

# newsletter

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*Presenters from the left are Quentin Peratiaki, Donna Roberts, Jason Giddens, Matu Copper and Henare Harrison*

## Putting the Pieces Together with Te Whare Tapa Wha

A highlight of the Public Health Conference in Christchurch in July was a moving presentation by Te Awa O Te Ora Trust at Nga Hau e Wha Marae.

Te Awa O Te Ora Trust is a kaupapa Maori Mental Health organisation whose manager, Puti Hauraki, had a vision to present the *Like Minds Like Mine* message in drama form to create a greater impact than just talking about it.

The team of five Maori whanau members touched our hearts and minds through song, dance and the use of indigenous musical instruments in their portrayal of the four cornerstones of health: Te taha wairua (spirit), taha hinengaro (mind), taha tinana (body) and taha whanau (family/community).

Each team member represents one part of a jigsaw and tells the story of their personal journey to wellness (stories originally written by tangata whaiora). When the jigsaw comes together Te Whare Tapa Wha is complete - depicting the complete person.

## CHILDREN'S MENTAL HEALTH PROMOTION AT SCHOOL

*The Children's Consultation Project in Christchurch began in August 2003 and continued and expanded in 2004. The objective of the project was :  
'To increase awareness of the mental health and wellness needs of children and support initiatives that strengthen children's voices.'*



*With the permission of the children, their families and schools, a commitment was made to take their thoughts and ideas to adults who work with children in the hope it would encourage them to listen and use this precious gift wisely in their work.*

**Nicky Harrall's** role is children's mental health promoter at Community & Public Health, Canterbury DHB, and she has a background in Health Promoting Schools. According to Nicky "schools are really interested in mental health. They say - we want our children and staff to be happy - how do we do it?"

Nicky needed to talk to children to find out what they thought and what the schools needed, and so the project began. Two Christchurch decile 3 and 4 schools self-selected to be part of the project and three strategies were developed: PhotoVoice, Children's Questionnaires and Child Advisory Teams.

### *PhotoVoice:*

Children nominated by fellow students at one school were given digital cameras and asked to record their favourite places, the best thing and the thing they liked least about the school

### *Children's questionnaires:*

All the children from year 0 - 8 completed questionnaires. Three different questionnaires were trialed with different groups of children during the project. Questionnaires sought to gain information about school climate and culture, and for children from years 5 - 8 an additional questionnaire focused on children's sense of self - how they interact with their peers, how they feel at school.

### *Child Advisory Teams:*

These were created at both schools and they answered specific questions about friends, difference, safety, role models and moving and changes.

### What children liked best:

Top of the best list were friends, the staff and learning, with the playground and the field next best.

### What the children liked least:

Litter and the sometimes untidy or unfinished environment, children disrupting their learning, unfairness and children not following with Code of Conduct.

### Changes - moving schools - and what it means to children

All the children said that moving was difficult. In one of the schools over half the children in year 7 and 8 had moved school four times or more. Here are some of things they said:

"You might have just started to get used to the routine and then you have to move schools again and you lose all your friends and things."

"Sometimes you've been with that person for 4 years or something and they're your best friend and then they move schools and you lose contact with them and you don't know their phone number."

"My friend moved last year and I moved house and now it's just a mission to find him. I'm trying but I don't know where he is."

"It was bad moving from school to school. It's sad when you leave your friends behind. You miss them."

"It was after school and we said goodbye and then I got in the car and Mum drove away. My friend was just standing there at the gate waving all by himself. That was the last time I ever saw him. I was eight."

### Other concerns

Many children were concerned about safety. And their concerns often related to media stories at the time.

Regarding the school gates more than one child was afraid that "people might just come in and get us". In the few previous weeks there had been a lot of publicity about a child who disappeared from her school and was subsequently found murdered.

Another fear was about fast cars and boy racers. Although they loved riding their bikes they felt unsafe, even in their quiet residential area with no obvious traffic problems. There had been recent publicity about an incident in the centre city involving boy racers where someone was seriously injured.

Nicky says, “Children’s worlds are small – their house, their street, their school, their neighbourhood. When they hear about something that has happened in the world it becomes something that could happen in their world. The city for them begins and ends where they live. They hear snippets of information and tie them into one big story, which then becomes something that could happen to them. As adults we need to be aware of what children are listening to and/or watching and help them put what they see and hear into perspective while not minimising their fears.”

## What is happening with all the information the children have shared with us?

One school has decided to:

- Initiate a Student Council to keep children’s voices alive in the school
- Include children in Board and staff discussions about school safety
- Develop and trial a ‘Moving Schools Pack’ – with input from the children

## The next stage of the Project includes:

- Investigating and implementing sustainable interventions with a whole school focus to address some of the issues raised by the children in more depth
- Staff and caregiver questionnaires will be focus tested and trialed
- Make the questionnaires accessible to other schools

## Other spinoffs include:

- Plans for the development of a web resource that will include questionnaires, links and resources.
- Development of a collaborative initiative with the Mental Health Foundation on *Transitions and Changes* with a focus on moving schools. (Now online at <http://www.mentalhealth.org.nz/page.php?p=93&fp=78&sp=94>)
- Children talking to people working with children – professional development

A panel of year 7 and 8 children presented the world from their view and answered questions from the audience in October 2003 at the Mental Health Awareness Week symposium. The professionals gained insight into how they asked questions of children and into the way their services delivered programmes and services to children.



*Here is Rachel in her favourite place – the classroom, with her favourite teacher. What Rachel likes about her teacher is her fairness, her sense of humour and the fact that she’s consistent in the way she relates with the children.*

## Nicky sums up

“When children talked about the difference that adults make to their lives it was always about how adults are to them – how they make them feel inside – ‘they laugh with you, they spend time and they do things with you’.

“ Children’s mental wellbeing depends on adults. The way we speak and behave and the things we do to show our love and care for children make the difference between a child feeling safe, secure and happy or lonely, anxious and afraid. We can show them a way forward through childhood with confidence and resilience or fill it with concern and fear.”

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# HEALTH PROMOTION PERSPECTIVE

*At the Public Health Association Conference held in Christchurch in early July this year Hana O'Regan (Ngai Tahu) delivered the Conference Keynote Address at Nga Hau e Wha Marae. As well as reminding us of how the past has shaped our present reality and how our actions today shape the future Hana spoke of the dangers of allowing the current political climate to dictate the map we will be following in the immediate years to come.*

*Hana O'Regan proclaims that diversity is reality and that current needs-based rhetoric should be criticised and exposed.*

“ Perhaps the best place to start is by reviewing the journey through time that has brought us here today.

Our first era or stage was **Colonisation**. It was controlled and managed by the Pakeha settler Government who were in complete control of deciding the role of Maori in the new nation. The effect that the policies of colonisation had on our people, our communities, our social and economic organisation and independence are known to be the deep seated cause of the circumstances many face today.

The next era was **Assimilation**. This was a change in direction for the power culture as more attempts were made to include and assimilate Maori into the dominant Pakeha culture as opposed to isolate them from it. It was the era of dreams of a new race of sun-tanned kiwi who were to have all the benefits of Pakeha culture despite (or in spite of) their own cultural background and whakapapa. Not all elements of Maori culture were to be lost however. Kapa haka, carving, weaving and hangi, along with other non-threatening practices of the Maori were still OK - but by and large the expectation was success for Maori would only come from 'being like us'.

As assimilation policies continued to erode and have total disregard for Maori rights, practices, language and indeed cultural confidence and competence - the wave of the next era emerged – **Protest** : Bastion Point, the famous Land March, Raglan Golf Course, 'No Maoris No Tour'. This time, with the help of television, the issues were smacked right in our faces in the living rooms of our country and very hard to ignore.

And it worked! The protest gave rise to a new appreciation of the Maori plight, of the importance of culture and identity and the violation of rights. It also highlighted the inadequacies



*Hana O'Regan speaking at Nga Hau e Wha Marae*

of the assimilative approach, primarily that the underlying issues would not go away – they would only ever be silenced for a time.

Then came **Bi-culturalism**. Taha Maori was introduced into schools, the Treaty emerged in a new light with the birth of the Waitangi Tribunal and Treaty settlements. Kohanga, Maori immersion education began and then flourished. Cultural safety took root in medical institutions and Maori quota provisions were established in our medical and law schools.

For the first time Maori had available to them an array of targeted scholarships aimed at addressing the disparities in society, and attempting to reduce the gap between Maori and non-Maori achievement. Now I'm not suggesting that all of these interventions were a success or couldn't have been designed better – but they were a step forward.

They were an attempt to acknowledge the validity of difference and the importance of cultural, social and political rights in determining access to opportunity and development. We grew up as a nation. We became more considerate and reflective.



But somewhere in all of that we didn't quite manage to hit the nerves of all – perhaps we expected too much of the power culture too soon? We forced political correctness on people while failing to provide avenues for dialog or discussion on the merits or benefits of this new direction.

We expected commitment to The Treaty without the majority of New Zealanders ever having had the proper opportunity to understand what it was and meant. Under the skin of bicultural New Zealand people writhed and grumbled and voices of discontentment grew, and grew. Just waiting for a *brash*, bold politician to come along! In many ways, the backlash was inevitable ...

And so we enter a new era - where the definition to 'be **Brash**' has taken on a whole new meaning

As our nation has increasing anxiety attacks at the mention of anything that might be based on race, and both sides of the political divide reiterate a commitment to *needs-based* funding as opposed to *race-based* funding – we become more and more exposed to the dangers of ignoring the old doctrine of *cause and effect*. We end up getting more caught up on race than the policies that are actually under review.

We try so hard to make sure groups aren't getting *special privileges* because of their ethnic grouping we don't stop to question just what *is* a 'privilege' and who in our communities we may consider to be truly privileged.

Our current mistrust of race and ethnicity has meant that we might ignore that they too exist as important factors influencing a person's position and participation in our society.

To deny race and ethnicity, in many instances, as a contributing factor to need is to completely ignore how the situation may have emerged, and how it may be repeated or perpetuated if those influencing factors are not taken into consideration. Treating the immediate need is important, ignoring the history that has created the need, over previous weeks, months, years, decades, or centuries - is dangerously ignorant.

The needs-based policy that is devoid of all reference to race, historical experiences and difference, tends also to presume that everyone is able to access the same services equally. In the Health Sector there is the call to do away with any programmes targeted at ethnic minorities that may differ from services provided to the general public.

This assumes that by treating everyone the same that we will be equally effective in our 'treatment' of all. Such practice is almost always based on the 'way' of the majority power culture.

It is assimilative in practice and nature – 'you'll be fine as long as you behave like me, speak my language, identify with me, understand me, share the same worldview as me – then of course you'll be treated equally and without prejudice'.

Let's not forget that it is largely because of the adherence to such practices that we find ourselves in the situation where we need Maori quota provision in to medical and law school for example.

There must be provision made to help balance inequities where inequalities exist – to address the disparities - until we can get to the point where we can change the tide that is causing the situation. This will require a bold move on behalf of our leaders and the rest of the country – it will require us to show a degree of selflessness at a time when people are obsessed with the notion that they might be missing out on something.

It can be done however, if we are prepared as a nation to stop feeling threatened by diversity, by race and ethnicity, and instead really start to acknowledge, accept and respond to the cultural and ethnic reality in which we live.

If we can't get over this hiccup in our development, then we are very likely to regress back to where we were over thirty years ago. It won't take us long to get there – but it will take a good many generations to bring us back to this point.

It truly is a short jump –back to the time when we believed there is 'one law for all' irrespective of the *other* laws that exist to limit Maori property rights and treat Maori resources in a way that would never be accepted by the Pakeha majority.

And so we establish a \$1m review of all Government policy to make sure that we have no interventions based on race or ethnicity. We do away with any policies with a racial tinge that takes in to regard the historical factors influencing status, achievement, position in society and make sure we all have the same opportunity to be assessed in terms of *need*.

By doing so we run the risk of increasing the disparities by assuming that the one-box-fits-all notion of assessing *need* works, and that the one way of dealing with all will work for all – when we know it hasn't in the past! We must not be afraid of approaching different situations and different groups with different interventions to achieve the same goal, just because those interventions and strategies might be based around an ethnic group or race such as Maori.

If we fail to work out ways that Maori can fully and effectively participate in our society then the problem is just not going to go away. The problem will remain systemic, the outcome will only get worse and our children and grandchildren will be paying the price.”

Hana O'Regan

Ngai Tahu Development Corporation

# Update On The Forum

**Kia ora koutou katoa e nga mana e nga reo e nga karangarangatanga o te motu!**

## **“Haere mai” to new ED**

I am pleased to announce that Dr Alison Blaiklock is the new Executive Director for the Health Promotion Forum, and will begin her work with the Forum on 20<sup>th</sup> September 2004.

Alison brings with her an extensive experience and knowledge of public health and health promotion from 13 years as a public health physician, as the Chair of Action for Children and Youth of Aotearoa (ACYA) and the NGO delegate to the United Nations Committee on the Rights of the Child (1996 and 2003).

Alison has also received the Winston Churchill Memorial Trust Fellowship (1996) and the University of Otago's Prize in Community Health (1986).

In addition Alison is a member of New Zealand's Human Rights Commission Advisory Council, as well as UNICEF's New Zealand Advisory Group.

Alison has written numerous papers and documents related to public health, including 'Beyond the Crystal Ball: Assessing the impact of policies on the health of children and young people' (1999).

I wish Alison a warm welcome “whakatau mai, nau mai, haere mai!”

## **Annual General Meeting**

The HPF's AGM for 2004 will be in Christchurch on Thursday 28 October 2004 at Latimer Lodge from 4 – 7pm.

There is a lot of strategic leadership work that needs to be done over the next 12 months to ensure we correctly focus on issues that will make a difference in improving health in Aotearoa.

I invite member organisations to participate at Council level to ensure our common health promotion interests are profiled and given momentum at a national level.

## **Short Course in Health Promotion**

HPF's Short Course Certificate of Achievement in Health Promotion will continue to be offered through the Manukau Institute of Technology and we are hopeful that we will be able to offer a course in Te Waipounamu/South Island in 2005. We will keep you updated about these developments.

Lastly I would like to thank Paul Stanley (Ngaiterangi) and Liz Stewart for completing the tutoring of the recent Wellington Short Course. Furthermore I would also like to acknowledge the HPF staff, including Margaret Morrison, Isabel Bird, Sal Stevens, Helen Rance and Liz Stewart for their tremendous work over the time I have been Chair.

My thanks and appreciation – nga mihi manaaki ki nga kaimahi e hapai ana te mahi a te roopu nei.

Te Herekiele Herewini  
Chair of Council/ Te Tiamana



## **OUR NEW EXECUTIVE DIRECTOR**

Tena koutou

It's a great honour to become the Executive Director of the Health Promotion Forum because I have considerable respect for the members, staff and Council of the Forum and what has been achieved over the past 16 Years.

There is an enormous amount to be done if we are to fulfil the Forum's vision of “Hauora – everyone's right, our commitment”. This vision requires us to be committed to Te Tiriti O Waitangi, take evidence and human rights based approach to health promotion, and work together and support each other, so that our actions improve the well being of people, especially those who are most vulnerable.

I very much look forward to meeting and working with you.

Naku, na

Alison