

A suicide prevention strategy for Maori

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Introduction

The Dynamics of Human Health Journal (DHH) to date published a of papers on how to make research relevant and more appropriate to indigenous population (http://journalofhealth.co.nz/wp-content/uploads/2014/07/DHH_Indigenous-research-Methodology_Te-Apatu.pdf) followed by a series of papers demonstrating its application to explore the root of a Maori word ‘Kaiawhina’ and collect and document oral histories (http://journalofhealth.co.nz/wp-content/uploads/2015/03/DHH_Paper-I_Hine_2015_21.pdf, http://journalofhealth.co.nz/wp-content/uploads/2015/09/DHH_Kaiawhina_Hine_P2.pdf, http://journalofhealth.co.nz/wp-content/uploads/2016/03/DHH_Hine_Kaiawhina_Paper-III.pdf).

In New Zealand, the Maori word ‘kaiawhina’ is broadly translated as assistant or helper. It is often used as a job title in predominantly Pakeha and non-Maori organisations to define a ‘pastoral’ role. In practice, the role is to provide pastoral care mainly to support Maori employees and to be culturally compliance it carries the Maori title ‘Kaiawhina’.

However, pastoral care is a Western ideology and philosophy that has some overlap with the Maori philosophy of providing ‘help’ but can be quite different in nature. In addition, confusion can arise where a Maori is employed to deliver help/assistance to support colleagues based on Western philosophy.

Anecdotal evidence suggests standard Kaiawhina are ineffective in supporting Maori in the workplace as Kaiawhinas may be facing a cultural and traditional conflict – on the one hand they are bound by employment laws and a contractual agreement to deliver the position outcomes, on the other hand the role description does not match Maori philosophy. For example, in one organisation Kaiawhinas viewed their job as maintaining Maori traditions in the workplace such as welcoming new employees, or the occasional provision of food at tea breaks or lunch to have a get together. Whilst a Kaiawhina who was well versed with Pakeha culture interpreted Kaiawhina role as more holistically to anticipate potential problematic issues and prepare and implement support packages before they become a crisis. In so doing a culturally safe working environment was developed which led to positive outcomes.

This wide variation in the interpretation of Kaiawhina suggest a number of issues including a lack of appreciation of this word, and/or a conflict created as a result of using a Maori title for a Pakeha developed position. In other words, a Maori appointed as a Kaiawhina may have issues matching the role description with the title.

Of course, to explore these issues we must first gain an understanding of what Kaiawhina means in Maori language, its source, and its historical and traditional meaning.

One of the main issues in research is an acknowledgement, from the outset, that mainstream research methodologies and tools cannot be applied to any groups as a gold standard. Each group or population has its own traditional and culture specific to that group which will have a bearing on methodology in terms of theoretical assumptions, substantive issues, methods and tools of measurements/observations, analysis, and importantly interpretation of results. The issues relevant to indigenous research are discussed in the first paper of the Kaiawhina paper series (http://journalofhealth.co.nz/wp-content/uploads/2014/07/DHH_Indigenous-research-Methodology_Te-Apatu.pdf). Maori elders were approached and a series of koreros were set up to collect stories about Kaiawhina and its origin. The data collection, transcription, translation, and analysis is ongoing, however, we reported a discussion of results as they became available (http://journalofhealth.co.nz/wp-content/uploads/2015/03/DHH_Paper-I_Hine_2015_21.pdf, http://journalofhealth.co.nz/wp-content/uploads/2015/09/DHH_Kaiawhina_Hine_P2.pdf, http://journalofhealth.co.nz/wp-content/uploads/2016/03/DHH_Hine_Kaiawhina_Paper-III.pdf).

One of the most interesting points arising from this research is that Maori culture has built-in protective agents. The notion and philosophy of Kaiawhina is being proactive and providing help to protect an individual or a family or community before the problem is manifested. In other words, a Kaiawhina can observe and provide assistance during or as part of everyday living rather than wait until a problem arises and then intervene to manage a crisis.

Policy Implication

In one organisation, an experienced Kaiawhina applied this philosophy to support colleagues and Maori students. Koreros would be set up with Maori students to explore and contrast the process of successful completion of the course against students' circumstances. On this basis a holistic support package was developed for each student. The net effects for the organisation were increased participation and retention and successful completion of courses by Maori students.

In an earlier paper (Shahtahmasebi, 2013) the grassroots approach to successful suicide prevention was described. In this study communities were mobilised at grassroots to protect their communities from youth suicide. The prevention strategy involved establishing a suicide prevention group to proactively develop activities that increased awareness of suicide and helped prepare the community to act before a crisis occurred. Furthermore, if a crisis occurred the strategy utilised access to formal and informal social and health care services that were appropriate.

The idea that grassroots understand and know more about their own communities than scholars or decision makers, and should contribute to policies that directly affect their communities, closely resonates with Maori philosophy. The grassroots approach brings all members of the community of all cultures to work together and contribute to suicide prevention.

Suicide awareness activities, which were developed as part of the grassroots suicide prevention, revealed that suicide was perceived as rare, and that the public had no training to deal with someone who may be suicidal, e.g. what to say, what to do, or how to behave. Therefore, developing preventative initiatives included encouraging the young person to talk about any issues they may have with people they trust (a family member, friend, teacher, etc)

on the one hand, and on the other to look out for each other, and be prepared to ask questions. For example, in one community young people were encouraged to look at for each other with slogans such as “I’ve got your back”, or activities that emphasise the community does care. The grassroots prevention strategy was extremely successful in substantially reducing youth suicide and can be modified for communities that are predominantly indigenous.

In this context, it can be visualised that the activities that were developed by the grassroots suicide prevention groups have their roots in being proactive and provide help before a problem manifested.

The authors, therefore, propose the development of a community Kaiaiwhina initiative in which those already proactively helping their peers can be given the title Kaiawhina, and trained and supported by experienced Kaiaiwhinas. We are working on developing training workshops and materials which will be reported in DHH in due course.

We believe that this approach not only has its roots in Maori culture but is culturally safe for other groups.

References

References

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