

Hine ki te Wheiao: Mental Health bill submission

Ko wai mātou?

Hine Ki te Wheiao is a collective of māmā Māori and advocates dedicated to improving maternal health and mental health outcomes for wāhine Māori and their whānau. Our rōpū was established to elevate the voices of Māori mothers, particularly those with lived experience of mental distress during the perinatal period, and to ensure we have access to culturally appropriate, holistic, and hāpori-driven support.

Why Our Voice Is Unique

We are a grass roots collective born from the lived expertise of Māori mothers and those with professional expertise who support them. We are passionate about addressing the trauma inflicted on wāhine Māori caused by colonial mental health care systems. Our unique perspective is shaped by our cultural lens, which prioritises the mana and tino rangatiratanga of wāhine Māori and their pēpi (babies) and calls for mental health legislation that is consistent with Te Tiriti o Waitangi and the unique mātāpono of whānau, hapū, and iwi.

We consider the alarming rates of suicide among Māori mothers, particularly in the perinatal period, as a systems failure and must be addressed with urgency. We advocate that any compulsory treatment must be accompanied by comprehensive, preventative care that goes beyond crisis intervention. It should focus on addressing the social and structural factors contributing to maternal distress. We advocate for targeted efforts to prevent suicides, including culturally safe mental health services for wāhine Māori with approaches that involve a range of social and health supports set in nurturing environments, and include the whole whānau in the care process.

Our Position on the Proposed Mental Health Bill

Honouring Te Tiriti o Waitangi (Tino Rangatiratanga) of wāhine Māori	<ul style="list-style-type: none">• The proposed Mental Health Bill must guarantee the rights of māmā Māori to exercise tino rangatiratanga in decisions regarding their mental health. This includes recognising the importance of cultural practices such as the involvement of whānau, access to kaupapa Māori
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	<p>services, and the use of rongoā and Māori mental health frameworks.</p> <ul style="list-style-type: none"> • This legislation must ensure wāhine Māori and their whānau are not separated during times of distress, with a particular focus on keeping māmā and pēpi together to prevent further trauma.
Alignment with International Human Rights Standards	<ul style="list-style-type: none"> • New mental health legislation must align with the United Nations Convention on the Rights of Persons with Disabilities (CRPD) and the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP). Māori mothers must have the right to access our own healing practices and knowledge.
Mental Health Support for Māori mothers must be social determinant based	<ul style="list-style-type: none"> • We call for an approach to mental health care that goes beyond the narrow focus on compulsory treatment and addresses the wider determinants of Māori maternal health. If compulsory care is required, there must be support regarding adequate housing, financial support, access to whānau-centred care, and other wraparound services that address the often-complex lives of wāhine Māori that face mental health distress.
Addressing Suicide and Mental Health Crises	<ul style="list-style-type: none"> • A robust system of early intervention is necessary to address mental distress before it escalates to crisis levels where compulsory treatment is needed.
Culturally Grounded Support and Advocacy	<ul style="list-style-type: none"> • Some members of our rōpū have dedicated their careers to addressing maternal mental health, through social work and other professions. • Kaupapa Maori Health/ Social services must be appropriately

	<p>resourced to tautoko māmā Māori in instances when compulsory care is required, to ensure they have access to support from those who understand their unique needs, and who can advocate for their rights and cultural practices. This service delivery model better enables us to support wāhine Māori and their whānau, ensuring that they are not isolated in their experiences.</p> <ul style="list-style-type: none"> • We advocate that wāhine Māori should not be separated from their pēpi during mental health interventions, as this exacerbates trauma, fractures whanau structures and undermines our connection to our pēpi. The mental health legislation must explicitly address the importance of keeping māmā and pēpi together, ensuring that mental health care and treatment are provided in a way that supports the whānau unit, rather than tearing it apart.
Addressing Institutional Racism	<ul style="list-style-type: none"> • Institutional racism within the mental health system must be named and actively dismantled within the proposed bill. Wāhine Māori are disproportionately subjected to compulsory treatment under the Mental Health Act, and this systemic racism denies wāhine Māori their mana motuhake. The bill should include a clear framework to combat racial disparities, ensuring that Māori women and their whānau have access to Māori models of care.
A clear pathway and timeline for ending physical and chemical restraint, including overmedication	<ul style="list-style-type: none"> • The voices of those in our services who have lived experience of compulsory care, have shared with us that physical and chemical restraint, including

	<p>overmedication, should be phased out and that it compounds existing and new trauma.</p> <ul style="list-style-type: none"> • We believe the use of such practices in maternal mental health care must be phased out. We call for a clear timeline and pathway for eliminating these, which disproportionately impacts wāhine Māori. Alternatives must be more available with the support of whānau-led care, and kaupapa Māori mental health services, to ensure wāhine Māori and wider whanau have control over their treatment decisions and are supported in their recovery.
<p>Banning seclusion and restraint</p>	<ul style="list-style-type: none"> • We reject the use of physical or chemical restraint and seclusion. These practices cause harm and trauma, especially for Māori, and must be eliminated from mental health services.
<p>Comprehensive Action on Anti-Discrimination and Trauma-Informed Practices</p>	<ul style="list-style-type: none"> • We continue to hear stories of mothers who face racism and discrimination in health care. • We support mandatory training for all health practitioners on Te Tiriti o Waitangi, anti-discrimination, trauma-informed practices, and colonisation. This training should be designed and delivered by those with lived experience, ensuring it is rooted in Māori realities and addresses the impacts of colonisation, systemic racism, and intergenerational trauma.