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A Māori Health Workforce with Lived Experience

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Abstract

In *Aotearoa* (New Zealand), a Māori health workforce with their own lived experience of mental distress and or addiction is vital to contribute to the wellbeing of Māori who currently have the same issues. Little is known about the Māori lived experience workforce in Aotearoa. This article presents the results of an online survey by Te Kete Pounamu, a national organisation of Māori with lived experience, asking questions of the Māori lived experience workforce. The aims of the survey were to profile the Māori workforce with lived experience and to identify the professional development needs of these workforce members.

Two hundred and fifty Māori workers with lived experience responded. The majority (85%) had lived experience of mental distress. Over half of the respondents held higher educational qualifications of diploma's and above and were mainly employed in Non-Government Organisations (NGO), mental health services, and Kaupapa Māori mental health services. They worked as support workers, team leaders, service managers, Alcohol and Other Drug (AOD) practitioners and peer support workers. Almost all respondents (99%) felt their lived experience added significant value to their practice with others, provided them with empathy and the ability to authentically advocate for others with similar experiences. Professional development needs included requests for Mātauranga Māori (knowledge), mainstream training and skills, and higher-level academic courses. Respondents supported Māori lived experience as its own professional workforce identity.

Keywords: Māori, mental health and addictions, lived experience, Māori health and social care workforce, professional development.

Introduction

Various terms are used to describe health workers who use their personal experience of mental distress or Alcohol and Other Drugs (AOD) including 'service user', 'in recovery', 'service consumer', or 'peer support workers'. These roles have been established since the 1980s, an era of the consumer and psychiatric survivor movement in Aotearoa (O' Hagen, 2009). At that time people who lived with mental distress and had experienced mental health services themselves, spoke about their dissatisfaction with the services and support being offered. They organised themselves to provide relational support to each other when the dominant approach of mental health services was about psychiatric hospital institutionalisation (Brunton, 2003). Alvin Toffler (1980) coined the concepts of 'prosumer' and 'prosumerism' where the increased involvement of consumers giving feedback leads to the customisation in both goods and services.

In the metal health domain, a 'prosumer' describes consumers who were former mental health patients with lived experience of mental distress or AOD, transformed into professionals contributing to consumer led health and addiction workforces and services (Manos, 1993). In the 21st century the range of lived experience roles is diverse and makes up a growing workforce in health and social care services across Aotearoa (O' Hagen, 2011, 2017; Te Pou, 2023).

Te Kete Pounamu

Te Kete Pounamu is a specialist unit of lived experience expertise within Non-Government Organisation (NGO) Te Rau Ora (www.terauora.com) created to help foster, grow, and support Māori living with experience of mental distress and or addiction. Te Kete Pounamu was formed in 2015 following a nationwide social movement to address increasing concern of the use of harmful restrictive practices on Māori in the mental health system and the increasing inequities in Māori health and wellbeing. It has been evident throughout our history that in mental health services Māori have had minimal therapeutic options or limited medication choices and the inequities that these contribute to are significant (Baker, 2017). Since their formation, Te Kete Pounamu has established regional networks spanning all of *Aotearoa* (New Zealand). They have enhanced lived experience leadership and advocated for systematic change across the health and social sectors. Today they deliver a range of Māori lived experience leadership and workforce development programmes. They continue to advocate for Māori to receive high-quality care and support and support the development of services that are by Māori, for Māori.

Māori lived experience workforce is the preferred term used by Te Kete Pounamu who have advocated for services and support to be provided by Māori with personal experience of mental distress and addiction (Baker, 2015). Their philosophy is drawn from holistic Māori health frameworks such as Te Whare Tapa Wha (Durie, 1994), and *mātauranga Māori* (knowledge) concepts and recovery principles (Lapsley et al., 2002) to foster autonomy and transformation. Te Kete Pounamu has a mission to champion the perspective that there are Māori leaders in all Māori communities who can actualise wellbeing through access to lived experience workforces and strategies.

The priority for building a Māori lived experience workforce is also a strategy to address the continual impacts of a coercive mental health system with its high rates of restrictive practice toward Māori (Baker, 2017). Though, there is support for the development of a Māori lived experience workforce in mental health and addiction services in Aotearoa, we need to understand what this unique workforce requires to be able to thrive and there is an expectation they will help reduce the use of restrictive practices upon Māori (Wharewera-Mika et al., 2016). It is therefore important, to ensure Māori lived experience roles are well supported and instituted across a range of organisations in Aotearoa, in both non-government and government organisations.

Method

The findings presented in this article are from a survey designed by Te Kete Pounamu about Māori lived experience workers in Aotearoa. The survey was designed to build a profile of the Māori workforce with lived experience and to identify their professional development needs. The survey was promoted nationwide amongst Te Kete Pounamu networks and in online forums (websites and social media). Māori with lived experience, working in the mental health and addiction sectors were invited to participate in the online survey using the SurveyMonkey® platform in April and June 2022. Ethical oversight was provided by Te Rau Ora's *Rangahau* (Research) Unit Committee.

Information was requested about Māori *whakapapa* (heritage), asking if they identified as Māori and which *Iwi* (tribal nation) they belong to. Demographic measures of interest included age, gender and educational qualifications. Lived experience was assessed by asking respondents to indicate whether they had experience of a range of events including mental distress, trauma, substance use, and supporting *whānau* (family) with mental distress. They were asked to indicate whether they had disclosed their lived experience in the workplace and whether their current role

was an identified lived experience position. Workplace characteristics included type of employer, and satisfaction with their role and their employer. Other measures relating to work roles included hours of work, and years of service in their current position. Specific questions asked about their professional development and workforce development needs.

Results

Māori Whakapapa & Demographic Characteristics

Two hundred and fifty Māori workers with lived experience participated in the survey. Of these 66% of the workers were female, 32% were male and 2% identified as *takatapui*, transgender or intersex. Over 100 Iwi were represented within the survey responses, the most common being Ngāpuhi, Ngāti Porou, Ngāti Kahungungu, Tainui and Maniapoto, the four largest Iwi, all of which are in the North Island of Aotearoa. The age range was 18 to 55 years and older, with over 60% aged 45 years and over. The next largest group of 36% were between 18 and 34 years of age. The majority of respondents had higher educational qualifications with an array of bachelor's degrees, diplomas, certificates and postgraduate qualifications.

Lived Experience

A large majority (85%) identified they had lived experience of mental distress. Sixty percent had lived with trauma and 44% had experience with substance use and with supporting whānau with lived experience.

Almost half (48%) of the respondents worked in roles that specifically require them to use their lived experience. The remaining (52%) were employed in roles that did not specify a lived experience requirement.

A majority (82%) had disclosed information about their own lived experience in their workplace. A core theme was that people were unashamed of their lived experience, and they considered it was important to ensure they could bring this talent into their work reality and to be able to speak about it in safe spaces where they felt comfortable. A few respondents mentioned disclosing about their lived experiences at the interview process to their roles and for most it was part of the body of knowledge they contributed for their roles. The respondents who did not disclose their lived experience, felt this was not relevant to their roles, or they did not want to be judged by their colleagues unnecessarily when it was not relevant. Ninety percent of the workers felt respected by their colleagues. One who did not feel respected noted it was often by colleagues who held higher qualifications and treated lived experience expertise as inferior.

Almost all respondents (99%) felt their lived experience had added significant value to their roles in their practice with others and in their work. The majority felt that lived experience provided them with empathy, it gave them the ability to authentically advocate for others with similar experiences. Most importantly, lived experience provided a foundation to connect and relate well with the people they were working with. The majority also supported identification of the Māori Lived Experience Workforce as its own professional workforce identity.

Workplace Characteristics & Work Roles

Twenty one percent of the Māori workers were employed by NGO mental health services and 20% by Kaupapa Māori mental health services. The majority (59%) were employed across various environments such as Universities and other education providers, whānau and lived experience led organisations, Problem Gambling, private practices, Māori communications, Accident Compensation Corporation, and Telehealth services.

Ideally organisations and employers support the Māori lived experience workforce to improve health and wellbeing, in work environments that maximise the expertise they contribute. A range shared that their health and social care service employers valued their lived experience workforce and were doing well to take care of them as unique workers. Remuneration rates and pay equity issues were raised, highlighting the need to ensure the lived experience workforce is recognised and paid fairly for their contributions.

The workers roles included providing lived experience peer support, programme facilitation, governance or management, whānau wellbeing, clinical practice, advocacy, holistic care,

counselling and residential care. Twenty percent were employed as support workers, 15% were team leaders or service managers, 12% were alcohol and drug practitioners and 11% were peer support workers.

Job titles included kaimahi (workers), managing directors, operational managers, whānau advisors, consumer advisors, counsellors, registered nurses, kaiāwhina (assistants), social workers, administrators, co-existing problem facilitators, coordinators, health and wellbeing advisors, psychologists and residential mental health workers. The majority (93%) of respondents reported being satisfied with their roles and their employers.

Across all workplace environments and roles 65% worked full time, 10% worked an estimated 36 hours a week, 19% worked between 20-35 hours a week and 6% worked less than 20 hours a week. Thirty four percent had more than seven years working experience in their current roles. Seven percent had worked in their roles for three to five years. Younger workers featured in the 30% who had been in their roles from one to two years, and in the 29% in their roles for less than one year.

Professional development and workforce development

A majority (80%) reported they wanted to access ongoing education and professional development for their roles. Their motivations were to keep up to date and to ensure their knowledge and skills were sufficient to meet the needs of the people they are supporting.

Professional development needs included requests for Mātauranga Māori (knowledge) such as *te reo Māori me ona tikanga* (language and cultural protocols), *Hauora Māori* (Health and Wellbeing), Māori Health Frameworks including Mahi a Atua (www.mahiaatua.com), *Wānanga* (learning opportunities), *Pūrākau* (storytelling) and *Rongoā Māori* (traditional healing). Management, leadership and adult teaching were identified, and specific skills such as first aid, counselling, trauma informed care, dementia and therapeutic approaches. Some wanted to access formal tertiary qualifications, from certificate level up to postgraduate degrees.

Discussion

In 2021/22, Māori were overrepresented as the group most likely to access mental health and addiction services nationwide, with 5695 clients accessing services for every 100,000 Māori population (Te Whatu Ora, 2023). A survey with the Māori lived experience workforce in Aotearoa profiles Māori prosumers, health and social care workers with personal lived experience of mental distress and/or addiction. A large 85% majority had lived experience of mental distress. About half shared this was not part of their formal roles, but almost everyone felt their lived experience added value to their roles. A majority had shared about their lived experience in their workplaces, and the majority had felt valued and well supported by their employers. Though fair remuneration and equity of their roles was being called for to add value to their employment.

Māori with lived experience workers were most likely to be employed by NGOs and Kaupapa Māori mental health services. Their roles are across a range of health and education services, and in many frontline, programme, service, support, middle management and leadership roles. The majority had a range of higher educational qualifications, with some wanting more access to tertiary study, and all wanting professional development in Mātauranga Māori, generic mainstream education and specific topics.

It is unknown if there has been any other study to estimate the representation of lived experience in the total health and social care workforce in Aotearoa. Given the incidence of mental distress in the population, it is assumed there could be an estimated twenty percent plus of the health workforce living with mental distress (Statistics NZ, 2022). In November 2022 Te Pou used a similar method to survey 156 consumers, peer support, and lived experience employees and volunteers working nationwide, with Māori making up 25% of their sample. They identify inequities for Māori accessing services and the need for workforce development including Te Ao Māori (worldview) and mātauranga Māori in the workplace (Te Pou, 2023).

It would be useful for future health workforce projects and research to further examine lived

experience in the Māori health and social care workforce. Identifying the factors linked to these frontline workers use of their lived experiences in their roles and workplaces, and the value and benefit it adds to the work they do with Māori. In addition to understanding what their professional development and ongoing employment needs will be.

Conclusion

This was the first survey in Aotearoa to start a profile of Māori health and social care workers with lived experience of mental distress and/or addiction and to identify their professional development needs. Respondents supported Māori lived experience as its own professional workforce identity.

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