

Evidence update for least restrictive practice in Aotearoa New Zealand

November 2022

**Maha rawa wa tatou mahinga, te kore mahi tonu,
tawhiti rawa tō tātou haerenga, te kore haere tonu.**

**We have done too much, not to do more,
we have come too far, not to go further.**

— Ta Hemi Henare



Introduction

This evidence update is for the mental health and addiction workforce. It focuses on eliminating the seclusion (solitary confinement) of tāngata whai ora Māori. “The use of force in any instance diminishes mana, compromises wairua and induces trauma. It is representative of a system failure.”¹

This resource provides Māori perspectives on relevant data and research to help identify current actions needed to eliminate the use of seclusion for tāngata whai ora Māori. These actions are relevant to all levels of the sector, including health system leadership, policy makers, service managers, clinical leads, educators, and researchers.

Key actions for eliminating seclusion include working in partnership with tāngata mātau ā-wheako Māori (Māori with lived experience) across all levels of the sector and investing in the growth and development of the Māori mental health workforce and kaupapa Māori services. It is also essential to ensure the non-Māori workforce can implement culturally informed approaches that promote authentic engagement and reduce mamae (grief, pain) and distress experienced by tāngata whai ora Māori and whānau.

Authors

Aaryn Niuapu – lived experience project lead, Te Pou

Denis Grennell – ringa kohikohi, Te Whāriki o te Ara Oranga

Kahurangi Fergusson-Tibble – principal advisor, Te Pou

Mary-Kaye Wharakura – kairangahau, Te Pou

Reena Kainamu – ringa kohikohi, Te Whāriki o te Ara Oranga


Tui Taurua – tangata whaiora kaitiaki, Equally Well champion

(See the appendix for brief author profiles)

What needs to be done to eliminate the seclusion of tāngata whai ora Māori?

This resource underscores the importance of the following actions in eliminating seclusion.

- ▶ Seclusion is harmful and traumatising for tāngata whai ora and whānau. **Everyone working in mental health services** needs to take responsibility for contributing towards the goal of eliminating seclusion.
- ▶ Tāngata whai ora voices are essential for leading the mental health and addiction sector towards positive changes and inspiring innovation. Tāngata whai ora will continue to lead with an unwavering stance on abolishing seclusion and addressing the underlying issues related to systemic racism. **Policy makers and health system leadership (Manatū Hauora Ministry of Health, Te Whatu Ora Health New Zealand, and Te Aka Whai Ora Māori Health Authority)** should action the recommendations from tāngata whai ora voices around reforming the Mental Health Act and eliminating seclusion.
- ▶ Māori leadership is crucial under Te Tiriti o Waitangi obligations and responsibilities. Leadership from tāngata mātau ā-wheako Māori is integral at all levels and areas of the mental health and addiction sector. **Everyone working in mental health and addiction services** must recognise the value and expertise of kaimahi Māori and tāngata mātau ā-wheako Māori and demonstrate genuine willingness and commitment to work in partnership and collaboration.
- ▶ Te ao Māori and the importance of its presence within the mental health and addiction sector adds significant understanding of Māori wellbeing and healing. **Health system leadership** must prioritise and invest in the growth and development of te ao Māori and kaupapa Māori services. This is the future and leading the way to abolish seclusion whilst fulfilling Te Tiriti o Waitangi principles of protection, partnership, and achieving health equity for Māori.

- 
- ▶ **Health system leadership and service managers** must prioritise and invest in the growth and development of the Māori mental health and addiction workforce, particularly tāngata mātau ā-wheako. This requires identifying barriers and enablers and improving recruitment and retention processes.
 - ▶ **Health system leadership and service managers** need to ensure there is ongoing training and development for the non-Māori mental health and addiction workforce to implement values and approaches that fulfil Te Tiriti o Waitangi principles of protection, partnership, and health equity. This includes culturally informed sensory modulation and trauma informed approaches. Recognition of intergenerational trauma ensures tāngata whai ora mamae is heard and helps whānau heal.

From experience to action

The following sections expand on the actions which will help to eliminate the seclusion of tāngata whai ora Māori. This is based on the experienced perspectives of the authors, their review of recent data and research, and their understanding of what needs to be done to eliminate seclusion in mental health services. This includes individual commentary on research articles relevant to eliminating seclusion, as well as considerations for improving future data and research. Recent research was identified by searching the Google Scholar and EBSCO databases and selected based on article relevance and length.

Seclusion of tāngata whai ora must stop

The seclusion of tāngata whai ora is unacceptable. Routinely collected data tells us that tāngata whai ora Māori disproportionately experience seclusion in mental health and addiction services. In 2020, around half (48 percent) of adults secluded in mental health inpatient units were Māori. Tāngata whai ora Māori are around five times more likely to be secluded in adult inpatient services than non-Māori and non-Pacific peoples.^{2,3}

Everyone working in mental health services must do more to eliminate seclusion which is harmful and traumatising for tāngata whai ora and whānau. Seclusion and other restrictive practices violate human rights and contradict contemporary mental health approaches that are whānau-centred, recovery-focused, and trauma-informed.⁴

Lived experience perspectives are essential for informing practice and inspiring innovation

Tāngata whai ora voices outline important actions for eliminating seclusion, reforming the Mental Health Act, and improving services. This includes the views and submissions gathered during [He Ara Oranga](#) and the [public consultation for the new mental health legislation](#). Moreover, the submissions and recommended actions specifically from Māori voices are highlighted in pivotal documents such as *Pākarutia te Mokemoketanga*¹ and *Whakamanawa*.⁵ It is important for **health system leadership and policy makers** to action these recommendations.

People with lived experience contribute significantly to the recovery journey of other people.⁶ **Health system leadership** must invest in growing and developing the workforce of tāngata mātau ā-wheako Māori. Māori voices who submitted to *He Ara Oranga* advocated that “a workforce inclusive of those who understand the embodied and everyday challenges of mental health and addiction experiences will lead to more empathetic and effective working environments”.⁷ Growing the workforce of tāngata mātau ā-wheako Māori will require identifying barriers and enablers and improving recruitment and retention processes.

What can we learn from the research?

Pākarutia te Mokemoketanga – Breaking our Silence for the Repeal and Replacement of the Mental Health Act 2022¹

This submission paper for the repeal and replacement of the Mental Health Act is led by Kerri Butler and other Māori who were subjected to the Act. It outlines 13 recommendations for legislative and system changes. The engagement process included insights from Māori who have experience of the Act, whānau, and clinical and cultural experts.

Tui Taurua says:

Tika, Pono, Aroha. This research has heart. The messages contained within these pages resonate deeply with Māori lived experience whakaaro. I have no doubt those who read this document will feel these same puku emotions.

Together we tangi, we foresee the never forgotten shadows. This is the wairua of the document.

If you are interested in the “real” voice, “the reality of experiences”, this is the document I recommend you add to your knowledge in this Māori mental health lived experience space which we believe is the anchor that will transform the mental health sector. This document brings our Māori tangata whaiora lived voice alive, pai ana.

Lead or be spare . . .

Poem by Tui Taurua, 15 April 2021

Don't take my voice away
You speak for who?
Not me . . .
Why do you want to be heard
While others aren't
Why is it important to dictate, not lead . . .
You are heard better when you whisper
When you share
When you care to share, to hear, to be . . .

I don't want to be around you
I don't want you in my space
You don't hear us
You don't care
You are not interested . . . well neither am I . . .

To lead is to share
To lead to care
The message must be authentic
Words are easy
They don't care
Show me truth in your care
In action
In deeds, in words, in seeds
Include . . .
Or be spare . . .

The poems by Tui Taurua shared in this resource should not be reprinted without permission.

Māori leadership and te ao Māori perspectives are crucial at all levels and areas of the sector

The establishment of Te Aka Whai Ora is expected to strengthen Māori leadership for the entire health system. Within the mental health and addiction sector, leadership from tāngata mātau ā-wheako Māori must be integral at all levels and areas. Genuine partnership is crucial for fulfilling Te Tiriti o Waitangi responsibilities. Māori voices who submitted to *He Ara Oranga* advocated that “Māori decision-makers must be at the table” and “full and genuine partnership requires strategic and structured pro-Māori collaborations, alongside a dedicated Māori Health portfolio within Government, and direct decision-making relationships [...]”⁵

Health system leadership, policy makers, and service managers must work in genuine partnership with tāngata mātau ā-wheako Māori in the development and implementation of mental health policies and legislations, data governance and health research, workforce development and cultural competency training, and initiatives to eliminate seclusion. There is a need for more tāngata mātau ā-wheako in advisory, strategy, and leadership roles.

Everyone working in mental health and addiction services must recognise the value and expertise of tāngata mātau ā-wheako Māori. The importance of te ao Māori and kaupapa Māori services, growing and developing the workforce of tāngata mātau ā-wheako Māori, and ensuring active Māori governance in data and research are also highlighted in other sections of this resource.

What can we learn from the research?

Strategies to reduce the use of seclusion with tāngata whai i te ora (Māori mental health service users)⁶

This study by Julie Wharewera-Mika and colleagues involved hui with 16 Māori participants with clinical, cultural, and lived experience expertise. Three key themes related to reducing seclusion for Māori emerge: te ao Māori (access to a Māori worldview); te ao hurihuri (transforming practice); and rangatiratanga (leadership, power, and control). The authors discuss the alignment of these themes with the [Six Core Strategies](#) framework for reducing the use of seclusion and emphasise taking a comprehensive approach based on a Māori model of care.

Aaryn Niuapu says:

This research highlights relevant themes and strategies to reduce the use of seclusion with tāngata whai ora Māori. The three salient themes and their related strategies, strongly advocate for greater cultural and recovery competency in the workforce coupled with better access for tāngata whai ora Māori to their Māoritanga. The emphasis placed on a competent workforce and tāngata whai ora Māori having more access to cultural recovery practices, does not tackle the issue of power dynamics (cultural/clinical and tāngata whai ora/staff) and does not give an equitable voice to tāngata whai ora Māori (only two of the 16 participants were tāngata whai ora Māori). Both recovery approaches and kaupapa Māori modalities situate around greater social justice and safety for their respective populations. It is recommended that the reader compliments the use of this article with literature that looks at challenging power dynamics within the sector as well as literature that emphasises the use of equity monitoring tools for everyday practice (like the [HEAT framework](#)).

Mary-Kaye Wharakura says:

The article sets out the conclusions of a hui over two days with 16 Māori participants and analyses the collected data. The findings of the study align with many previous studies dating back some years, all of which recommend a comprehensive approach based on a Māori model of care which involves Māori leadership. As a country, Aotearoa New Zealand is only slowly developing a political will to embrace these changes. In view of the fact that seclusion rates are highest with Māori, there is a clear need for studies focused on the tāngata whai ora perspective of seclusion and a concerted effort to fund strong research that will provide robust evidence to support decisions on investment in Kaupapa Māori approaches to reduce or eliminate such punitive and restrictive interventions.

Kaupapa Māori services should be prioritised and resourced

Kaupapa Māori service providers are essential within communities. Te ao Māori and the importance of its presence within the mental health and addiction sector adds significant understanding of Māori wellbeing, and Māori healing to achieve the abolishment of seclusion. The benefits of Māori mental health approaches are demonstrated in the successful implementation of the Mahi a Atua approach.

Health system leadership is responsible for prioritising and resourcing kaupapa Māori services to fulfil Te Tiriti o Waitangi principles of protection, partnership, and achieving health equity for Māori. Resourcing kaupapa Māori services includes investing in the growth and development of a dedicated kaupapa Māori workforce.⁵

What can we learn from the research?

Investigating Māori approaches to trauma informed care⁷

Leonie Pihama and colleagues describe Māori experiences of trauma linked to experiences of colonisation, racism and discrimination, negative stereotyping, poverty, and ill health. The authors discuss the importance of identifying trauma informed practice principles that support Māori providers, counsellors, clinicians and healers in working with Māori.

Aaryn Niuapu says:

This article outlines a three-year research project centred on Māori approaches to trauma-informed care, with the main output being the development of a Kaupapa Māori framework for trauma informed care that can assist practitioners when supporting whānau who have experienced both collective and personal trauma. The article adds to the scarce academic literature base on Kaupapa Māori trauma research. It does a great job at solidifying the importance of a systemic, historical, political and an indigenous approach to trauma informed care (and by extension advocating for the elimination of seclusion and restrictive practices). The researchers emphasised a collaborative process with Māori health providers, practitioners, and policy makers. However, future research in this area would benefit from more overt lived experience leadership and greater engagement of whānau in the methodology.

Kahurangi Fergusson-Tibble says:

This paper touches on the complex nature of historical and intergenerational trauma experienced within Māori whakapapa. While these traumas are built up and passed down over time, mental health and addiction services are often faced with responding to this complexity with the individual accessing the service. Institutions and the use of seclusion can perpetuate and retrigger trauma for tāngata whai ora Māori. For example, trauma associated with mistrust of authorities, both personal and public authority, can be retriggered by such situations. Institutions have a responsibility to understand the impacts of historical and intergenerational trauma and provide trauma informed care for Māori. Reducing seclusion for tāngata whai ora Māori requires conversations, attitudes, and assessments that look beyond the individual and consider the wider social trauma impacts that contribute to the person's experiences.

Trauma Hurts

Poem by Tui Taurua, November 2020

It hurts you
It hurts your loved ones
It discolours everything you see
It discolours everything you feel

It is hard to share
How can others even understand
It brings sadness
It highlights pain

It is hard to love
It's hard to feel
Nothing in you is left untouched
It can bondage you

Is it possible to heal?
Is it possible to become the best of you?
Will it ever really leave you?

The memories fade
But the body remembers
The soul remembers

I will never forget my abuser
THE look
THE words
THE fear

The new word for trauma
PTSD
Post-Traumatic
Stress Disorder

The poems by Tui Taurua shared in this resource should not be reprinted without permission.

Mahi a Atua approach to mental health⁸⁻¹⁰

Mahi a Atua is an approach based on Māori principles of whānaungatanga (creation of relationships) and pūrākau (the telling of Māori creation and custom narratives). Diana Kopua and colleagues describe the use of this approach and case study examples of how it has been successfully applied in kaupapa Māori services. Three articles on Mahi a Atua were reviewed.

Kahurangi Fergusson-Tibble says:

The Mahi a Atua approach focuses on the point of entry when people and whānau in distress come into contact with services, often primary care or social services. The work undertaken across the Hauora Tairāwhiti demonstrates the use of a Māori approach early in people's journey can help reduce the need for further referral onto secondary services. Whilst the articles are not directly about the use of seclusion on tāngata whai ora Māori, reducing referrals to inpatient units may have a flow on effect in reducing the use of the Mental Health Act and restrictive practices. The authors mention building critical mass as being integral to making significant changes, meaning having as many people as possible singing from the same song sheet. Like the Te Whare Tapa Whā model, Mahi a Atua has the potential to assist people's recovery journey; it is not restricted to kaupapa Māori mental health settings. This work highlights the importance of cultural narrative and identity for tāngata whai ora Māori in early engagement with services and the journey into recovery.

Denis Grennell says:

Kaupapa Māori methodologies and Mahi a Atua are whānau centred approaches where the whānau enter into the healing process. Tangata whai ora and whānau guide the healing pathway and medical professionals are called upon by the whānau and mataora (Māori therapist) when required. Through the recital of pūrākau, issues are externalised and with skilful facilitation tāngata whai ora, whānau, and individual members locate themselves and the issues relevant to them within the characters and events in the pūrākau. In this way whānau and mataora identify the issues and the healing pathway forward. This methodology is full of options, possibilities, and hope. Although this approach is not specific to isolation for Māori in the present system, incarceration and isolation is far too often the result. Mahi a Atua, in a short period of time, has shown rapid development of therapeutic relationships, the problem located within a Māori worldview, a meaningful healing pathway, shared and understood values, beliefs and practice.

The article Te Mahi a Atua (tracing ancestral foots steps) sets out a kaupapa Māori way (Māori methodology) to engage, assess and respond to mental health issues. The article was written at the beginning of this new approach with the establishment of Te Kūwatwata in Te Tairāwhiti the East Coast of Aotearoa New Zealand. Pūrākau (creation narratives) are the vehicle for this approach. These centuries old narratives give meaning to every day events and offer relevant cultural and spiritual resolution. These offer an alternative to viewing mental health challenges as an illness and instead of meeting with resistance and opposition, tāngata whai ora and whānau are engaged to drive the process through the relationship with a mataora (Māori change agent/ therapist)/Māori tāngata whai ora kaitiaki kaimahi/peer support specialists. This kaupapa Māori approach is open to all ethnicities and races as well as Māori and affords a de-medicalised alternative. Te Mahi a Atua training is now available to all and everyone is eager to engage in this transformative, non-medical kaupapa Māori approach to mental health resolutions.

He Hinengaro Toa (Mind of a Warrior)

Poem by Tui Taurua, March 2005

Kaingakautia te mohio tanga
Ranga awa te maramatanga
Kia ea rawa ai – ko wai ra koe?
I ahu mai I whea?
Ma tena e ora ai te tinana
Kia hihiko nei te hinengaro
Ko te wairua e whakaaio noa atu
He Kakano; He Kakano
I ruia mai e Rangiatea
E kore rawa koe e ngaro

Desire knowledge
and seek understanding
of who you are and
from whence you came.
From this you will heal the body,
activate the mind,
and calm the soul
You are a seed
sown from the ancestral homeland of Rangiatea
You will never be lost.

The poems by Tui Taurua shared in this resource should not be reprinted without permission.

The non-Māori workforce requires ongoing training and development

In addition to growing and developing the Māori workforce, **health system leadership, service managers, and educators** need to ensure the non-Māori workforce can implement culturally informed approaches and demonstrate values and attitudes that align with Te Tiriti o Waitangi principles.

Culturally informed approaches support Te Tiriti o Waitangi principles of protection, partnership, and health equity. This includes culturally informed sensory modulation, whānau-centred, and trauma responsive approaches. These approaches support authentic engagement and reduce mamae and distress among tāngata whai ora Māori and whānau. However, culturally informed approaches are often under-utilised and under-resourced. Services must recognise and prioritise culturally informed approaches that resonate with the view of eliminating seclusion and invest in ongoing training for the non-Māori workforce to ensure effective implementation of these approaches.

What can we learn from the research?

Open Doors: Sensory Rongo for Māori¹¹

This paper by Esme Schlotjes and Melanie Smith describes practice examples and reflections of working with Māori and whānau in an acute inpatient mental health unit. When practicing sensory modulation with tāngata whai ora Māori and whānau, the authors recommend: flexibility, creativity, and an individualised sensory kete; culturally safe and genuinely invested relationships; focus on people's mana, integrity, and strengths; and regular reflections on practice.

Reena Kainamu says:

Overall an enlightened piece of writing by two authors, tangata whenua and tangata tiriti in integrating sensory modulation with normal Māori practices of hui, whakawhānaungatanga, waiata, kapa, te reo Māori, karakia and incorporating cultural concepts of tikanga, tapu, noa and mana. Emphasis is on the western practice integration into what is normal for tāngata Māori. There is also recognition of the importance of generational bonds, the role and status of whānau membership and understanding gender and sub-culture specificity. Acknowledgement is made of power imbalances in staff standing over the tangata. Te Ao Māori and the tangata are central to the care process. Having the time to undergo rituals of hui and greeting is understood in this article. The practice of Māori sensory rongo is people centric, Māori centric, and wrapped in the best of human endeavours; to fully practice a duty of care and a duty to care.

Tui Taurua says:

This model reflects the implementation and understanding of a recognised state in my te ao Māori worldview.

Nurse perceptions of the use of seclusion in mental health inpatient facilities: have attitudes to Māori changed?¹²

This survey of mental health nurses by Chris Drown and colleagues identified the following factors related to the use of seclusion: perceived aggression, lack of experienced or skilled staff, and environmental design or overcrowding. The use of sensory modulation was the most frequently mentioned alternative to seclusion. Findings indicate seclusion reduction initiatives which are the least used are those with the most relevance to tāngata whai ora Māori, such as culturally sensitive care, whānau participation, and tikanga Māori.

Reena Kainamu says:

Attitudes to tāngata whai ora Māori have not changed and are a part of the larger societal attitude towards te ao Māori including Mātauranga Māori in that institutionalised and personally mediated racism towards tāngata whenua remain fixed. Tāngata whai ora Māori seclusion rates in inpatient units are increasing and this group are over-represented. In preventing seclusion events, nurses underutilised six strategies, four of which are culturally focused. Seclusion events are inhumane, used as punitive practice and/or as a response to low staff numbers or staff unwilling to change practice or staff attitudes or staff's perception of a duty of care to protect other patients from aggressive tāngata whai ora Māori. There are power imbalances between nurses and tāngata whai ora Māori and Māori inclusive of whānau. The Māori mental health workforce is wholly underpowered. The clinical model does not support a Te Ao Māori framework of wairua, assessment and healing with its own sensory modulation. Nurses who are not culturally competent to care for tāngata whai ora Māori is one aspect of wider societal complexities of oversurveillance of tāngata whenua in curbing personal freedoms through legislative control. Acceptance and understanding of Te Ao Māori is key to developing an effective model of care that reduces the need for seclusion, lessens distress and maintains mana and dignity for nurses and tāngata whai ora Māori.

Mary-Kaye Wharakura says:

The use of seclusion generally reduced in the study period of 2007-2013, but unfortunately the reduction is not prevalent with Māori. There is general acceptance among mental health nurses that the use of seclusion is not ideal practice. There have been reports by the dozen, everyone knows what must be done, it is the inability of staff to implement the initiatives because of a lack of resources specifically targeted at those initiatives most relevant and meaningful to Māori. It doesn't matter whether the staff are Māori or not, male or female, more or less culturally sensitive, Māori are still locked up at higher rates than others. Until decolonisation is achieved across the whole of society, Māori will always be locked up more and reflected in the detrimental statistics. The other reports have all made suggestions on what needs to be done for Māori, that is more Māori nurses, whānau participation, ward design with sensory modulation, te reo me nga tikanga. Build a facility that can cater for whānau to stay, that is culturally responsive in design, that reflects a space of healing for all.

Data and research require active governance from Māori and lived experience perspectives

Whilst seclusion rates are important to consider for **health system leadership, policy makers, service managers, clinical leads, educators, and researchers**, this has not yet driven systemic changes to significantly address the underlying issues. In addition to monitoring seclusion rates, we need to expand our focus on outcomes that are important for Māori and Pasifika. Research and information supporting the reduction of seclusion needs to encompass te ao Māori values and beliefs. We need to look at complimentary data indicators that provide greater context to people's experiences of services, the associated psychosocial impact, and flow-on effects to eliminate seclusion. This can add another dimension in the systemic journey towards eliminating restrictive practices.

To establish research goals and data indicators that reflect the health needs and aspirations of Māori, **health system leadership, policy makers, and researchers** need to ensure there is active Māori governance and a te ao Māori lens in how data and information is collected and utilised. Research that focuses on Māori health aspirations and advancement which benefits Māori needs to be driven by kaupapa Māori and tino rangatiratanga. This requires the development of more kairangahau Māori (Māori researchers) and dedicated research funding. By having more kairangahau Māori, the research is voice-centred, portrays Māori viewpoints within a culturally appropriate paradigm and most importantly, tikanga Māori and mātauranga Māori are woven throughout.

Lived experience perspectives are crucial for informing data, research, and practice. People's lived experiences provide a powerful narrative that goes beyond what numbers and measures can tell us about strategies to eliminate seclusion. Respecting and listening to lived experience voices is essential to the work of **policy makers, service managers, clinical leads, educators, and researchers**. The use of hui and korero in research methods recognises the significance of kanohi ki te kanohi (face to face, in person) and storytelling in gathering valuable information. Tāngata whai ora voices and pūrākau (stories) underscore the need to eliminate seclusion given it is a traumatising experience. Lived experience perspectives also reiterate the importance of authentic engagement and effective communication that includes whānau. The [tāngata whai ora stories](#) shared with the Health Quality and Safety Commission demonstrate how tāngata whai ora voices can help inform **service managers, clinical leads, and researchers** about practices and processes that need to improve.

What can we learn from the research?

Ethnic disparities in the use of seclusion for adult psychiatric inpatients in New Zealand¹³

This study by Melissa McLeod and colleagues examined seclusion rates in nine district health boards (DHBs; which are now superseded by Te Whatu Ora Health New Zealand districts as of July 2022). Findings show Māori were 39 percent more likely to experience a seclusion than non-Māori and non-Pacific adults. The authors describe a range of factors that may contribute to this disparity.

Mary-Kaye Wharakura says:

The article sets out the results of seclusion rates using data from nine DHBs. Whilst it is useful to look at this data, it doesn't tell you why Māori are subject to seclusion more than non-Māori and non-Pacific adults. The article has some assumptions, that is seclusion is used to mitigate danger (violence to self and others) but there is no data confirming the actual reason for each seclusion. A question that comes to mind on this; is there not a form filled out identifying why seclusion was decided as the best form of safety measure? The article is inconclusive without stringent data. There are limitations in the DHB findings (it even says so as important to note). A few DHBs lack reasonable quality seclusion data for the analysis. The largest DHB with the highest Māori population may not have been included; they do not say which DHBs were involved. More research needs to be done with higher quality data.

References

1. Butler, K. (2022). *Pākarutia te Mokemoketanga - Breaking our Silence for the Repeal and Replacement of the Mental Health Act 2022*. Take Notice: Auckland. Available from <https://natlib.govt.nz/records/47656757>
2. Ministry of Health. (2021). *Office of the Director of Mental Health and Addiction Services 2020 Regulatory Report*. Wellington: Ministry of Health.
3. New Zealand Mental Health and Wellbeing Commission. (2022). *Te Huringa: Change and Transformation. Mental Health Service and Addiction Service Monitoring Report 2022*. Wellington: New Zealand
4. World Health Organization. (2019). *Strategies to end seclusion and restraint. WHO QualityRights Specialized training. Course guide*. World Health Organization.
5. Russell, L., Levy, M. & Cherrington, L. (2018). *Whakamanawa: Honouring the voices and stories of Māori who submitted to the 2018 Government Inquiry into Mental Health and Addiction in Aotearoa*.
6. Wharewera-Mika, J. P., Cooper, E. P., Wiki, N. R., Field, T. R., Haitana, J., Toko, M., Edwards, E., & McKenna, B. (2016). Strategies to reduce the use of seclusion with tāngata whai i te ora (Māori mental health service users). *International Journal of Mental Health Nursing*, 25(3), 258-265.
7. Pihama, L., Smith, L. T., Evans-Campbell, T., Kohu-Morgan, H., Cameron, N., Matakī, T., Te Nana, R., Skipper, H., & Southey, K. (2017). Investigating Māori approaches to trauma informed care. *Journal of Indigenous Wellbeing*, 2(3), 18-31.
8. Kopua, D. M., Kopua, M. A., & Bracken, P. J. (2019). Mahi a Atua: a Maori approach to mental health. *Transcultural Psychiatry*, 0(0), 1-15.
9. Rangihuna, D., Kopua, M., & Tipene-Leach, D. (2018). Mahi a Atua: A pathway forward for Māori mental health. *The New Zealand Medical Journal*, 131(1471), 79-83.

10. Kopua, D. M. (2019). Factors that facilitate and constrain the utilization of a Kaupapa Māori therapeutic approach with Mahi-a-Atua. *Australasian Psychiatry*, 27(4), 341-344.
11. Schlotjes, E. R., & Smith, M. M. (2022). Open doors: Sensory rongo for Māori. *New Zealand Journal of Occupational Therapy*, 69(1), 10-16.
12. Drown, C., Harding, T., & Marshall, R. (2018). Nurse perceptions of the use of seclusion in mental health inpatient facilities: have attitudes to Māori changed? *The Journal of Mental Health Training, Education and Practice*, 13(2), 100-111.
13. McLeod, M., King, P., Stanley, J., Lacey, C., & Cunningham, R. (2017). Ethnic disparities in the use of seclusion for adult psychiatric inpatients in New Zealand. *The New Zealand Medical Journal*, 130(1454), 30.

Additional resources

- ▶ [Te Kete Pounamu](#) is a national strategic voice for Māori with lived experience of mental health and/or addiction recovery journeys. Te Kete Pounamu was established following a series of wānanga that galvanised Māori lived experience leaders to address systemic concerns. The high rates of seclusion among Māori and corresponding restrictive practices were amongst those foundational concerns. Te Kete Pounamu is supported operationally by Te Rau Ora, the Māori health workforce centre.
- ▶ The [Six Core Strategies](#) framework for reducing seclusion and restraint has been adapted by Te Pou to develop a tool for use in Aotearoa New Zealand. This systemic approach outlines actions for reducing restrictive practices through strengthening leadership, inclusion of lived experience, using data to inform practice, workforce development, use of reduction tools, and debriefing techniques.
- ▶ [Zero Seclusion – Safety and dignity for all](#) is led by the Health Quality & Safety Commission who are working collaboratively with services to utilise quality improvement approaches to find alternatives to seclusion. The [Zero seclusion change package](#) provides services with useful tools and resources that align with the Six Core Strategies. [Watch the presentation from Dean Rangihuna at the project's launch event here.](#)
- ▶ [Let's get real](#) provides online learning modules about working with Māori and with whānau which are essential skills for all people working in New Zealand health services.
- ▶ A measure of seclusion in Aotearoa inpatient services is provided by the [Key Performance Indicator \(KPI\) Programme](#). Demographic information, including ethnicity, age, and gender, can be filtered by financial quarter and specific organisation.
- ▶ The Health Quality & Safety Commission provide data dashboards that enable services to explore seclusion data by ethnicity on a monthly basis. All Te Whatu Ora districts have private access to the dashboards.

Brief author profiles

Aaryn Niuapu – lived experience project lead, Te Pou

Aaryn has lived/living experience of a recovery journey, as well as clinical experience as a former AOD (alcohol and other drugs) clinician and strategic experience as a former consumer advisor.

Denis Grennell – ringa kohikohi, Te Whāriki o te Ara Oranga

Denis is an experienced educator and developer who has held various positions in the mental health and addiction sectors, and worked across the public, industry, corporate, community and Te Ao Māori worlds.

Kahurangi Fergusson-Tibble – principal advisor, Te Pou

Kahurangi has a professional background in mental health, addiction, as well as lived experience as a person living with a visual impairment.

Mary-Kaye Wharakura – kairangahau, Te Pou

Mary-Kaye has research experience in the health, education, mental health, and addiction sectors. She is experienced in research that is Māori-centered, whānau focused, community based and aimed at reducing health inequities and social injustice.

Reena Kainamu – ringa kohikohi, Te Whāriki o te Ara Oranga

Reena is a registered nurse with a professional background in education, workforce development, mental health, health evaluation, addiction, and trauma practices. She is experienced in research with a kaupapa Māori approach.

Tui Taurua – tangata whaiora kaitiaki/Equally Well champion

Tui is a key leader of the tangata whaiora movement and is currently part of the Expert Advisory Group for the repeal and replacement of the Mental Health Act legislation. She has worked in mental health for over 25 years in various roles.

Acknowledgements

The compilation of this resource was supported by Caro Swanson and Kerry Weir-Smith (co-leads for least restrictive practice) as well as Jennifer Lai and Angela Jury (researchers) from Te Pou.

Te reo Māori definitions can be found at tereohapai.nz and maoridictionary.co.nz.