the front and inside cover with this artwork. This particular piece is named 'Rere', a sign of empowerment and freedom.

Quite fittingly, 'Rere' is a statement for all of us to continue to challenge the status quo, those of us who have been reduced to the fear of the unknown or of being different. For example, being creatively caged and bound by tradition, expectation or judgement. 'Rere' is a sign of strength for all to dream, fly free, soar and ascend.

### *Document Reference:*



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Durie, M.H., Lawson-Te Aho, K.R., Naera, M.H., & Waiti, J. (2017). *Tūramarama ki te ora: National Māori strategy for addressing suicide 2017-2022*. Rotorua: Te Rūnanga o Ngāti Pikiao Trust.

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<sup>1</sup> Charles and Janine Williams <http://www.charlesjaninewilliams.com/>

# The Explanation of the Title - Tūramarama ki te Ora

Tūramarama ki te Ora: 'Bringing Light to the Dark' is a metaphor given by Maui Te Pou, *Ngai Tūhoe, Ngāti Kauwhata*. Maui explained that Tūramarama ki te Ora<sup>2</sup> is a process of moving from the darkness to the light (Tūramarama), focusing our energy on our strengths (Ora) and less on deficit thinking.

Tūramarama aims to build the capacity and capability of Māori communities to address suicide and associated behaviours. It aims to provide a platform for Māori understanding and discussion whilst encouraging networking opportunities across communities. Tūramarama fosters hope and wellbeing for future generations. It signals to iwi, hapū, whānau, hāpori Māori and communities that the power of healing and prevention lies within us all.

What does hope (Tūramarama) look like? A youth group called 2morrrows Rangatira<sup>3</sup> met in Rotorua to explore the *The Tūramarama Declaration*<sup>4</sup> (see appendix 1). Below are some of their thoughts, aspirations, and actions.

## Some Quotes:

"If love is what's missing then we need to introduce it more into suicide prevention"

"Team work makes the dream work"

"Hook people in with hope"

"One voice, kotahitanga, being together, taking a stand"

"Hitchhiking off each other's energy"

"Connectivity is so important to our wellbeing."

"Be greater than the generation before you"

"Connection to culture is so important. "

## Their aspirations:

- Build strong rangatahi leadership
- Promote te reo Māori as a protective factor i.e. pronouncing names properly
- Invest more into rangatahi suicide prevention given New Zealand are the 2<sup>nd</sup> highest in the world.
- Establish rangatahi advisory hapū groups
- Conduct youth identity wānanga
- Access Māori healers
- Care for Papatūānuku
- Review the drinking age and access to (aerosol cans) hallucinogenic substances.

## Their actions are:

1. To lobby Government to invest more into rangatahi suicide nationally
2. To lobby local Government / Council to review waste management such as recycling and roadside bins placed in local areas
3. To develop a proposal to set up rangatahi advisory groups and youth identity wānanga
4. To establish te reo wānanga for adults

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<sup>2</sup> Another word used in the document to describe Tūramarama ki te Ora is Tūramarama

<sup>3</sup> This is a youth advisory group attached to Te Rūnanga o Ngāti Pūkiao Trust which consists of ages 12-24 years old.

<sup>4</sup> Words used in the document to describe "The Tūramarama Declaration" including: Tūramarama Declaration, Declaration or The Declaration

## Mihi (Acknowledgment)

We would like to acknowledge the pain and suffering whānau have endured from losing a loved one, relative, friend, colleague, comrade, peer, and team mate to suicide. Not to mention, those dealing with emotional trauma, distress, suicidal thoughts, and behaviours each day.

Sincere thanks to Emeritus Professor Sir Mason Durie, the Chair of the Global Indigenous Network Advisory Group and Waka Hourua Māori and Pacific Suicide Prevention Programme, for his leadership and guidance in setting the overall direction and purpose of the Strategy through the design and implementation of the *Tūramarama Declaration*.

Finally we would like to recognize Te Rūnanga o Ngāti Pikiao Trust<sup>5</sup>; the Global Indigenous Network Advisory Group<sup>6</sup>; the Iwi Chairs Forum<sup>7</sup>; Te Rau Matatini<sup>8</sup>, and Waka Hourua - Māori and Pacific Suicide Prevention Programme<sup>9</sup> for giving their support and advice throughout the development of the Strategy. Not to mention the following individuals, organisations, and groups as listed below:

2morrrows Rangatira Leadership Group	A Rotorua Suicide Prevention Youth Advisory Group
Dr Jordan Waiti	Māori Suicide Prevention Researcher
Dr Keri Lawson Te Aho	Senior Māori Suicide Prevention Researcher, and author; Kia Piki te Ora o te Taitamariki (1997) PI, Aotearoa HOPE Projects; PI, Takatāpui Rangatahi suicide prevention through Digital Story-Telling
Heeni Morehu	Whānau kaitiaki and author <sup>10</sup>
Liza Kohunui	Strategic Planning Consultant
Mapihi Raharuhi	First-hand Foundation Representative
Michael Naera	Kia Piki te Ora Project Leader for the development of the Strategy and bringing effect to the <i>Tūramarama Declaration</i>
Pare Merito, Interim Kaiwhakahaere, the Trust Board and staff	Te Rūnanga o Ngāti Pikiao Trust
Pihopa Kingi & Te Ariki Morehu	Kaumātua (Elders)
Te Pae Fitzell	Kia Piki te Ora Project Leader for bringing effect to the Indigenous Youth Summit Recommendations <sup>11</sup>
Witi Ashby	Kaitakawaenga for the Mental Health Foundation of New Zealand

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<sup>5</sup> Te Rūnanga o Ngāti Pikiao Trust - <http://www.pikiaorunanga.org.nz/>

<sup>6</sup> The Global Network was established from the Tūramarama ki te Ora World Indigenous Conference and Indigenous Youth Summit in 2016. It is chaired by Sir Mason Durie and made up of indigenous peoples from New Zealand, Australia, Canada, and USA.

<sup>7</sup> National Iwi Chairs Forum (<http://iwichairs.maori.nz/>). This national collective endorsed the development and implementation of the Strategy.

<sup>8</sup> Te Rau Matatini <http://terau.matatini.com/>

<sup>9</sup> Waka Hourua <http://wakahourua.org.nz/>

<sup>10</sup> Heeni Morehu, Author of the Tree of Life Book

<sup>11</sup> The Youth Recommendations fell from the World Indigenous Suicide Prevention Conference and Indigenous Youth Summit 2016.

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## Wāhinga Kōrero (Foreword)



Tena koutou katoa

Suicide has become a 21st century challenge. The escalation of suicide rates among all indigenous peoples is a particular source of concern, and that concern is reflected in Tūramarama ki te Ora, National Māori Strategy for Addressing Suicide. While the Strategy focuses on Māori people it aligns with similar strategies being developed by indigenous peoples and recognises the shared values that we have with our brothers and sisters across the globe. Meanwhile suicide among Māori is not an entirely new phenomenon, but the increasing number of suicides by rangatahi is relatively recent and has galvanised action and inquiry on several fronts.

There is no single explanation for suicide. Sometimes it is seen as a consequence of psychiatric illness; sometimes as an impulsive response to anguish; sometimes as a misguided sense of loyalty to friends who had taken their own lives; sometimes as a way out of suffering; sometimes as a breakdown in key relationships; sometimes as a reaction to loss of employment and status; sometimes as an escape from being 'cornered' or abandoned; sometimes as a retreat from those who have been bullied and humiliated on social media and other digital forms; sometimes as an expression of wider community unrest and longstanding suffering; and sometimes as a reflection of societal inequities and injustices.

All of those situations are pertinent to the Tūramarama approach. Just as there are many factors that lead to suicide, so too are there necessarily many approaches needed to prevent suicide. Tūramarama ki te Ora, National Māori Strategy for Addressing Suicide has identified actions that span a wide spectrum of interventions. Some are concerned with reducing the stressors that might lead to suicide while others are about strengthening resolve, building confidence, and fostering success. An emphasis on positive engagement – with peers, with helping services, with whānau, and with te ao Māori - is a thread that permeates the Strategy. So too support and inclusion are seen as important steps towards finding peace for families and friends who have been left bereft after a suicide.

The overall aim of Tūramarama is to reduce the disproportionately high number of Māori suicides. But further than that, the hope is that over time, suicide will be relegated to the past.

This Strategy has commonalities with the New Zealand national suicide prevention strategy but essentially, Tūramarama ki te Ora, National Māori Strategy for Addressing Suicide is about creating opportunities for all Maori to flourish and to 'live well into old age,' which by the way, is consistent with the He Korowai Oranga Māori Health Strategy Framework (2017c).

Kia maia

Kia ora.

**Emeritus Professor Sir Mason Durie**

Chair of the Global Indigenous Network Advisory Group and Waka Hourua Māori & Pacific Suicide Prevention Programme.

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<sup>12</sup> Photo of Mason Durie <http://www.massey.ac.nz/massey/fms/Massey%20News2014/10/images/Durie-Mason-2014-01.jpg>

## Tuhinga Whakarāpopoto (Executive Summary)

The Tūramarama ki te Ora, National Māori Strategy for Addressing Suicide is provided to generate discussion and debate on the priorities that will enable iwi, hapū, whānau, hāpori Māori and communities to address the impacts of suicide and confront the contributing reasons that can lead to suicide as well as the protective factors that count against suicide. The wider aim is to contribute to Māori wellbeing, Māori resilience, and flourishing whānau.

The Strategy is built around four main components: aims, guiding principles, goals, and actions. The foundation for supporting this development is leveraged off *'The Tūramarama Declaration'*, a document endorsed at the World Indigenous Suicide Prevention Conference and Indigenous Youth Summit in 2016 (Durie, 2016).

It is important to note that this document has been endorsed by the National Iwi Chairs Forum and guided by the Global Indigenous Network Advisory Group.

### Te Tirohanga (Vision)

The vision is about creating opportunities for all Maori to flourish and to 'live well into old age.'

### Kokiritanga (Mission):

The mission is to strive to build safe and nurturing communities that build confidence, integrity, equity, and goodwill.

### Ngā Wawata (Aims)

The overall aims of this strategy are to:

- Reduce Māori suicide and suicidal behaviour with focused support for Māori/whānau who suffer disproportionately (rangatahi, tāne Māori, takatāpui, and traumatised groups<sup>13</sup>)
- Support communities to reduce suicide related suffering, trauma and unresolved grief associated with suicide on whānau, friends and community
- Increase Māori wellbeing and resilience in mana enhancing ways

### Ngā Tikanga (Guiding Principles)

All activities undertaken as part of this strategy should be guided by the following principles:

- Whakapapa
- Te reo me ona tikanga
- Rangatiratanga
- Mātauranga Māori
- Kaitiakitanga
- Tika, Pono & Aroha

### Ngā Whāinga (Goals)

Four priority goals that will contribute to the overarching aims:

1. Share and implement *The Tūramarama Declaration* with Māori communities to drive positive change.
2. Give effect to iwi, hapū, whānau, hāpori Māori and communities for self-determination including iwi driven, whānau centred, and collective action to promote wellbeing.
3. Identify and manage risks whilst affirming protective factors that safeguard whānau and individuals against suicide, suicidal behaviours, and mental distress.
4. Deliver safe, acceptable, and relevant services to whānau and individuals who may be traumatised, distressed or disheartened.

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<sup>13</sup> Eg. Wards of the State

### **Ka Rere te Mauri (Key Actions)**

The implementation of the Strategy will require a range of actions:

- Facilitate culturally and clinically safe practices through effective community/whānau development, hope-building and leadership development
- Build safe collective networks that encourage all those with an interest in suicide prevention to participate
- Enable and support hope-building in suicide prevention. For example, include safe practices such as story-telling; whakawhitihiti kōrero, kōrero tahi; use of pūrakau; and tā moko for cultural and whakapapa reconnection and healing
- Fostering Māori healing practices that are culturally valued and effective

Tūramarama ki te Ora, National Māori Strategy is the second Māori strategy for Addressing Suicide. Te Rūnanga o Ngāti Pikiao Trust led this development alongside those aforementioned.

## He Kōrero Whakatau (Introduction)

Māori navigated the oceans on traditional waka prior to migrating to Aotearoa. The skill and knowledge of the traditional voyagers to traverse different types of weather conditions, currents, tides, temperatures, scarcity of resources and ocean swells was exceptional. There was an innate way of understanding the environment through atua, kapehu whetu, ariki, tohunga, karakia, and mātauranga. Much was determined by tapu and noa as interconnected values for the survival of the tribe.

Today, the landscape has changed considerably. Māori experience inequalities in levels of incarceration and repeat offending, violence, abuse, addictions, lower incomes, homelessness; premature loss of life; and late access to treatments such as cancer (Ministry of Health, 2017b). The position of Māori are generally poorer, sicker, and mentally ill, which can often lead to suicide or suicidal behaviours. This type of historical trauma and contemporary impacts are a consequence of enduring social injustices.

The aftermath of suicide, non-fatal suicide attempts, self-harm, and mental illness causes suffering, pain and anguish to whakapapa that moves through generations. Suicide leads to suffering that is ever present in whakapapa, causing inexplicable harm, stress, and ongoing trauma.

However, self-determination as hope-building must be a key part of any indigenous suicide prevention strategy as it is foundational for healing, in particular the *Tūramarama Declaration* (see appendix 1).

*The Tūramarama Declaration* (Durie, 2016) was written from a Māori standpoint, to firstly acknowledge its origins and secondly to be inclusive and relevant with all indigenous peoples worldwide. The *Declaration* allows first nations people to participate in a global movement for indigenous suicide prevention that honours the status of indigenous peoples as tangata whenua. Each of the 14 clauses was written in non-clinical language and proposes to support Māori from a state of mauri noho (languishing) to a state of mauri ora (flourishing).

That being: to enhance wellness; highlight the risks; reconnect with culture; address historical trauma; build tribal resiliency; heal past hurts; and finally, to challenge Government including services and global authorities to respond appropriately to Māori and to acknowledge them as the First Nations peoples of Aotearoa, New Zealand.

In contrast, the Strategy has been developed by Māori for Māori in conjunction with the articles of the *Declaration*. It offers a blueprint for change and is underpinned by a Māori worldview. Tūramarama ki te Ora is about heeding the voices of indigenous peoples, it is a stand for change in the way suicide is addressed, as considerably more than a diagnosed mental illness with a heavy emphasis on clinical treatments and interventions. *The Tūramarama Declaration* is a call to cease the continued failure of government strategies and for governments to acknowledge this and fund suicide prevention programmes, grassroots (local community) initiatives, resources, training and services developed by, for and with Māori and indigenous populations. Ultimately the hope is that the Strategy will be led and implemented by communities, whānau, hapū and iwi.

The key elements of Tūramarama ki te Ora, National Māori Strategy for Addressing Suicide are:

- To enable Rangatahi to lead positive change for not only addressing suicide but to provide programmes, services, and policies that encourage dreams and aspirations to flourish, even during the not-so-good times.
- To ensure bereaved whānau are key in designing postvention responses, programmes, services, resources, and policy for those affected by suicide or suicidal behaviours.
- To empower identified minority or marginalised groups so that they are adequately resourced to provide awareness, understanding, and hope to those disadvantaged by society.
- To facilitate safe and appropriate tāne Māori support groups; services; and programmes.

- To encourage Māori communities to take ownership of the Strategy whereby iwi, whānau, rangatahi, identified minority groups, and bereaved whānau are at the forefront of leading initiatives.
- To make certain those most affected are supported to develop and lead their own solutions.
- To focus on building cultural capability and capacity within the suicide prevention sector. This is through the development of, and access to relevant professional development and resources.
- To sustain strong cross-governmental cooperation and support to ensure coherent and effective implementation.
- To review government policy and the development of a supportive, coordinated and resourcing framework.

## Ngā Kōrero o Mua (Background Information)

It has been nineteen years since the release of *Kia Piki Te Ora o Te Taitamaki* (Lawson-Te Aho, 1998). This strategy was recognised as the first indigenous suicide prevention strategy in the world, and supported by proponents of suicide prevention in indigenous communities from Australia, North America, Canada, and Norway. However it was side-lined in Aotearoa for the preferred 'clinical risk factor treatment' approach, that became the main emphasis in the all ages New Zealand suicide prevention strategy. *Kia Piki te Ora* introduced several ideas that include:

- the multi-generational impacts of historical trauma and colonisation on whānau, hapū, and iwi;
- the importance of identity, belonging, and whakapapa as strength-building;
- the significance of strong and healthy whānau as foundational to rangatahi suicide prevention;
- the importance of connecting to community, to iwi, hapū and community-centered approaches to prevention and healing;
- and the provision of culturally responsive policy and services.

In spite of an expired 10-year National Suicide Prevention Strategy (Ministry of Health, 2006) and two National Suicide Prevention Action Plans (Ministry of Health, 2008a; 2008b; 2013), the rates of suicide for Māori appear to have remained stubbornly high (Coronial Services of New Zealand, 2016).

In 2016, Te Rūnanga o Ngāti Pikiao Trust hosted the *Tūramarama ki te Ora* (light and hope) World Indigenous Suicide Prevention Conference and Indigenous Youth Summit in Rotorua, New Zealand. The conference theme - 'transforming indigenous communities' - looked to reframe the way in which Māori and indigenous peoples prevent suicide and associated behaviours.

Although the three day event covered a wide range of topics, of particular interest was the launch of *The Tūramarama Declaration* which was endorsed by 550 participants from across Australia, Canada, Guatemala, USA, Pacific Nations, USA and New Zealand.

Whilst the *Declaration* has travelled the globe and has received overwhelming support, it was important that iwi were part of this development as well. Therefore, a collective of Global Indigenous Advisory Group members; organisations, and influential leaders in suicide prevention presented four recommendations to the National Iwi Chairs Forum in Hopuhopu, Ngāruawāhia – Hamilton. That being: the Forum adopt the *Declaration*; agree to develop a National Māori Strategy for Addressing Suicide; and to seek resource to support the development and consultation phase. This was unanimously agreed too.

To that end, Te Rūnanga o Ngāti Pikiao Trust were entrusted to lead these developments.

## Te Tikanga o Tūramarama ki te Ora (Conceptual Framework)

The diagram (below) depicts an overview of the Tūramarama ki te Ora: National Māori Strategy for Addressing Suicide. The overarching purpose of the Strategy is to enable Māori communities to nurture and support our young and future generations. As well as to create and strengthen hope-building pathways which are populated throughout the framework including: Whakahā Mauri (breathe life); Whakatū Mauri (bring life and energy); Whakapūmau Mauri (embrace positive vibes); and Whakacho Mauri (awaken the spirit).



The outer green elements represent harakeke (the New Zealand flax plant), which has been used by Māori for its healing powers. The leaves of the plant grow in a formation of a whānau or family. The outer green leaves represent our grandparents (or tupuna), the two inside leaves are the parents or 'mātua' and the coloured centre is what is called the 'rito'. The rito represents tamariki, pēpi, and future generations. Finally, the pakiaka (roots system) represents stability and connection to 'te taiao' (the environment) and Papatūānuku (mother earth).

It is important to continue reconnecting to nature to receive spiritual and physical sustenance in order to maintain our wellbeing as a people. Similarly the harakeke needs nutrients from the sun, earth, and rain for protection and to safe guard the rito for future generations to come.

*Artwork accredited to: Te Pae Fitzell*

## Te Tūāpapa (The Foundation)

### **Te Tirohanga (Vision)**

Creating opportunities for all Māori to flourish and to 'live well into old age.'

### **Kokiritanga (Mission)**

To strive to build safe and nurturing communities that build confidence, integrity, equity, and goodwill.

## Ngā Tikanga (Guiding Principles)

### **Whakapapa**

This principle acknowledges each iwi, hapū, whānau, hapori Māori and community to have their own sense of identity and connection that affirms confidence, safety and security.

### **Te Reo me ona Tikanga**

This principle recognises that the success of the strategy is dependent on all iwi, hapū, whānau, hapori Māori and communities working consistently by upholding language and customs. It also recognises ongoing investment and commitment to development.

### **Rangatiratanga**

This principle ensures that iwi, hapū, whānau, hapori Māori and communities will decide what is best for them and to determine how initiatives are best designed and implemented. It also reinforces strong leadership and innovative approaches inclusive of mana tangata; mana whānau, mana atua, mana whenua.

### **Mātauranga Māori**

This principle recognises that some iwi, hapū, whānau, hapori Māori and communities are already undertaking effective initiatives to raise awareness and create suicide prevention tools. The strategy seeks to support and enhance those activities alongside supporting new initiatives. This principle respects and upholds the integrity of regional approaches to ensure the strategy is led and implemented using local skills and expertise to further generate opportunities to improve Māori wellbeing.

### **Kaitiakitanga**

This principle reflects the commitment to working together to achieve the goals and objectives of the strategy. This principle assures a collaborative approach to working with iwi, hapū, whānau, hapori Māori and communities in the provision of suicide prevention services from across the health, social development, justice, and education sectors.

### **Tika, Pono & Aroha**

This principle ensures that the strategy will focus on delivering fair, just and honest processes that are measurable, monitored and evaluated.

## Ngā Whāinga (Goals)

The four priority goals that will contribute to the overarching aims are:

### Whāinga Tuatahi - Pūharakeke Pakiaka

**Goal 1: Share and implement *The Tūramarama Declaration* with Māori communities to drive positive change.**

The *Declaration* should provide a guideline for Māori communities to develop their own action plan based on a set of principles. Hence the fluidity of the *Declaration* to allow this to happen, based on what the community needs and requires. Importantly, the *Declaration* is merely a guide and the whānau, for example, are the architects of their vision and plan. Needless to say, it is important plans do not cause further harm.

### Whāinga Tuarua - Pūharakeke Rito

**Goal 2: Give effect to iwi, hapū, whānau, hāpori Māori and communities for self-determination including iwi driven, whānau centred and collective action to promote wellbeing.**

Several programmes have already demonstrated that Māori communities can make a difference. Among other things they have enabled whānau and Māori community organisations, including marae and hapū, to talk about suicide in an open manner, rather than discouraging discussion. Further, because there are often multiple groups within a community, leadership that can assist them to align their efforts with each other will increase the impact and the reach. When there is a collective voice and a collaborative approach a community-wide tactic will be possible.

The strength of Māori communities depends partly on innate capabilities, but also on influences beyond communities. Government policies, policies of territorial authorities, regional economic circumstances, iwi leadership, and marae support will all contribute to the emergence of strong community leadership.

### Whāinga Tuatoru – Pūharakeke Tupuna

**Goal 3: Identify and manage risks whilst affirming protective factors that safeguard whānau and individuals against suicide, suicidal behaviours and mental distress.**

The identification and reduction of risk factors associated with suicide are well established.

They include:

Inadequate housing	Alcohol & drug use
Premature termination of education	Cultural alienation
Offending	Family & sexual violence
Stigma and discrimination	Child abuse & neglect
Broken relationships	Bullying & digital humiliation
Poverty	Unemployment
Chronic illness	Unrelenting pain
Mental disorders	Mental distress
Historical trauma	Homelessness
Gambling	Peer pressure
Sexual & gender discrimination	Work place bullying

Reducing those and other risks i.e. multi-generational historical trauma; whānau who experience multiple discriminations, social isolation and rejection (Takatāpui, disabled whānau; prisoners) will necessarily require action on several fronts including by government, iwi, communities, health and education services, marae and whānau .

### Factors that protect against suicide

Suicide is less likely to occur when adversity is low and resilience is high. There are a wide range of policies, programmes, initiatives and whānau traditions that lead to increased mental and emotional strength and increased resilience. They include:

Increased protection can be achieved through the efforts of whānau, communities, marae, and iwi and in schools, at work, through sport and recreation, in cultural engagement, and in health-promoting actions.

Educational achievement	Supportive & nurturing whānau
Positive relationships	Participation in communities & society
Cultural richness	Access to 'te ao Māori'
Meaningful & secure employment	Economic security
Healthy lifestyles	Sport and exercise
Accessible and relevant services	Spiritual enlightenment

### Whāinga Tuawhā - Pūharakeke Mātua

#### **Goal 4: Deliver safe, acceptable, and relevant services to whānau and individuals who may be traumatised, distressed or disheartened.**

When people are distressed or upset to the point of considering suicide, or because they have been affected by a suicide, access to help from experienced and well informed services or agencies can be life-saving. Even if suicide has not been contemplated, sudden or ongoing distress warrants help. Importantly help needs to be timely, culturally aligned, affordable, non-judgemental, and trusted.

Suicide and attempted suicide are not necessarily caused by mental disorders. They may be triggered by sudden and unexpected events, or by longstanding discontent and discouragement, or by hurtful relationships. Psychiatric advice is indicated when a diagnosable disorder is present, but in any case early assistance from community agencies and primary health care is important. The sooner help is available, the greater the likelihood of a good outcome.

A whānau approach to the prevention of suicide holds special promise and agencies that adopt a whānau centred philosophy have a particularly important role. Whānau ora providers and collectives are key to the provision of accessible and affordable assistance.

## Ka Rere te Mauri (Key Actions for Implementation)

The implementation of the Strategy will require a range of actions including:

### **Whakahā Mauri**

**Key Action One: Facilitate culturally and clinically safe practices through effective community/whānau development, hope-building, and leadership development.**

Build cultural capability through leadership programs that foster iwi, hapū and whānau champions for change. Champions will adopt a community-wide approach already pioneered by Whānau Ora navigators, to actively support whānau to make positive changes to homes, schools, workplaces, communities, and marae. In the process, they will increase and enhance protective factors as well as reducing risk factors, by building culturally resilient wellness programs and healing centres. The aim will be that whānau lead healthy lifestyles that are safe, secure, and sustainable.

### **Whakatū Mauri**

**Key Action Two: Build safe collective networks that encourage all those with an interest in suicide prevention to participate.**

Establish national and regional Māori collectives that contribute to policy development, best practice, monitoring, data analysis, media responsiveness, resource development, evaluation, and community development initiatives. The development of an auditing tool will ensure that programs are culturally safe and effective for Māori.

### **Whakapūmau Mauri**

**Key Action Three: Enable and support hope-building in suicide prevention. For example, include safe practices such as story-telling; whakawhitiwhiti kōrero, kōrero tahi; use of pūrakau; and tā moko for cultural and whakapapa reconnection and healing.**

Ensure that national policies are fair and just and state that services for Māori act in ways that contribute to flourishing whānau. Access to social services, health services, schools, community care, should be timely, effective, and culturally aligned.

### **Whakaoho Mauri**

**Key Action Four: Fostering Māori healing practices that are culturally valued and effective.**

Create culturally safe spaces for whānau who are experiencing unresolved grief, loss and trauma so that the wairua dimension can be enhanced. This action will increase opportunities for iwi, hapū, whānau and communities to heal through cultural practices such as karakia, whakawaatea, whakawhānaungatanga, and whakanoa. It will develop sustainable approaches that rejuvenate and connect whānau with whakapapa, land, culture, language and each other.

## Ka Rere te Mauri (Potential Actions)

Priority Action	Implementation	Outcomes
<p>1. Facilitate culturally and clinically safe practices through effective community/whānau development, hope-building and leadership development</p>	<p>Support and or develop kaupapa Māori programs / approaches that build resilience and coping skills for at risk populations such as young Māori, on-line Māori, LGBTIQ community, and unemployed whānau.</p> <p>Increase awareness around the LGBTIQ community in schools, marae, and community by developing resources, peer support groups and education programmes.</p> <p>Grow the capacity &amp; capability of Māori communities through pro-active &amp; sustainable programmes.</p> <p>Promote indigenous frameworks and practices in suicide prevention by sharing of strategies, programs and interventions that help whānau develop coping skills, resilience, healing, and wellness.</p> <p>In association with Whānau Ora, build the capacity and capability of whanau champions by supporting the development and implementation of tribal resiliency programmes including: rangatahi leadership and identity wānanga; bereaved whanau support networks; appropriate tāne Māori programmes and services; and minority group activities. As an example, train whānau champions as the drivers of change.</p> <p>Encourage whānau led solutions &amp; strategies</p>	
<p>2. Build safe collective networks that encourage all those with an interest in suicide prevention to participate</p>	<p>Māori suicide prevention commissioning agency is established to monitor Māori suicide prevention activity, data, and evaluation reports.</p> <p>Develop a tool to ensure programmes are culturally safe and effective for Māori and improve best practice. Increase cultural capability and capacity across the suicide prevention sector</p> <p>Ensure Māori research supports the collective from an evidence base perspective.</p>	

3. Enable and support hope-building in suicide prevention. For example, include safe practices such as story-telling, whakawhitwhiti kōrero, kōrero tahi; use of pūrakau and tā moko for cultural and whakapapa reconnection and healing
- Government policies and funded programmes are aligned with this Strategy to ensure continuity of care, messaging, and activities toward preventing Māori suicide and suicidal behaviours.
- Adopt a community-wide framework that strives to build safe, and nurturing communities that generate confidence, integrity, inclusion, equity, & goodwill for Māori.
- That the rangatahi, bereaved whanau, tāne Māori; and minority groups are engaged to design and implement appropriate programmes suitable to meet their needs.
4. Fostering Māori healing practices that are culturally valued and effective
- Foster relationships for whānau through effective pathways to healing.
- Provide access to community hubs / marae that deliver culturally relevant post-intervention pathways for whānau bereaved by suicide, non-fatal suicide attempters and self-harmers.
- Support the development of empathetic communities based on non-violent communication.
- Whānau, iwi, hapū, school health centres, and community providers gain access to kaupapa Māori community hubs / marae for mental health conditions, suicidal ideation, attempted suicide and grief and loss. Including:
- Access to anti-bullying programmes
  - Rongoa Māori (Māori healing)
  - Tribal leadership wānanga
  - LGBTIQ workshops
  - Specialist services including: Psychologist, Social Worker, Counsellors, Mental Health Specialists.
- Provide culturally relevant and user friendly spaces for Māori consumers; rangatahi; tāne Māori; bereaved whanau; and minority groups.
- Develop, implement and review cultural standards of practice, delivery and assessment of care for Māori.
- Identify a full range of culturally relevant wellness services at the community level to identify and follow those who are at risk of suicide and those who have attempted suicide.

## Appendix one: The Tūramarama Declaration



*The Tūramarama Declaration*



**We, participants in Tūramarama ki te Ora World Indigenous Suicide Prevention Conference, held in Rotorua, Aotearoa New Zealand on 1 - 3 June 2016, are deeply concerned about the high rates of suicide among indigenous peoples.**

- 1. We weep** for the increasing number of our people whose lives have been cut short by suicide;
- 2. We respect** the courage and fortitude of families and friends who have endured unexpected and often inexplicable losses of dear ones;
- 3. We commit** ourselves to healing our own wounds and the wounds of our lineage, and in so doing to exemplify the ways in which light can be brought into the world inhabited by our elders, our peers and our young people;
- 4. We declare** that all our people should be able to 'live well, into old age';
- 5. We believe** that the will to 'live well' is strong when the human mauri is strong; 'living well' means being able to live as Māori, as indigenous peoples, and as citizens of the world;
- 6. We will strive** to build safe and nurturing communities that generate confidence, integrity, inclusion, equity, & goodwill;
- 7. We recognise** the key roles that whānau and families play in strengthening the mauri by transferring knowledge, culture, language, values, and love to their children and grandchildren;
- 8. We endorse** the benefits of tikanga, kawa, healing, and other cultural protocols to lift the spirit and strengthen our people in schools, health centres, sporting clubs, social media, the workplace, and the streets;
- 9. We expect health,** education, and all social service providers to offer services that are accessible, timely and effective for indigenous peoples;
- 10. We urge** our own indigenous leaders, tribal authorities, and community champions to create opportunities for our children, youth, women, men, and our older people so they can be part of te ao Māori and the indigenous world, and can be active participants in the communities where they live and work;
- 11. We challenge** national and local authorities and city councils to adopt and enforce regulations to reduce the availability of alcohol and other harmful substances, to ensure that homes are warm, comfortable, and affordable, to insist that streets, workplaces, schools, and the internet are all safe places for our peoples, and to combat practices that diminish self-worth and hope;
- 12. We call** on our elected leaders in Parliament, especially those who have responsibilities for education, social services, health, housing, employment, indigenous development, and the environment, to work together in order to create a society where equity of access, equitable outcomes, and extended opportunities can prevail;
- 13. We recommend** that our people in the United Nations Permanent Forum on Indigenous Issues make all nation states aware of the extent of Indigenous suicide and ensure that suicide prevention is highlighted in the UN Millennium Goals;
- 14. We pledge** ourselves to work collectively so that our combined energies can create a world where the mauri can flourish and all our peoples can live well, into old age.

 **Te Rūnanga  
o Ngāti Pikiao Trust** **Declared at Rotorua, Aotearoa New Zealand  
2 - 3 June 2016**

## Appendix two: Māori and Suicide – the evidence

In New Zealand, more than 579 people die annually as a result of suicide, with a third being male. A further 150,000 have suicidal thoughts, 50,000 devise a plan, and 20,000 make a non-fatal attempt (Ministry of Health, 2017a). The national youth suicide rate is the second highest in the OECD (Ministry of Health, 2016b) with Māori males (15-24yrs) twice as likely to die by suicide compared to Māori female and non-Māori male (Coronial Services of New Zealand, 2016 & Ministry of Health, 2016b). Moreover, Māori under the age of 44yrs are at higher risk of dying by suicide but less likely in the 45+ category (Ministry of Health, 2017a).

Unfortunately, these rates for Māori are not new. From 1996 to 2012, Māori males had the highest rate of suicide for New Zealand (Ministry of Health, 2016b). For the year 2012, the Māori male suicide rate (per 100,000 people) was 25.6 versus 16.3 for non-Māori males (Ministry of Health, 2016b). That is, approximately nine more Māori males who have died of suicide compared to non-Māori for every 100,000 people.

The latest report from the Suicide Mortality Review Committee (2016a) analysed the data from completed suicides between 2007 and 2011. The report focussed specifically on three population subgroups with particularly high rates of suicide. The subgroups were;

1. Rangatahi Māori (Māori youth), aged 15–24 years.
2. Mental health service users (who had had face-to-face contact with specialist mental health or addiction services in the year prior to their death).
3. Men of working age, aged 25–64 years.

Māori were over-represented among those who died by suicide, and males made up a greater proportion of those who died by suicide. Youth had the highest suicide rate (23.4 per 100,000), and the Māori youth suicide rate was 2.8 times the rate for non-Māori youth. There was also analysis of sexuality and gender identity issues which explained 7% of all Māori youth suicides (Suicide (Mortality Review Committee, 2016a).

### **Social determinants of Māori suicide**

New Zealand's suicide rates reflect patterns of pervasive inequalities in the broader determinants of health, such as socio-economic status, ethnicity, gender, age and geographical region. Reducing health inequalities between these different population groups has been the aim of past governments. Current statistics show that inequalities still exist and are increasing. Barriers to access timely healthcare, quality of care, culturally responsive and safe care pathways and practitioners, have also been explained by racism and implicit bias in mainstream services.

Research highlights the effects of these inequalities on suicide and suicidal behaviour. For example, Coupe (2005) found in her doctoral research that poor general health status was the key risk factor associated with attempted suicide among Māori. Lawson-Te Aho and Liu (2010) found that the loss of culture and identity over generations produced high suicide rates amongst Māori. Lawson-Te Aho (2013) attributes suicide levels to historical trauma. She suggests that by transferring inter-generational trauma to the normalisation of sexual trauma and violence among other outcomes, leads to an increase in suicide risk.

Another study was conducted on hope with 21 rangatahi (inclusive of Takatāpui) from different districts across New Zealand including: Kawerau, Whanganui, Wellington; Gisborne, and Taumarunui. Findings revealed that rangatahi talked about the strength and quality of their relationships in preventing suicide among whānau, hapū, iwi, community, and other cultural and social networks (Lawson-Te Aho, 2016a).

Socio-cultural analysis from the Suicide Mortality Review Committee (2016) found that a subgroup of Māori youth who died by suicide, lived in the most socially deprived areas of New Zealand. One-fifth of rangatahi Māori had been exposed to family violence as children or have been in a violent relationship as young adults, while 14% had disclosed sexual abuse at some point (Suicide Mortality Review Committee, 2016).

Meanwhile, suicide is viewed exclusively as an individual problem linked to mental illness or social issues only, there is little opportunity to see relational, social, historical or cultural dimensions for Māori. Multi-sectoral strategies involving not only the health sector, but also education, social support, employment, judiciary and other relevant sectors are important for effective suicide prevention (World Health Organisation, 2014).

It is clear that suicide is a major health issue for Māori. This is partly due to historical and cultural injustices (Lawson-Te Aho, 2016), as well as, more contemporary issues such as poor access to healthcare services and socio-economic deprivation. The responsibility for addressing these inequalities sits with all people in Aotearoa. It requires systems that address the wider socio-political influences on Māori and health. Indeed, Māori input at all levels of planning and service delivery is imperative to the success of any government efforts to reduce Māori suicide.

In ending, this Strategy drew on community feedback and key Māori informants and was generated out of passion for positive change and underpinned by a Māori world-view and key literature on preventing suicide for Māori.

## Appendix three: Whakamārama (Glossary of Terms)

Aotearoa	New Zealand
Ariki	High esteemed leaders
Atua	Gods
Hapori Māori	Māori community
Hapū	Sub tribe
He kōrero whakataū	Introduction
Iwi	Kinship to a common ancestor or linked to a traditional waka (canoe), collective group
Ka rere te mauri	Metaphor: Key actions / implementation
Kaitiaki	Guardian, support, guide
Kaitiakitanga	Guardianship
Kapehu whetu	Navigator (Astronomy)
Karakia	Prayer & incantations
Kaumātua	Elder/s
Kaupapa	Philosophy, subject matter, topic
Kawa	Overarching rules
Kia maia	Be brave
Kia ora	Thank you / greetings
Kia piki te ora o te taitamaiki	Metaphor: for the Youth strategy
Kokiritanga	Mission
Kōrero tahi	Talking as one
Mana tangata; mana whānau, mana atua, mana whenua	Acknowledgement and respect toward people, kinship, spiritual guardians and land
Māori	Indigenous, First Nations & people of the land (tangata whenua)
Marae	Tribal village
Mātauranga Māori	Māori knowledge
Mauri	Life essence
Ngā kōrero o Mua	Background information
Ngā poupou	References
Ngā tikanga	Customs / protocols / guidelines / principals
Noa	Neutral
Papatūānuku	Mother earth
Pēpi	Baby, young shoot
Pūharakeke mātua	Parents
Pūharakeke rito	Metaphor: The rito represents our tamariki, our pēpi, and our future generations.
Pūharakeke tupuna	Grandparents / ancestors
Pūrakau	Stories
Rangatahi	Youth
Rangatira	Leader/s
Rere	To fly (free)
Takatāpui	LGBTIQ+
Tamariki	Children
Tāne Māori	Māori men
Tapu	Sacred
Te ao Māori	The Māori world
Te reo me ona tikanga	Māori language and customs
Te taiao	Environment
Te tikanga o Tūramarama ki te ora	Conceptual framework

Te Tiriti o Waitangi	The Treaty of Waitangi
Te Tūāpapa	Foundation
Tika, pono & aroha	Integrity, respectful and love
Tohunga	Highly regarded specialist /healers
Tuhinga whakarāpopoto	Executive summary
Tūramarama ki te Ora	Metaphor: Bringing light to the Dark
Wāhinga korero	Foreword
Whakahā mauri	Breathe life
Whakamārama	Glossary
Whakaoho mauri	Awaken the spirit
Whakapapa	Genealogy
Whakapūmau mauri	Embrace positive vibes
Whakatū mauri	Bring life and energy
Whakawhitiwhiti kōrero	Discussions /sharing thoughts & ideas
Whānau	Family, kinship, and collective groups not necessarily through genealogy

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