Māori Lived Experience Suicide Prevention Action Plan Consultation 2024

TE KETE POUNAMU

ACKNOWLEDGEMENT

“Kia tū kotahi tātou kia purea ai tātou e ngā hau o Tāwhirimātea” We stand in unity for our future wellbeing and health solutions” Te Kete Pounamu

Te Kete Pounamu is the inaugural National Māori Lived Experience advisory roopu, established to help foster, grow, and support tangata whaiora and whānau Māori living with experiences of problematic mental distress and or addiction-related issues. Today, they continue to advocate for Māori to receive high-quality care, support and equity to uphold and honor Crown and Maori partnerships grounded in the articles of Te Tiriti o Waitangi.

We wish to express our sincere and heartfelt gratitude to tangata whenua, particularly Māori with lived experience, for their generous contributions to the development of the SPAP draft. The sharing of their thoughts, aspirations, and cultural wisdom has been invaluable in shaping a more inclusive and culturally responsive approach to suicide prevention in Aotearoa. Their deep knowledge and lived experiences have enriched this consultation process and will have a lasting impact on the collective efforts to reduce suicide and support whānau throughout the country.

We are profoundly grateful for the courage, resilience, and strength shown by Māori communities in offering their perspectives. The insights gifted by tangata whenua have ensured that Māori voices remain central to this conversation, guiding the direction of the action plan and contributing to the creation of a more compassionate and effective framework for suicide prevention.

Our appreciation extends to the **Ministry of Health** for their ongoing support of this important initiative, enabling a process that empowers and amplifies the voices of those with lived experience, particularly Māori. The leadership and resources provided by the Ministry have been crucial in ensuring this consultation reached those who needed to be heard.

We would also like to acknowledge our valued partners, **Synergia** and **Changing Minds**, for their expertise, support, and collaboration throughout this process. Their partnership has been integral in facilitating this consultation, ensuring that the voices of people with lived experience are at the heart of this work.

Together, through the collective contributions of tangata whenua, the Ministry of Health, Changing Minds, and Synergia, we are moving towards a more inclusive and compassionate approach to suicide prevention in Aotearoa, one that honors the wisdom, resilience, aspirations and lived experiences of Māori communities.

Thank you to everyone who has contributed to this collective effort.

Tēnei te mihi nui kia koutou kātoa!

Mauri ora tātou.

Te Kete Pounamu

EXECUTIVE SUMMARY

In response to the Suicide Prevention Action Plan (SPAP) Draft 2025–2029, this report synthesizes the key discussions, insights, and recommendations gathered through consultations with Māori individuals who have lived and living experiences of mental health challenges, suicide ideation, and suicide bereavement. The feedback provides critical perspectives that aim to inform the development of a more culturally responsive and effective suicide prevention strategy in Aotearoa.

STAKEHOLDER ENGAGEMENT:

Responses to the SPAP draft were captured during two online consultation wananga (gatherings), through supplementary written comments, face-to-face hui (sessions), and an online survey. These varied sources of input reflect the diverse experiences and aspirations of Māori participants. This included individuals who have navigated mental health challenges, survivors of suicide and suicide ideation, and whānau (families) bereaved by suicide. Each platform allowed participants to share their lived experiences in a safe and supportive environment, ensuring that their voices were heard in the development of the SPAP Draft.

ANALYSIS METHODOLOGY:

A reflexive thematic analysis framework was applied to provide an interpretive and subjective approach, ensuring that the diversity of lived and living experiences, as well as the perspectives of participants, were accurately captured. This methodology preserves the mana (integrity) and authenticity of participants' feedback, ensuring that appropriate boundaries are maintained, and the analysis is conducted with the utmost care and respect. The reflexive approach allowed for the identification of recurring themes and the nuanced perspectives of Māori communities, which are critical to shaping a more effective suicide prevention strategy.

KEY FINDINGS:

While a moderate percentage of participants acknowledged that the four key priorities identified in the draft plan are essential, the feedback overwhelmingly emphasized the need for a lived experience led, community centric and culturally sensitive approach to the development and implementation of the strategy. Participants stressed that Māori must be included at every stage of the process to ensure the plan is culturally relevant, truly responsive and accurately represented to meet the needs of Māori communities.

Moreover, it became apparent that many of the concerns raised not only mirror the priorities identified five years ago, but also underscore the persistence of unresolved issues. This raises uncertainties about the government's commitment to implementing further recommendations.

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I. INTRODUCTION

This report presents a reflexive thematic analysis of feedback from Māori individuals with lived or living experience, specifically related to the Draft SPAP2025–2029. Feedback was collected through face-to-face consultations, surveys, and online discussions, ensuring a broad range of Māori voices were included in the development of this national initiative. The consultation aimed to provide Māori communities with an opportunity to directly influence suicide prevention strategies, ensuring their perspectives, needs, and values were reflected in the final plan.

At the core of this report is the intent to center Māori perspectives in refining the Suicide Prevention Action Plan, with the goal of creating a framework that is culturally appropriate, responsive, effective, and sustainable in addressing the diverse needs of Māori individuals, whānau, and communities. The plan aims to be rooted in Māori experiences to meaningfully support those affected by suicide and mental health challenges. By engaging directly with Māori communities, this report contributes to the development of a more culturally relevant and inclusive national suicide prevention strategy.

The report emphasizes that suicide prevention in the Māori context must be approached holistically, considering not only mental health but also the physical, emotional, spiritual, and social dimensions of well-being. Māori values, practices, and worldviews must be embedded in the design and implementation of suicide prevention strategies to ensure their relevance and long-term success. It highlights the need for an approach that respects Māori culture, language, and tikanga while remaining flexible to address the varied needs of Māori communities across Aotearoa.

The consultation engaged three key groups within the Māori community: whānau bereaved by suicide, tangata whaiora (those with lived experience of mental health challenges), and survivors by experience. It was found that some responses related to more than one of these groups. Each group offered valuable perspectives unique to their circumstances. The analysis took a circumstantial approach, recognizing the distinctiveness of each individual or group's situation, preserving the authenticity of the feedback while ensuring recommendations were grounded in the reality of Māori lived experiences.

Through this thematic analysis, the report reflects on key themes and issues raised during the consultation. It provides insights into how the Draft SPAP can be adapted to better serve Māori whānau and individuals. It stresses the need for cultural sensitivity, accessibility of services, and the importance of community-driven approaches to suicide prevention. The insights aim to inform the refinement of the Action Plan, ensuring it becomes a living document that meets the needs of Māori communities, empowers whānau, and contributes to a more compassionate and effective approach to suicide prevention in Aotearoa.

2. STAKEHOLDER ENGAGEMENT

Feedback was gathered through multiple channels, including face-to-face consultations, surveys, and online discussions, ensuring a wide range of Māori voices and experiences were captured. The consultation was structured around four key questions proposed by the Ministry of Health, designed to guide discussions on the current suicide prevention strategies and their relevance to Māori communities.

The consultation process that informs this report sought to engage three key groups within the Māori community, each offering a distinct and essential perspective:

1. Whānau bereaved by suicide – Those who have lost a loved one to suicide bring invaluable insights into the grief, trauma, and ongoing challenges faced by whānau after such a devastating event. Their experiences are critical in shaping approaches that can offer greater support to whānau members dealing with the loss of a loved one.

2. Tangata whaiora (individuals with lived experience of mental health challenges) – These individuals, who have navigated the complexities of hauora hinengaro (mental health), offer essential perspectives on the barriers to accessing appropriate support, as well as the cultural factors that may influence their experience of care. Their voices highlight the need for a mental health system that is more culturally responsive, empathetic, and tailored to the needs of Māori.

3. Individuals affected by thoughts of suicide – This group includes those who have personally struggled with suicidal thoughts or behaviors, as well as those who have been directly impacted by the experiences of others. Their input provides an essential understanding of the preconditions, warning signs, and factors that contribute to suicidal ideation, as well as the kinds of support and intervention that can help prevent suicide.

Each of these groups brings a unique, lived perspective that enriches the overall understanding of suicide and its impacts within Māori communities. The consultation process ensured that the voices of individuals from these groups were captured authentically, and their insights respected throughout the analysis. Given the diverse nature of these experiences, a nuanced, circumstantial approach was adopted during the analysis of individual responses, ensuring that the integrity of each submission was maintained and that the report reflects the complexity and variability of Māori experiences with suicide and mental health. This comprehensive approach ensures that the report not only provides a detailed and robust analysis of the issues at hand but also promotes the development of suicide prevention strategies that are deeply grounded in the lived realities of Māori individuals and whānau. By incorporating Māori worldviews and perspectives into the Suicide Prevention Action Plan, this report aims to support the creation of a more effective, culturally attuned response to the urgent issue of suicide within Māori communities.

The feedback collected highlights both the strengths and areas for improvement within the Draft Suicide Prevention Action Plan. The themes that emerged from these online consultations, as well as an online survey, are consistent, with repeated concerns from the previous Suicide Prevention Action Strategy, highlighting critical areas for improvement in the current Suicide Prevention Action Plan.

While there may be some repetition throughout the report, this repetition underscores the importance of these issues and their ongoing impact on Māori communities, emphasising the need for the New Zealand Suicide Prevention Strategy to address them with urgency and cultural sensitivity.

Although feedback from participants remained in alignment to the 4 key questions highlighted in the SPAP draft, participants shared their perspectives on a wide range of issues woven through the fabric of the full document, including the importance of cultural competency in suicide prevention efforts, the need for greater community-led initiatives, and the challenges Māori face in accessing mental health services.

Through face-to-face consultations, survey responses, and online discussions, a series of recurring themes emerged that reflect the diverse and complex nature of suicide prevention from a Māori viewpoint

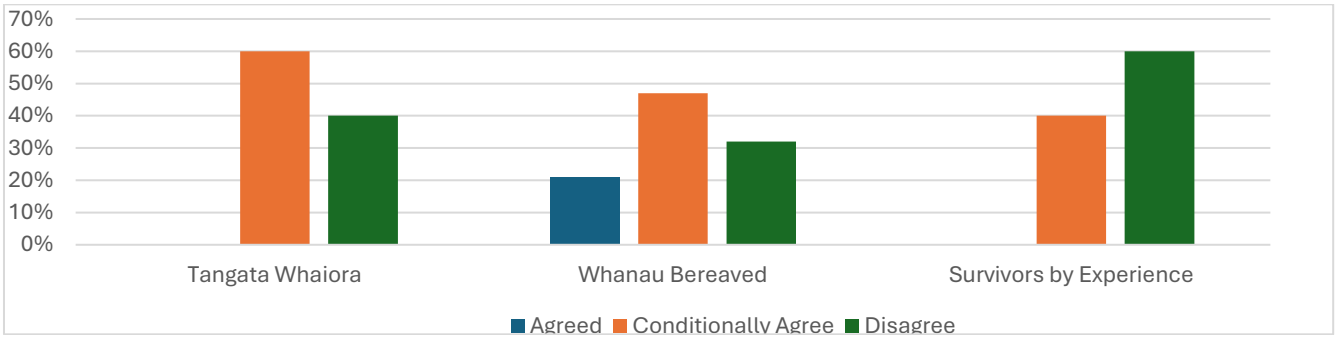
3. THEMES AND INSIGHTS

This section highlights key themes identified through analysis of feedback from Māori individuals affected by suicide, offering insights from a range of lived experiences. Supported by participant quotes, these themes reveal underlying patterns that shape the document's content.

These insights are crucial for policymakers, providing an evidence-based foundation to align the Action Plan with the values, needs, and aspirations of Māori communities. By focusing on these themes, the Action Plan can promote a more holistic and inclusive approach to suicide prevention. A summary of the key themes from three Māori lived experience groups will guide future strategic priorities for suicide prevention.

The draft proposed four initial questions, with the first question offering two responses. The following chart represents the overall response to the first part, while written responses to the remaining questions are summarized to align with the key themes.

Question 1: Do you agree with the proposed actions for health and cross-government agencies?



Tangata Whaiora

None of the participants agreed with the proposal for health and cross-government agencies, refuting the proposed actions were derived from government objectives rather than genuine community input, leading to scepticism over the relevance and impact of these initiatives.

Approximately 60% of whaiora participants conditionally agreed with aspects of the proposed actions, particularly the focus on cross-government collaboration and the creation of safe spaces, however, many felt that these initiatives lacked community specificity and needed more clarity on the implementation.

"The draft plan content appears necessary BUT, is insufficient to address high rates of suicide deaths in Aotearoa, particularly for Māori

However, whaiora felt these initiatives lacked community specificity and needed clearer implementation plans. Around 40% of participants disagreed, citing concerns over insufficient community consultation, cultural alignment, and the urgency of the proposed actions.

Whanau Bereaved

Of the whānau bereaved, 21% agreed with the proposed actions, recognizing their value, particularly in terms of cross-government collaboration, life skills education in schools, and community recovery hubs with minimal clinical involvement.

“Yes. I recommend that cross government agencies should think beyond health and include education.”

However, 47% conditionally agreed, emphasizing the need for improvements such as simpler language, greater inclusion of iwi and whānau in governance, integration of spiritual wellbeing, and enhanced postvention support.

“The cross-government initiatives in the plan are very narrow and vague”

On the other hand, 32% disagreed, citing concerns about cultural irrelevance, lack of Māori input, distrust in government agencies, complex plans, inadequate postvention support, and barriers to accessing service

“Fails to address appropriate Postvention support for whānau bereaved by suicide in a culturally sufficient manner”

Survivors by Experience

None of the survivor participants fully endorsed the proposed actions. Around 40% offered conditional support, emphasizing the need for a holistic, spiritually informed, and culturally sensitive approach, including traditional Māori healing practices, spiritual care teams, and collective engagement through wānanga. They also stressed the importance of involving individuals with lived experience in training and service delivery.

“If this plan is to prevent suicide, then you need the people who live it setting the actions in this plan”.

However, 60% disagreed, citing concerns over cultural irrelevance, the exclusion of lived experience, and the plan's complex language. They expressed a lack of trust in government-led initiatives, calling for Māori-led, culturally appropriate solutions. Frustration was also voiced over the lack of immediate, practical support and a strong spiritual focus, with participants feeling the plan lacked crucial lived experience insights

” I think it could be improved by being run out of spaces like Marae or community/cultural centers instead of clinical spaces so there is more involvement with the hapu and iwi in a more comfortable space”

The methodology employed in this analysis was designed to identify with, and capture, the underlying patterns and insights embedded throughout the feedback, ensuring a comprehensive understanding of the shared perspectives. The themes outlined in this section reflect the core areas of concern, priorities, and recommendations identified by participants, providing valuable guidance for the refinement of the Action Plan.

Tangata Whaiora

- **National Audit:** Conduct a comprehensive audit of and evaluate current service providers to identify resource gaps and prioritize effective programs. Additionally, assess how existing services can collaborate more effectively to serve their communities, enable cooperation rather than competition among providers to enhance overall support and accessibility.
- **Increased Funding and Resource Allocation:** Increase support for local NGOs and community-led initiatives to better serve the specific needs of their communities.
- **Culturally Appropriate Interventions:** Embed rongoā and wairua services into the action plan and recognize the importance of indigenous knowledge holders like tuhonga in mental health services. Acknowledge and make sure this and all actions honour Te Tiriti o Waitangi.
- **Establishment of Safe, Accessible Support Hubs:** Improve on the proposed 'safe spaces' by creating crisis cafes or hubs with open-door policies in local communities to offer immediate support outside clinical environments. While this build on the point within the original plan, concerns were also expressed regarding the selection of locations and the anxiety or shame that can be associated with accessing support in such settings.
- **Flexible, Shorter Timelines:** Respond to community calls for shorter, immediate-term goals, allowing tangible progress to be visible sooner.
- **Simplified Language and Increased Clarity:** Make this plan more accessible in its wording and clarify the ideas. Big statements have their place, but without providing more details, some found this hard to comprehend.

Whanau Bereaved

- **Engage Māori Leadership:** Actively involve iwi, hapū, and whānau from the outset to guide the strategy, ensuring that Māori leadership, including elders and tohunga, is central to decision-making for more culturally relevant outcomes.
- **Incorporate Holistic** Healing: Integrate the spiritual and holistic aspects of health into suicide prevention strategies, drawing on Māori wairua (spiritual) practices to support overall wellbeing.
- **Support Bereaved Whānau**: Increase resources for immediate, culturally appropriate postvention support, recognizing the spiritual and emotional complexities of grief and its link to mental health risks among bereaved whānau.
- **Simplify Language:** Use clear, accessible language throughout the strategy, ensuring all community members can easily understand and engage. Clarify terms like "cross-government agencies" to build trust and avoid confusion.

- **Value Lived Experience:** Involve those with lived experience of suicide bereavement in the development of strategies, as their insights are crucial for creating effective, empathetic support systems that resonate with affected communities.
- **Ensure Cultural Relevance:** Ensure that all services are delivered within a Te Ao Māori framework, aligning with Māori values, worldviews, and tikanga (cultural practices). Address concerns over existing services, such as Victim Support, being culturally inappropriate.
- **Build an Empathetic Workforce:** Promote the recruitment of Māori practitioners with lived experience, especially within Māori community services, who can provide compassionate, culturally informed support, building trust with whānau from the outset.
- **Monitor Funding Effectiveness**: Establish mechanisms to ensure that funding effectively supports Māori communities and grassroots initiatives, ensuring resources are allocated where they are needed most.
- **Cross-Government Collaboration**: Advocate for a holistic, cross-government approach to suicide prevention that includes collaboration with sectors such as housing, education, and social development to address the broader social determinants effecting suicide.

Survivors by Experience

- **Integrate Māori Traditional Healing**: Include rongoā Māori, karakia, meditation, and other spiritual practices in suicide prevention and postvention services for Maori.: Create teams within health institutions who offer spiritual support, ensuring a culturally relevant approach to care.
- **Facilitate Collective Wānanga:** Organize and fund wānanga to enable collaborative, community-led engagement in suicide prevention. Foster environments where communities can come together to share knowledge, experiences, and collective solutions.
- **Include Lived Experience in Planning and Delivery:** Engage Individuals with Lived Experience: Involve Māori individuals who have experienced suicidal thoughts or bereavement in planning, training, and support service development. Ensure training is conducted by or alongside individuals with lived experience, providing authentic insight and guidance.
- **Align with Te Ao Māori and Te Tiriti o Waitangi:** Incorporate Māori worldviews and honor the principles of Te Tiriti o Waitangi in all strategies to ensure cultural alignment and respectful engagement with Maori. Reform or replace services that are culturally inappropriate, ensuring they are responsive to the specific needs of Māori communities.
- **Simplify Documentation:** Use clear, concise language in all communications to ensure accessibility and understanding. Outline clear and specific actions and implementation, making the plan easy to understand, follow and engage with.
- **Consult with Māori Communities:** Engage in genuine consultation with Māori individuals, whānau, hapū, and iwi to fully understand their needs and aspirations and include spiritual leaders and Maori organizations in planning and implementation to ensure holistic support.
- **Support Māori-Led Solutions:** Empower Māori communities to design and lead suicide prevention initiatives, ensuring they are culturally relevant and effective.
- **Invest in Whānau, Hapū, and Iwi:** Direct resources and investment into Māori groups for tailored, community-driven interventions.

4. KEY FINDINGS

The analysis of responses to the four questions in the SPAP Draft uncovered a wide range of concerns and insights. Through reflexive thematic analysis, five dominant themes emerged as the most significant, which will serve as the foundation for shaping future priority areas. These themes not only reflect the concerns and aspirations of Māori communities but also highlight critical areas that require focused attention to ensure a culturally appropriate, effective, and sustainable approach to suicide prevention.

1. COMMUNITY-CENTRIC APPROACH:

There was a strong call for a dedicated government investment in community-driven suicide prevention initiatives, with an emphasis on supporting Māori NGOs, marae, and grassroots community organizations. Participants advocated for Māori communities to lead and shape suicide prevention efforts, drawing from traditional knowledge and practices, through the expertise of Maori practitioners.

2. IMPROVED ACCESS TO SUPPORT IN LOW-DECILE COMMUNITIES:

Access to mental health support in low-decile communities, particularly in rural and isolated areas, was also identified as a significant barrier. There is a need for services that are both geographically and culturally accessible, ensuring that people in these communities can access help when they need it.

3. EQUITABLE FUNDING AND RESOURCING:

Participants highlighted the importance of ensuring equitable funding and resourcing for Māori organizations and initiatives. This includes supporting Māori mental health services and community-based programs that are culturally appropriate and accessible to those in need, particularly in underserved areas.

4. STIGMA AND SILENCE:

Participants emphasized the need for a concerted effort to reduce stigma and discrimination towards people with lived experience of suicide ideation and mental health challenges. This includes addressing the stigma within Māori communities as well as in broader society, to foster an environment where individuals feel safe to seek help without fear of judgment.

5. IMPROVED CULTURAL COMPETENCY AND PROFICIENCY:

There was a strong call for cultural proficiency when engaging with Māori individuals and whānau in mental health care. This includes ensuring that healthcare providers, social services, and suicide prevention programs are equipped with the knowledge and skills to engage effectively with Māori, respecting their cultural values and practices.

5. RECOMMENDATIONS

In response to the concerns raised by Māori communities regarding the **SPAP 2025–2029**, a series of actionable and achievable recommendations have been developed to address the key issues identified through the feedback analysis. These recommendations are designed to ensure that the plan is culturally relevant, inclusive, and effective in meeting the unique needs of Māori individuals, whānau, and communities who have suffered by the impacts of suicide through lived experience. By incorporating these recommendations, the government can strengthen its approach to suicide prevention, ensuring it is grounded in Māori values, respects the importance of lived experience, and integrates holistic, community-driven solutions. The following recommended actions are aligned with the critical themes identified in the feedback and provide a clear pathway for improving the strategy's impact and outcomes.

1. COMMUNITY-CENTRIC APPROACH

- Allocate Targeted Funding for Māori-Led Initiatives:
The government should create a dedicated fund to support Māori-led suicide prevention programs, prioritizing Māori NGOs, marae, and grassroots community organizations. This would enable these groups to take the lead in designing and delivering suicide prevention strategies that are culturally relevant and aligned with Māori values and traditions.

- Support the Development of Māori-Led Training Programs:
Invest in training programs that empower Māori communities to develop the skills and knowledge required to design and implement their own suicide prevention initiatives. This includes providing funding for capacity building, community leadership training, and workshops on using traditional Māori healing practices in mental health and suicide prevention.

- Establish Collaborative Networks:
Foster partnerships between Māori organizations, local health authorities, and other community services. This could be achieved by establishing regional community suicide prevention hubs that bring together Māori community leaders, mental health professionals, and policymakers to work collaboratively on prevention efforts that reflect local needs.

- **Cultural Reclamation and Integration:**
Invest in research and programs that integrate traditional Māori healing practices, such as karakia (prayer), wairua (spirituality), and whanaungatanga (relationships), into formal suicide prevention strategies. This approach respects and incorporates Māori cultural knowledge, making the programs more relatable and effective for Māori communities.

2. IMPROVED ACCESS TO SUPPORT IN LOW-DECILE COMMUNITIES

- Increase the Number of Mobile and Outreach Services:
Expand mental health outreach services in rural and low-decile communities, including mobile mental health units and telehealth options. These services should be culturally competent and available to those who cannot easily access fixed-location facilities, particularly in remote or isolated areas.

- Establish Satellite Mental Health Clinics:
Build satellite clinics in rural and low-decile areas to provide easy access to mental health care, staffed by professionals trained in culturally appropriate practices. These clinics could be located in existing community hubs, such as marae or community centers, to reduce stigma and encourage community involvement.

- Support the Use of Technology for Mental Health:
Develop and fund digital mental health platforms and mobile apps that cater to low-decile and rural communities. These tools should be culturally tailored, user-friendly, and able to provide both immediate support (e.g., crisis intervention) and long-term resources (e.g., therapeutic programs).
- Subsidize Transport and Access to Services:
For individuals living in geographically isolated areas, the government could provide transport subsidies or community-based transport services to ensure they can reach the mental health care they need, especially for follow-up appointments or ongoing support.

3. EQUITABLE FUNDING AND RESOURCING

- Implement a Funding Review and Reallocation Process:
Establish a government review of current funding allocations for suicide prevention initiatives to ensure that Māori-led organizations and community-based programs receive equitable funding. This would include assessing the effectiveness of existing resources and reallocating funds to support Māori mental health services that are under-resourced.
- Create a Long-Term, Sustainable Funding Stream:
Set up a long-term, stable funding stream specifically for Māori mental health services, ensuring financial stability for organizations working with at-risk communities. This would include multi-year funding agreements that allow Māori organizations to plan and sustain suicide prevention programs.
- Develop and Fund Māori-Specific Services:
Invest in Māori-specific mental health services and suicide prevention programs that cater to the unique needs of Māori individuals, whānau, and communities. These services should be designed and delivered by Māori professionals who understand the cultural and social context of Māori communities.
- Ensure Transparency in Funding Allocation:
Establish clear guidelines and transparent processes for the allocation of resources, ensuring that Māori organizations have equal access to funding opportunities and are not overlooked or marginalized in the distribution of national resources.

4. STIGMA AND SILENCE

- Launch National Awareness Campaigns:
Implement nationwide aimed at reducing the stigma surrounding mental health and suicide within Māori communities and the wider society. These campaigns should be culturally tailored, using Māori imagery, stories, and traditional wisdom to normalize conversations about mental health and suicide prevention
.
- Promote Whānau-Centered Conversations:
Encourage whānau-based discussions about mental health, emphasizing the importance of collective support and breaking the silence around suicide. The government could fund local initiatives that create safe spaces for whānau to openly talk about mental health and suicide, such as whānau hui (family gatherings) or community workshops.
- Training for Key Community Figures:
Offer training for Māori leaders, iwi representatives, health professionals, and teachers to become mental health advocates and reduce stigma in their communities. These individuals can act as champions for mental health, encouraging others to seek help without fear of judgment.
- Support Public Education on Mental Health:
Integrate mental health education into schools, workplaces, and community groups. The government could fund initiatives that promote mental health literacy, focusing on early intervention, recognizing warning signs, and understanding the importance of seeking support.

5. CULTURAL COMPETENCY AND PROFICIENCY

- Mandatory Cultural Competency Training for All Healthcare Providers:
Require that all mental health professionals, social workers, and suicide prevention program providers undergo cultural competency training focused on Māori culture, values, and practices. This training should include the history of colonization and its impact on Māori mental health, as well as practical tools for engaging with Māori whānau and communities.
- Culturally Safe and Tailored Services:

Ensure that all mental health services are culturally safe, meaning they are delivered in a way that is sensitive to the cultural needs of Māori individuals and whānau. This includes training staff in whanaungatanga (relationship-building), respecting Māori tikanga (protocols), and understanding wairua (spirituality) in mental health contexts.

- Increase Māori Workforce in Mental Health Services:

Actively support the recruitment and retention of Māori mental health professionals by funding scholarships, mentoring programs, and career development pathways in the mental health sector. A workforce that is reflective of Māori communities is more likely to provide culturally appropriate and effective care.

- Incorporate Māori Models of Wellbeing:

Integrate Māori models of health, such as Te Whare Tapa Whā (the Four Cornerstones of Health) and Te Pae Mahutonga (the Southern Cross model), into national suicide prevention frameworks. These models provide a holistic approach to wellbeing, considering physical, mental, spiritual, and social aspects of health, and should be used as guiding principles in the development of policies and services to improve health and wellbeing outcomes for Maori.

6. CONCLUSION

The voices of those with lived experience are critical to shaping a more effective, culturally responsive Suicide Prevention Action Plan. The feedback gathered through the consultation process provides invaluable insights into the needs and priorities of Māori whānau and communities in suicide prevention. By embedding these priorities into the new strategy, we can ensure that Māori communities are better supported, leading to tangible improvements in mental health outcomes and a reduction in suicide rates across Aotearoa.

The key findings highlight the need for a SPAP that is culturally relevant and accessible to Māori communities which include:

Community-Centric Approach: Strong support for Māori-led, community-driven initiatives.
Access to Support: Urgent need for mental health services that are geographically and culturally accessible, especially in rural and low-decile areas.
Equitable Funding: Call for equitable resourcing of Māori mental health services and programs.
Reducing Stigma: Emphasis on addressing stigma around mental health and suicide ideation.
Cultural Competency: Need for culturally proficient healthcare providers and suicide prevention programs.

These findings stress the importance of embedding Māori values and practices into the plan to ensure it is effective and responsive. However, the consistent concerns raised throughout the report underline the need for the New Zealand Suicide Prevention Strategy to urgently address these ongoing issues.
In light of these findings, the report outlines several recommendations from the specific worldviews and experiences of each of these groups, to ensure the Draft SPAP better reflects the needs of Māori whānau and communities. These include embedding cultural competency in all suicide prevention initiatives, improving access to Māori-centric mental health services, and fostering community-led approaches to suicide prevention.

The repeated emphasis on these issues calls for urgent and sustained action to address the systemic barriers and cultural gaps that currently exist in New Zealand's suicide prevention framework. Failure to meet the recommendations highlighted from the previous strategy is a clear indicator that the government must take stronger, more effective action to deliver on its commitments to Māori.

Overall, the feedback gathered during this consultation process provides essential insights that provide areas of improvement from previous action plans, to strengthen the success of the current Suicide Prevention Action Plan. By centering Māori voices and experiences, this report advocates for a more inclusive, effective, and culturally sensitive strategy that will ultimately save lives and support the wellbeing of Māori whānau across Aotearoa.