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Scott Kloeck-Jenson Fellowship Pre-Dissertation Research, Summer 2019: Australia & New Zealand.

Title: Closing the Rehabilitation Utilization Gap of New Zealand's (Aotearoa) Māori People

There was a lack of research regarding cultural and needs informed strategies rehabilitation service providers could use to close the service utilization gap for Māori that currently exists. This gap reduced the efficacy of services in promoting high-quality outcomes for Māori peoples with disabilities. As an example, Māori adults were found to be about 1.5 times as likely as non- Māori adults and report a high or very high probability of having anxiety or depressive disorder based on findings of the Kessler 10-item scale (K10; New Zealand Ministry of Health Mental Health Status Indicators Survey, 2018); an international measure used to screen populations for non-specific psychological distress and serious mental illness. The difference was even more pronounced in Māori males who were found to be twice as likely as non- Māori males to report a high or very high probability of having anxiety or depressive disorder. Given the prevalence of anxiety or depressive mental health issues among Māori, the extent of the problem warranted exploratory research concerning Māori peoples' limited engagement with rehabilitation services.

Problem Statement: Māori adults have the highest rates of depression, and suicide, but have the lowest rates of mental health treatment by mental health providers; secondary impacts of untreated mental health issues in Māori society include disability formation and substance use.

The aims of the study were to (i) identify Māori social identity, disability formation, and perceptions of rehabilitation services, and to (ii) develop an outreach program based on findings of the previous aim that were capable of addressing existing gaps in service utilization and service provision on a local level.

The summer pre-dissertation research that was funded by the SKJ Travel Fellowship Award, would allow me to travel to the prototypical source of the Māori (New Zealand) and one of the most common immigration location (Australia), to carry out semi-structured interviews with participants who had previously or were actively engaged with rehabilitation and mental health services. The goal was to support the development of an informed picture of Māori cultural and personal needs regarding rehabilitation services and support the creation of evidence-based service provision and administration.

The preliminary findings from this exploratory research indicated a need for the following in rehabilitation service provision and administration:

1. A preference for Māori service providers with and understanding of whānau (larger family culture).
2. Respect for the Maori family genealogy structure or whakapapa, that binds all things by mapping out family relationships, history, customs, roles and spirituality.
3. The building of trusting relationships, which would be especially important for non-Māori service providers by purposefully learning the Māori culture and understanding the Māori dynamics.
4. The desire for global unity with other people of color in advocating for Māori rights, privileges, and dignities.

Data is still being reviewed, and the report generated from this research will go on to inform the rehabilitation service workplace wellbeing initiatives, the creation of culturally informed assessments that evaluate rehabilitation direct service staff workers, contribute to future planning that addresses Māori rehabilitation and mental health needs, and offer me direction in my own goals and development as researcher as was evident in the write up of my dissertation and future research career goals. The data gathered from this research will also contribute towards the pursuit of additional grants to investigate this research further with a larger pool of participants. This was a great experience, unlike any other I have ever had that provided both personal and professional direction in who I would become as a researcher, and in the process, I developed some lifelong relationships with members of the great, strong, and proud Māori people. I will continue interviewing whanau towards a more complete understanding of the complex determinants of mental health and disability support service disparities in engagement with services and reception of services by the indigenous and migrant Māori peoples.