

**WHARERĀTĀ**  
*Group*



**Painting the  
Future**

*Healthy Indigenous individuals, families and communities  
through Indigenous Leadership*

# Similarities across Indigenous

---

- *Indigeneity* encompasses the diversity of Indigenous groups and cultures, and the similarities:
  - A longstanding and enduring relationship with the natural environment
  - A distinctive language
  - A world view that is derived from ecological associations
  - Similar experiences that threaten language, land, custom, and social organisation
  - A determination to live and prosper as Indigenous peoples – and as global citizens
  - An aspiration that Indigenous families and communities will have optimal health and wellbeing



# VISION OF CARE SYSTEMS: Healthy Indigenous individuals, families and communities through Indigenous leadership

---

## Components

- Excellent mental health programming services in Indigenous community based in cultural and Indigenous knowledges
  - Culturally competent services offered by mainstream services, in partnership with Indigenous leaders and communities
  - Indigenous leadership to influence positive change in health and mental health systems through partnership
- The Wharerātā Declaration is an approach to systematically work towards our vision.
    1. Indigeneity
    2. Best / Wise Practice
    3. Best / Wise Evidence
    4. Indigenous Leadership
      - A. Informed
      - B. Credible
      - C. Strategic
      - D. Connected
      - E. Sustainable
    5. Indigenous Leadership Influence

# Principles of Practice for all working in Systems of Care

---

- Connected: partnerships and collaboration across mental health and addictions in the best interest of the client/consumer
- Strength-based: honour resilience, worth, honour hope
- Holistic: physical mental emotional spiritual, of humans and of systems
- Shared Responsibility: client/consumer with carer, family and community
- Family and Community: well-being is built and maintained here
- Culturally competent: client/consumer measures his or her own experience of cultural safety

# Continuum of the Systems of Care

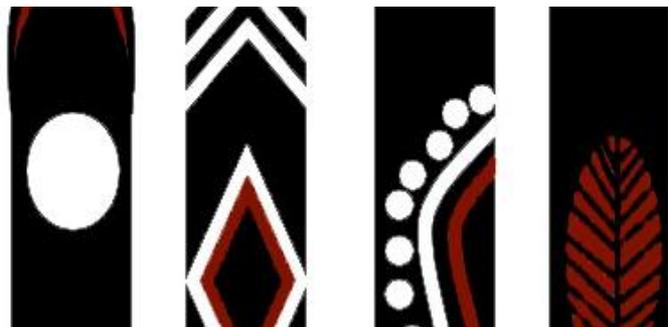
---

1. **Community development, health promotion and prevention for all:** social and cultural supports and networks, schools, sports, etc
  1. Need emotional intelligence, conflict resolution, cultural competency taught in families and schools
2. **Early identification, brief intervention care, and aftercare for some:** community-based prevention on early risk of factors contributing to mental illness: sexual abuse/assault, homelessness, isolation, police intervention
  1. Need support of specialized professionals for NGOs and community-based skills and services, trauma informed approach
3. **Secondary risk reduction for some:** reaching high risk of mental illness, avoid diagnosis, and referring to aftercare
  1. Need mental health human resources approach to downskill to para-professionals and community-based services, centrality of community-based service competency in training of professionals
4. **Active care for some:** Moderate to severe illness served in community and out-patient, avoid diagnosis
  1. Need same as 3.2
5. **Specialized treatment for as few as possible:** Clinical supports in- and out-patient as last resort
  1. Need competence of partnership/collaboration as mandatory competence in mental health professions
6. **Care facilitation:** case management in best interest of client/consumer, across systems and to effort the quickest return to community as possible
7. **Managing the Continuum:** workforce development, governance and coordination of systems, case management, performance measurement and research, pharmacological controls, accreditation

# Indigenous Leadership

---

- A. Informed** by multiple knowledges – the “bridge builder” between knowledges
- ability to work at the interface between conventional and new knowledges
  - ability to move between disciplines (addictions and mental health, qualitative and quantitative, etc)
  - well versed in Indigenous and non-Indigenous worldviews
- B. Credible** within Indigenous circles, within the health sector, protect personal credibility



*Pou:*

*The poles holding up a longhouse or meeting house;  
Support, sustenance, elevate, establish;  
Person who is strength of group, leads discussion*

- 
- C. **Strategic**, future-oriented, facilitates and empowers others, able to promote consensus through skilled negotiation
  - D. **Connected** to community/tribe/iwi/mob, sector and professional peers, leadership network
  - E. **Sustainable**, sustains one's own leadership, health and influence
5. Leadership is about the ability to ***influence*** change, and Indigenous leaders raise awareness of Indigenous health perspectives with partners and potential allies