



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 Wharerātā 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



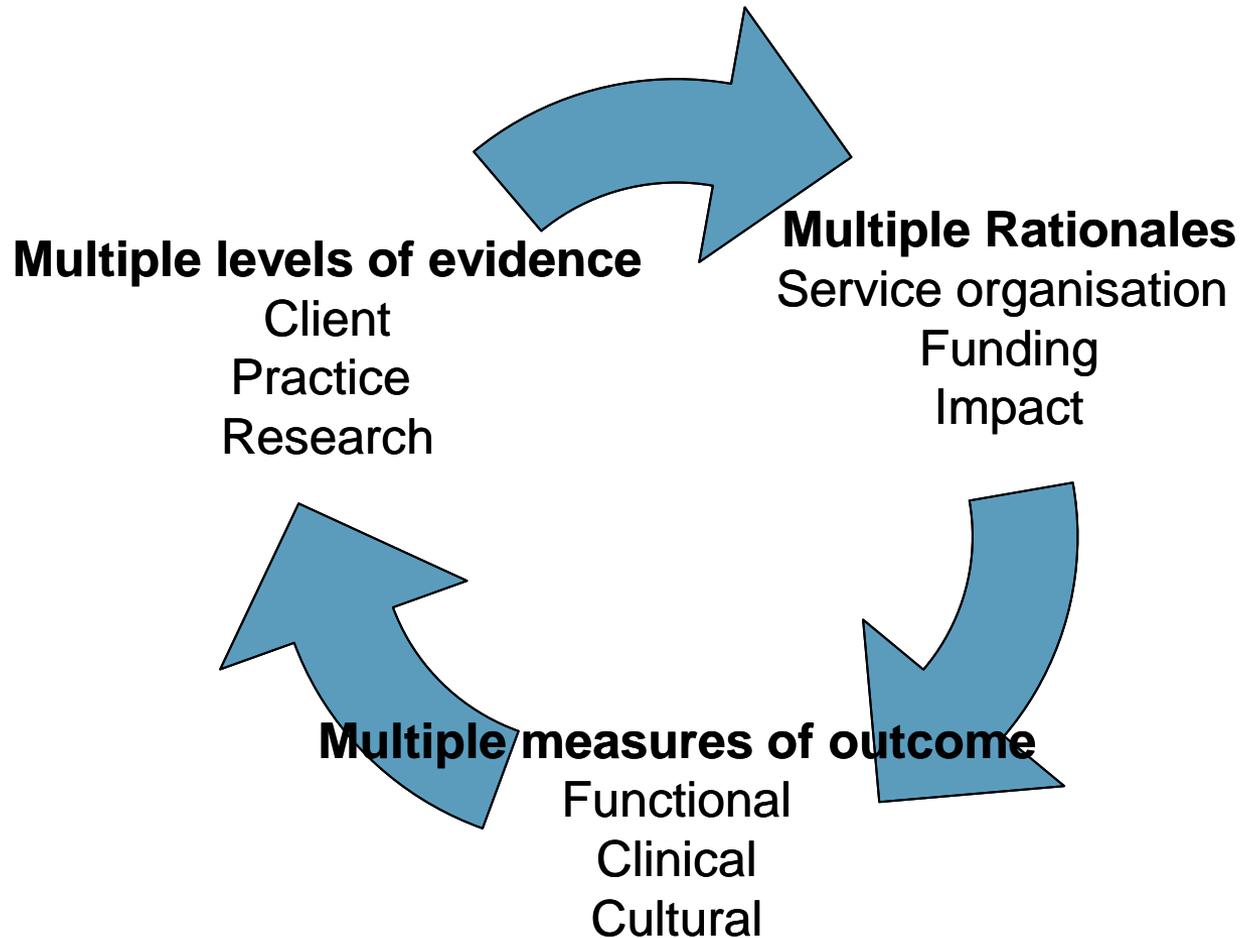
Wise/Best Evidence continued



- 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



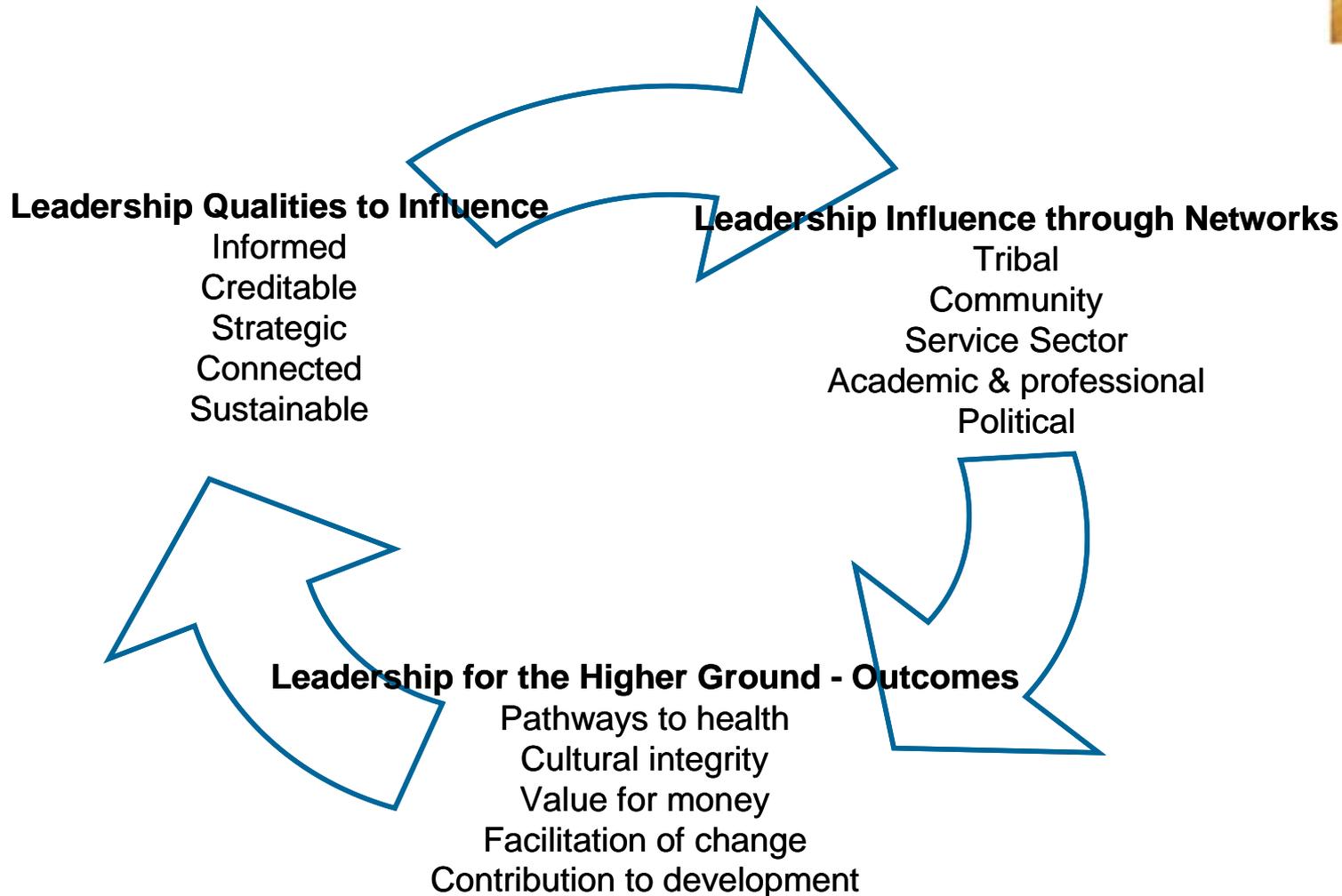
The Declaration in Depth: Leadership Influence



- 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
- 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

