

ME HAERE NGĀTAHI TĀTOU

*Shared Journeys — Voices of the
Lived Experience Community*



NŌKU TE AO

About Nōku te Ao

Programme to end prejudice and discrimination for people experiencing mental distress in Aotearoa New Zealand

It means “the world belongs to me,” which speaks to seeing things from the perspective of being a person with lived experience of mental distress



About

- Predecessor programme “Like Minds Like Mine”
- Recognises the double and multiple forms of discrimination experienced by Māori, Pacific and other communities
- The programme has 5 parts to it- the social movement, education settings, media monitoring, social action grants, evaluation and research as well as national oversight from Te Whatu Ora- Public Health Service: Health Promotion Directorate



LIKE MINDS, LIKE MINE®
Whakaitia te Whakawhiu i te Tangata



NŌKU TE AO

Social Movement in 2022

A **social movement** is a collective effort by a group of people to bring about or resist change in society. These movements often emerge when individuals come together around shared concerns, values, or goals, especially in response to perceived injustice or inequality.



My involvement with Me Haere Ngātahi Tātou



I WORKED ON THE NŌKU TE AO
SOCIAL MOVEMENT PROGRAMME
IN 2022



I WAS PART OF THE INITIAL
JOURNEY THAT THE SOCIAL
MOVEMENT TOOK AROUND THE
COUNTRY WHICH CULMINATED IN
THE ME HAERE NGĀTAHI TĀTOU
REPORT



I OVERSAW (BUT DID NOT ATTEND
ALL!) OVER 20 HUI AROUND THE
COUNTRY WITH LIVED EXPERIENCE
COMMUNITIES, NETWORKS AND
ORGANISATIONS

Where did we journey to?

Ngā mihi to Te Kete Pounamu, Ngā Hau e Whā, Thriving Madly, Rākau Roroa & Fixate communities

- Te Kete Pounamu: Whānau with Lived Experience ki Whangarei, Papatoetoe, Murihiku, Papaoiea, Kirikiriroa, Taranaki, Ōtepoti, Tairāwhiti, Ōtautahi, Rotorua / Lakes
- Ngā Hau e Whā: Whanganui, Te Tai Tokerau, Wairoa, Franklin, Manukau
- Online: Rākau Roroa, Fixate, Thriving Madly, and a general survey
- Additional in-person hui: Thriving Madly, Rākau Roroa deaf community members, the Talanoa session by the NTA Grants team



Nōku te Ao kaupapa Māori principles



The process

We were intentional in the use of the Kaupapa Māori Principles to design our ways of working. This included using them to guide the formation of the hui questions.

We had to adapt to each community as we went around the motu. Different communities use different language and have different Tikanga. We wanted to respect that.

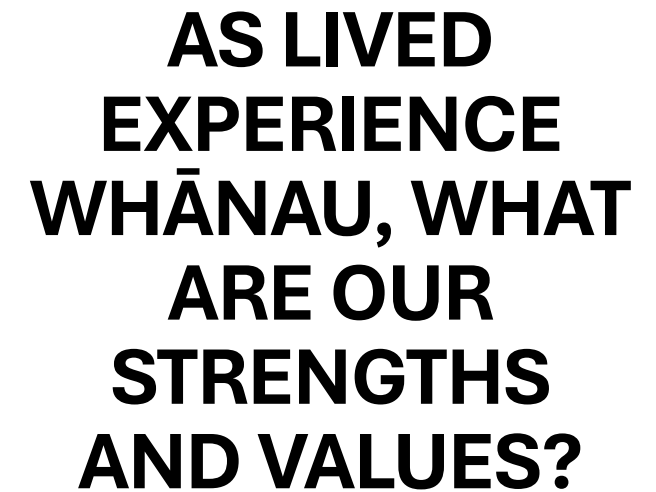


Graeme Johnson's Cape Drama: About stigma
Photo Credit: Ngāti Hine FM

Question Examples

- ☐ As lived experience whānau what are our strengths and values?
- ☐ What things are most important to you when working together as a LE community?
- ☐ What changes would you recommend the government make within the MH sector? How can we encourage this?
- ☐ Mental distress is a term often used to describe our lived experience. Is there a better kupu or term that should be used?
- ☐ What kind of judgement and discrimination are our lived experience whānau still experiencing?
- ☐ Where is this happening? What things could be changed?
- ☐ What mahi is already happening with regards to upholding mana motuhake/ human rights as lived experience whānau? What mahi is still needed?
- ☐ What can we create to help combat prejudice, stigma and discrimination?





Discrimination Experiences

- ☐ Racism, homophobia, transphobia, ageism, ableism
- ☐ Government department services (OT, WINZ, Housing, Police, Courts)
- ☐ Whānau
- ☐ GPs (diagnostic overshadowing)
- ☐ Workplace discrimination (also not sure why not getting jobs)
- ☐ Hospital | Negative ward experiences – nursing shortage crisis
- ☐ General public (on public transport, online-cyber bullying)
- ☐ Fundamental human rights not being upheld-right to a home, a job
- ☐ Our LE sector does a lot of advocacy, but our people don't know about it or don't see the changes that are happening as a result of advocacy



Te Kete Pounamu



Tēnei au – The right to
be me (AND in the
context of whānau)

By Māori for Māori
services

Trauma (loss of Reo
and cultural
practices)

Disconnection

Build up the Māori
workforce

Right to access
rōngoa, tikanga, Māori
peer workers or
kaumātua / kuia
support

Right to information
(who we are and
where we come from)

Fixate

OCD is not an adjective. Or people belittle the experience

Early recognition of the condition leading to the right therapy (Marion Maw - petition to parliament)

The Talanoa

“How can we thrive when we're just trying to survive”

Racism

Being stuck in "servitude roles"

Pay gap

Expectation of assimilation (migration experiences)

Loss of culture and language (impact on identity)

Burnt out mental health workforce

Rākau Roroa



*We're almost like mountaineers. We're all at different stages, whether we've all kind of struggled climbing up that mountain, whether we're up at the top of the mountain, or we're slipping down the rubble a bit. Having mental distress is pretty sh*tte, and it's a very dark place to be, however, all of us collectively have made it through. Only people who have really been in that dark space, and what that kind of looks like, and have made it through can really empathise, and understand.*

Thriving Madly

"We believe it is through mutual connection that we will weather the storms of life, crafting wisdom and beauty along the way, that will benefit not only ourselves and each other, but also the broader community"



The way we share stories can impact others a lot, can normalise things, encourages others to share experiences



I don't call myself unwell- my reactions are the correct ones



I am in charge of who I am and how I describe myself - strong / resilient

ANSWER CHOICES ▼	RESPONSES ▼	
▼ A friend or close family or whānau member	73.13%	1,513
▼ A potential employer	17.45%	361
▼ A former employer	40.74%	843
▼ A current employer	20.30%	420
▼ A romantic partner or spouse	44.95%	930
▼ People working within the public mental health system, such as nurses or doctors	51.81%	1,072
▼ Someone working within the private mental health system, such as a psychiatrist I paid for	12.61%	261
▼ A GP or primary healthcare professional	40.74%	843
▼ Someone working within the justice system, such as a policeman or prison security guard	12.52%	259
▼ A government agency, such as Work and Income, Oranga Tamariki or Kāinga Ora/Housing New Zealand	24.75%	512
▼ An education provider	23.59%	488
▼ Another housing provider or manager, such as a landlord or property manager	8.07%	167
▼ A private business, such as an insurance provider	8.12%	168
▼ Someone working within the media, such as a reporter or journalist sharing my personal story	1.98%	41
▼ Someone within a community group that I am part of or attend, such as a church, marae or knitting group	17.01%	352
▼ Someone within my extended family/ whānau, or my hapu or iwi	30.98%	641
▼ My local Marae	0.77%	16
▼ Other (please describe) Responses	10.10%	209
Total Respondents: 2,069		

Survey results:

Where is the
discrimination
still coming
from?

ANSWER CHOICES ▼	RESPONSES ▼
▼ The need to change the mental health law (the Mental Health Act)	33.29% 516
▼ Ending solitary confinement and restraint within our mental health services	25.42% 394
▼ Negative judgements and actions towards people with mental distress by the Police and emergency departments	45.10% 699
▼ Ending racism towards people using mental health services	28.13% 436
▼ Ending homophobia and transphobia towards people using mental health services	30.19% 468
▼ Ending negative judgements and actions towards those of us with mental distress in workplaces, e.g., stopping people asking mental health-related questions in job application forms, or encouraging workplaces to offer support and flexible working arrangements (supported accommodations) to people with mental distress at work	68.39% 1,060
▼ Ending negative judgements and actions towards people with mental distress in business policies, for example in insurance policies which don't cover people with a history of taking mental health medication or who have attempted suicide	38.06% 590
▼ Ending negative judgements and actions towards people with mental distress from education providers, for example when people are rejected from courses solely due to their mental distress experiences or diagnosis	21.81% 338
▼ Increasing equity for those of us with mental distress in terms of physical health (those of us with severe mental distress live 25 years less than others on average)	32.84% 509
▼ Ending negative media portrayals of those of us with mental distress	27.03% 419
▼ Ending negative comments about people with mental distress on social media	19.68% 305
▼ Ending negative judgements and actions against people with mental distress in our whānau and friend groups	21.29% 330
▼ Ending negative judgements and actions against people with mental distress in our communities, iwi, hapū and wider society	14.00% 217
▼ Removing barriers to accessing a wide range of mental health care and treatment options, including rongoā Māori and kaimahi Māori practitioners	50.97% 790
▼ Please add your own issue if we have missed something important to you. Responses	17.68% 274

Survey results:

What issues are important to us?



Observations

- Our lived experience communities are strong and resilient

“In our community, we draw strength from each other’s stories and triumphs, shaping resilience into a collective force that propels us forward.”

- We have organised and supportive communities/networks
- Hit hard by cost of living (just like everyone else), political decisions/priorities/policy decisions
- The importance of identity and connection

“...tikanga/kawa, te reo; our cultural practices sustain us, fostering healing and belonging.”



Recent sector developments

- MoH Lived Experience Directorate Networks
- Changes to the Mental Health Act
- Ongoing workforce development
- Peers in emergency departments
- Peers in multi-disciplinary teams
- Crisis cafés (emergency response)
- Lived experience pathway (AUT)
- The Horizon

Some quotes from the report to finish



Empathy is our superpower. We understand each other in ways others might not, creating a space of genuine support and understanding.



Understanding my whakapapa has been a profound part of my healing journey. It connects me to my ancestors and gives me strength to face the challenges of mental distress.



“...in our journey towards mental wellness, cultural identity and peer connections play a crucial role in shaping our sense of self and empowerment.”