

Indigeneity

The principle of indigeneity “goes beyond cultural recognition to claim a special place for indigenous people in the life of the nation. It does not mean other cultures should not also be duly recognised ..., but it does acknowledge a unique position for indigenous peoples” (Durie, 2004, p. 8). Māori people are *tāngata whenua* (people born of the land), and as such have a different standing than other ethnic groups in Aotearoa/New Zealand. Māori people also have a Treaty relationship with the Government, which has responsibilities towards Māori people, including acknowledgement of their special status as *tāngata whenua*. Both the principle of indigeneity and the Treaty have been recognised in law, e.g. Māori Language Act of 1991 and Treaty of Waitangi Act of 1975 (Durie, 2002^[1]).

The Treaty of Waitangi (Te Tiriti o Waitangi) is an important document influencing governance arrangements in Aotearoa. It was signed in 1840 by the British Crown and Māori rangatira. The Treaty is considered the founding document of Aotearoa and sets out the promises as well as the rights and responsibilities of the Crown and Māori people. The Treaty confirms the rights that *tāngata whenua* had prior to 1840. In 2010, Aotearoa signed the United National Declaration on the Rights of Indigenous Peoples, further honouring its commitment to *tāngata whenua*.

This mental health and work report has examined Aotearoa policies and practices against the OECD recommendations for integrated policies across health, education, welfare and workplaces that will address a long-standing and significant inequity, the labour force participation of people with mental health conditions. Within this inequity, there are further inequities, particularly for Māori people. To support the Aotearoa government to further understand and address these inequities, in this report, wherever possible, data analysis is conducted by ethnicity. This approach has identified the greater labour force disadvantage for Māori experiencing mental health conditions.

Where appropriate and in consultation with the Māori advisors, the report offers interpretations of the data and highlights the importance of Māori-led solutions to address these inequities. As the review team were informed, the principles of indigeneity frequently sit as theory because of the lack of clarity in understanding what indigeneity means in practice. Culturally informed initiatives and a culturally competent workforce are a part of this, as is the recognition and funding of a Kaupapa Māori approach to research (Mane, 2009^[2]). Cultural competency is particularly important across public services and means that staff “will be competent at the interface between their own culture and the culture of others. Language barriers, differing codes for social interaction, variable community expectations and a willingness to involve friends or families in assessment, treatment and rehabilitation make important difference to the way care is experienced” (Durie, 2005, p.8).

In taking forward the policy recommendations in this report, due consideration must be given that changes made do not further contribute to the labour force disadvantage of Māori experiencing mental health conditions, but rather address these inequities.



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