



# **The Wharerātā Declaration**

**Healthy indigenous individuals,  
families  
and communities  
through indigenous leadership**

July 2011

# Wharerātā



*Wharerātā* is a Maori word

*Whare* – house

*Rātā* – a tree with bright red flowers and a large canopy

*Wharerātā* - A house of wisdom and understanding, a house of shelter and protection



# The Wharerātā Group



- In advance of the 2009 International Initiative for Mental Health Leadership (IIMHL) conference in Australia, a special indigenous mental health leaders group was hosted by Dr. Mason Durie at Massey University in New Zealand
  - The Group included indigenous leaders in policy, practice and research from Canada, USA, Australia, Samoa, and New Zealand
- In May 2010 the second Wharerātā meeting was held with additional participation, and the “Group” will continue to grow in size.
- Like all collective action, this vision starts with indigenous health leaders using their influence and networks to contribute to positive indigenous mental health, locally, regionally, nationally and internationally.



# The Common Ground



- Shared concerns of the Wharerātā Group:
  - Indigenous continue to face higher rates of mental illness
  - Inconsistent culturally competent services from mainstream health systems
  - Low numbers of indigenous leaders in mental health in the countries, and the challenges they face in bridging indigenous and non-indigenous fields
- The Group wrote the Wharerātā Declaration as an approach to systematically resolve these concerns in IIMHL countries
- While the Declaration focuses on mental health, the Group believes it also applies to health



# Intent of the Declaration



- The Wharērātā Declaration hereby asserts:
  - That the foundation for healthy indigenous individuals, families and communities lies in the shared valuing of indigenous knowledge.
  - That the protection and support of health and mental health is the goal of indigenous leadership.
- In mental health and in health, not only are indigenous perspectives on health worthy of inclusion, but they add value to western and medical perspectives on health.



# The Declaration - Overview



- There are five themes that underlie indigenous contributions to mental health, or factors that lead to health:
  1. Indigeneity
  2. Best / Wise Practice
  3. Best / Wise Evidence
  4. Indigenous Leadership
    - a. Informed
    - b. Creditable
    - c. Strategic
    - d. Connected
    - e. Sustainable
  5. Indigenous Leadership Influence



# The Declaration - Overview



- The Declaration envisions wellness for indigenous peoples, and indigenous leadership contributes and leads to five goals in health:
  1. Pathways to health
  2. Cultural integrity
  3. Value for money
  4. Facilitation of change
  5. Contribution to community development

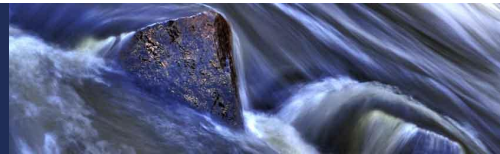
*Indigenous leaders search for the higher ground,  
reclaiming our cultures and communities*



# The Declaration in Depth: Indigeneity



- *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
  - Experiences that threaten language, land, custom, and social organisation
  - A determination to survive and prosper as indigenous peoples – and as global citizens
  - An aspiration that indigenous families and communities should have optimal health and wellbeing





# The Declaration in Depth: Wise/Best Practice



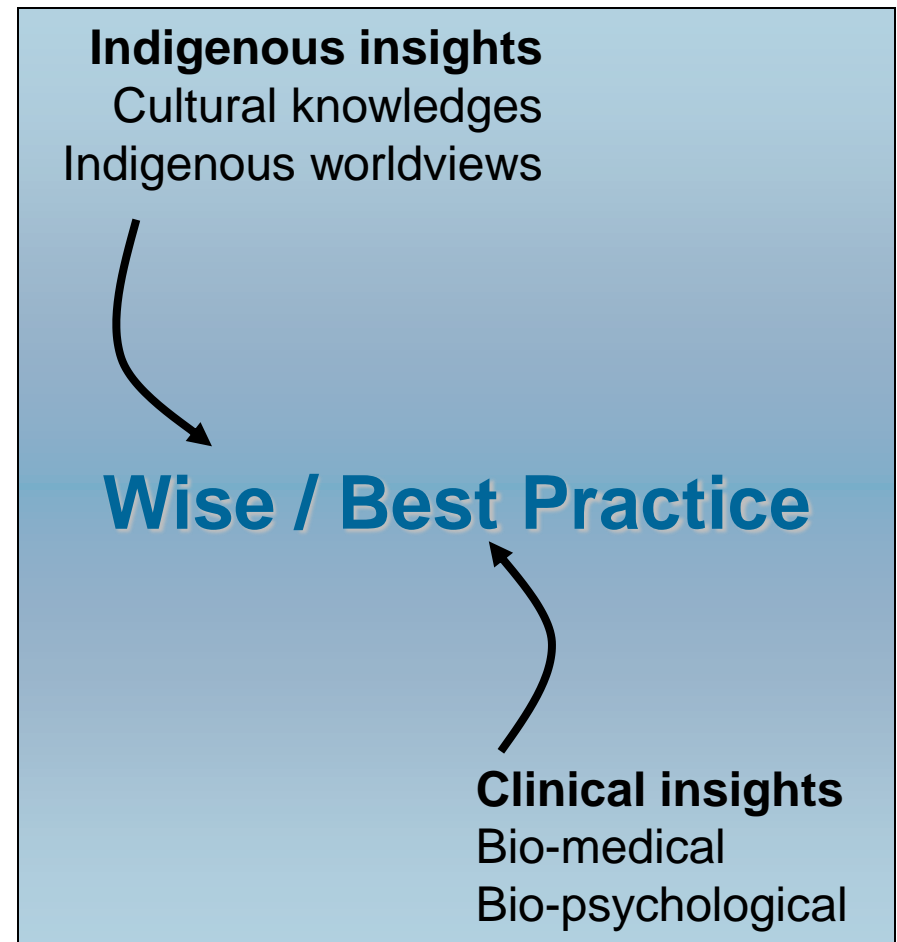
- Health viewed from a western scientific lens leads to different questions and answers, than health viewed from an indigenous lens
- Indigenous worldviews and practice
  - emphasise an ecological perspective that locates illness and poor health within a broad landscape - spiritual, social, economic, customary and environmental dimensions
- Clinical worldviews and practice
  - focuses on the individual with attention to psychological and biological dimensions
  - treatment and care are primarily structured around individual patients, often on the premise that bio-medical perspectives are sufficient for a process of recovery



# Wise/Best Practice continued



- Wise practice upholds indigenous and cultural knowledges, and adds clinical knowledges as appropriate
- Cultural and clinical perspectives together have cumulative gains that outweigh the benefits from a single track
- A combined approach that explores the biological and psychological functioning of individuals, and at the same time locates the individual in an ecological context



# The Declaration in Depth: Wise/Best Evidence



- Wise/Best Evidence is the measurement of Wise/Best Practice
  - Where an intervention is based on western science, scientific measurement is appropriate.
  - Where an intervention is based on indigenous knowledge and custom, another set of measures is necessary.
- More than one set of criteria is necessary to determine a satisfactory outcome, and with an indigenous lens there is more room for discussion about the validity of evidence, and multiple levels of evidence
  - client based
  - practice based
  - research based



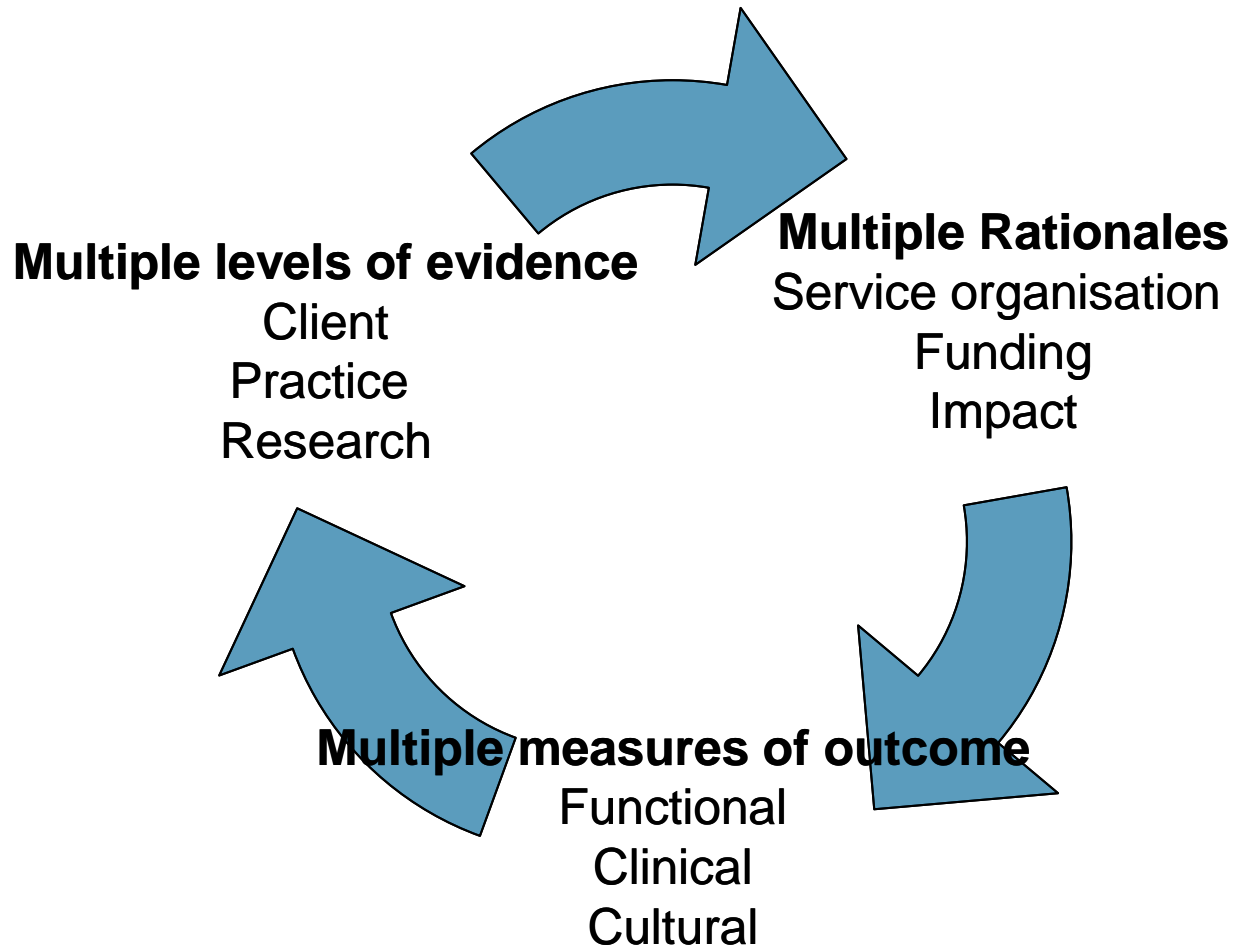
# Wise/Best Evidence continued



- Determining outcomes is not solely about resolving the symptoms of an individual – there are broader changes that should also result from programs and services:
  - Functional outcomes: Family functioning, a capacity to work, involvement in tribal or community life, and a sense of contentment are relevant to health gain
  - Clinical outcomes: personal insight, the absence of psychopathology, and sound reality testing are also markers of health gain
  - Indigenous research points increasingly to advantages accruing from traditional healing and cultural affirmation.



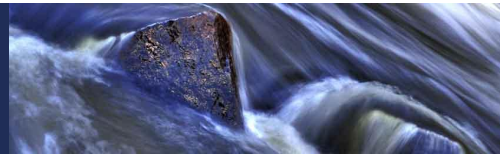
# Wise/Best Evidence continued



# The Declaration in Depth: Indigenous Mental Health Leadership



- Leadership is not for its own sake, but is driven by outcome goals to achieve indigenous wellness, within networks and using influence
- Indigenous mental health leadership is characterised by five qualities
  - a. Informed
  - b. Creditable
  - c. Strategic
  - d. Connected
  - e. Sustainable



# Indigenous Leadership: Informed



- 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
- Comfortable with ambiguity and the unknown
- Able to find common ground through negotiation and mediation, without losing integrity or reputation



# Indigenous Leadership: Credible



- Leadership can be measured by one's credibility, as this has a direct impact on one's influence:
  - Credibility within indigenous circles
  - Credibility within the health sector
  - Personal credibility – values such as integrity, creativity, self reflection, humour, empathy, vision, capacity to care for others
- The “bridge-builder” between peoples





# Indigenous Leadership: Strategic



- Future oriented
- Creative – moving beyond convention in order to advance the cause
- Facilitating and empowering others
- Able to promote consensus through skilled negotiation
- Negotiates to advance longer term goals

*Ehara taku toa, he taki tahi, he toa taki tini*  
*My success should not be bestowed onto me alone, as it*  
*was not individual success but success of a collective*



# Indigenous Leadership: Connected



- Tribal connections
- Community connections
- Sector connections
  - In health, with professional peers
- Professional connections
  - In policy and leadership
- Part of a leadership network



# Indigenous Leadership: Sustainable



- Sustaining one's own leadership is about work-life balance, to maintain one's own leadership as relevant and useful
  - Supportive operating environment – social, work, family
  - Succession pathways for one's career
  - Opportunities for ongoing training
  - Consistent with wider development goals of tribes, of communities



# The Declaration in Depth: Leadership Influence



- Leadership is about the ability to influence change, and to raise awareness of indigenous health perspectives in such areas as:
  - Mental health development
  - Political purchase
  - Contracting for outcomes
  - Population health
  - Primary mental health care
  - Relationships and boundaries
  - Workforce development initiatives



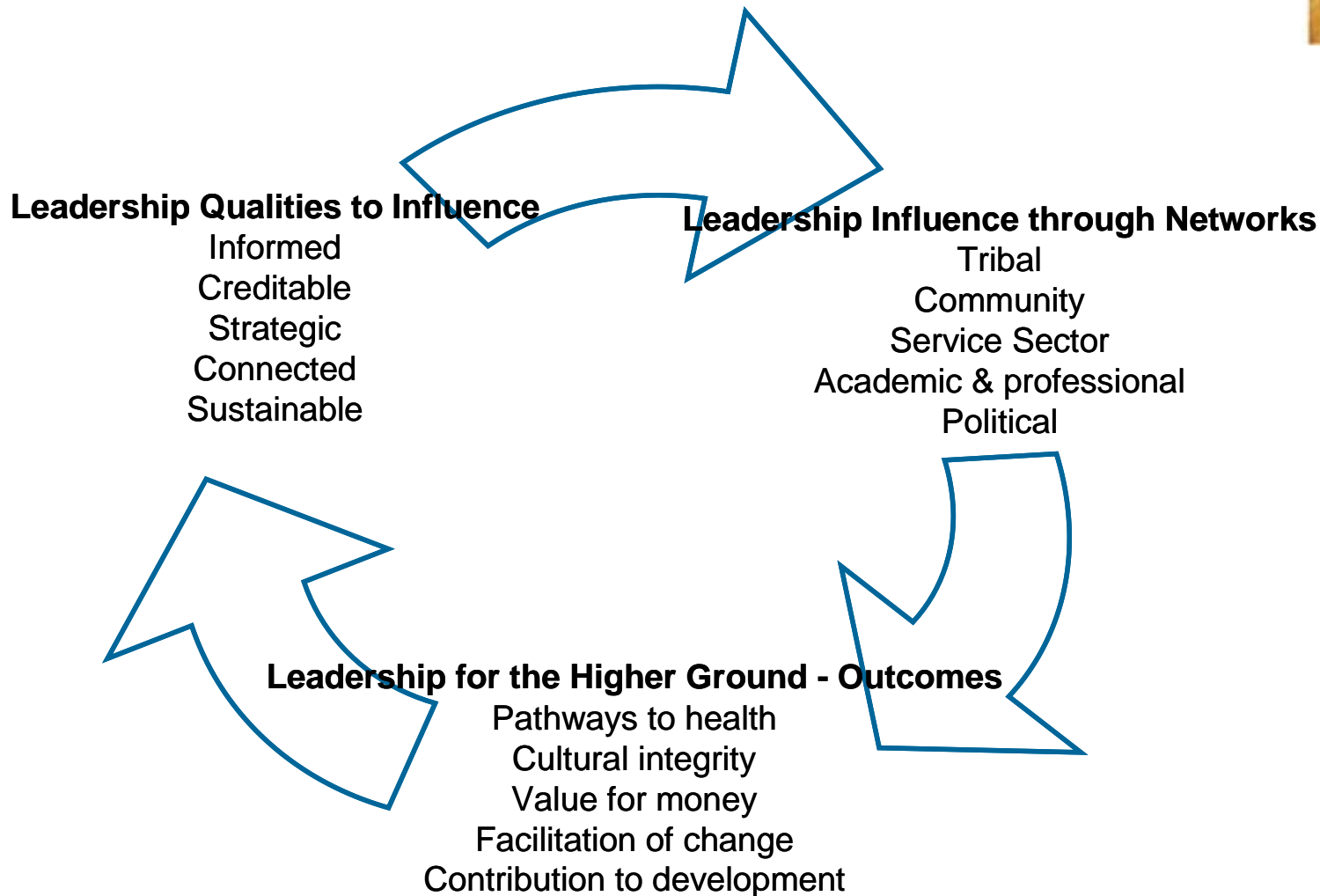
# The Declaration in Depth: Leadership Influence



- Indigenous leaders have visible and active networks, through which change can be influenced:
  - Tribal
  - Indigenous communities
  - Service sector
  - Professionals
  - Political



# The Wharerātā Leadership Framework



# Next Steps



- Circulate the Wharerātā Declaration in the International Journal of Public Service Leadership, Vol.6(1) Feb 2010
- Continue to add successful models examples of activities in indigenous mental health to the Wharerātā website at [www.indigenous-mental-health.ca](http://www.indigenous-mental-health.ca)
- Maintain close relationships with the IIMHL executive, and offer options and solutions on how to strengthen cultural competency and indigenous leadership through IIMHL with member countries
  - Offer to work closely with the IIMHL to highlight indigenous mental health and success stories at next conferences



# Next Steps



- Continue to raise awareness of the Declaration to indigenous leaders and mental health organizations, and support indigenous peoples to define their own ways to show official support for the Declaration
- Plan to meet in advance of the IIMHL 2011 conference
  - Collect existing data on numbers of indigenous mental health leaders in each IIMHL member countries
  - Focus on successful practices to “build leaders”





# What can you do to support the Wharerātā Declaration?



- The Wharerātā Declaration can be used to spark discussion on real-world application of Wise/Best Practice in mental health:
  - What works in the intentional and thoughtful combination of cultural supports and clinical supports in mental health?
  - What works in the application of Wise/Best practice in mental health leadership?
- Consider ways to increase your own culturally competent practice, in relationship with indigenous peers and local community.
- Use the Wharerātā Declaration as a basis for growing Indigenous leadership in mental health and health.



# What can you do....



- Consider what your organization can do to partner with indigenous communities to contribute to the vision of indigenous wellness
- Consider how your networks could build support for the Wharerātā Declaration and in turn grow your indigenous health and mental health leaders
- Join us in the vision of mentally healthy indigenous communities in your country



# For More Information:



Wharerātā Group  
Homepage:

[indigenous-mental-  
health.ca](http://indigenous-mental-health.ca)

- Online Library:
  - trauma
  - addictions
  - cultural competency
  - etc
- Discussion Forum

The 2009 Wharerātā Group members and authors of the Declaration:

- Dr. Mason Durie - Massey University, New Zealand
- Ray Watson - Commissioner, Mental Health Commission, New Zealand
- Carole Maraku – Te Upoko o Te Rae, New Zealand
- Dr. Reese Tapsell – Director, Midland Forensic Mental Health Services, New Zealand
- Dr. Te Kani Kingi – Director of Academy of Maori Research, Wellington, New Zealand
- Nani McCloskey - Te Upoko o Te Rae, New Zealand
- Kimini Anderson – Queensland Health, Australia
- Dr. Helen Milroy - University of Western Australia
- Sailau Sualii-Sauni – Otago University in Samoa
- Dr. Spero Manson - Cook Inlet Tribal Council Inc., United States
- Carol Hopkins - Youth Solvent Abuse, Canada
- Rose Sones – Assembly of First Nations, Canada

