

2nd Place Winner of 2024 PIF New Zealand Essay Competition

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Essay topic – 'Addressing equity in psychiatric care'

Including but not limited to improving mental health care of culturally and linguistically diverse individuals, and in rural and remote areas.

Title: Bridging the Gaps: A Roadmap to Equitable Psychiatric Care in Aotearoa New Zealand
By Charlotte Blakey

Introduction

In Aotearoa New Zealand, disparities in mental health outcomes reflect deep systemic inequities. Māori, rural communities, and culturally and linguistically diverse (CALD) populations experience significant barriers to accessing and benefiting from psychiatric care. For Māori, the scars of colonization and cultural disenfranchisement are woven into the fabric of these disparities. For rural and CALD communities, geographical isolation and cultural misalignment exacerbate inequities.

This essay explores how embedding te ao Māori principles, leveraging telepsychiatry, fostering cultural competency, and addressing socio-economic barriers can create a more equitable psychiatric care system. By integrating evidence-based strategies and community-led solutions, we can honour the spirit of the Treaty of Waitangi and ensure that psychiatric care in New Zealand is accessible, inclusive, and just.

Historical Context and the Legacy of Inequity

The Treaty of Waitangi (1840) establishes the principles of partnership, protection, and participation between the Crown and Māori, yet inequities in psychiatric care highlight ongoing breaches of these obligations (Durie, 2001). Māori experience disproportionately high rates of mental illness and suicide, with the latter being nearly twice that of non-Māori (Ministry of Health, 2023).

These disparities are rooted in the historical trauma of colonization, including the loss of whenua (land) and the suppression of te reo Māori (language), which have disrupted cultural identity and well-being (Reid et al., 2019). The result is a mental health crisis that reflects systemic failures to address intergenerational trauma and meet the unique needs of tangata whenua.

Rural communities face significant challenges as well, with only 18% of New Zealand's psychiatric workforce serving over 40% of the population living outside urban centers (RANZCP, 2022). CALD populations encounter additional barriers, including language difficulties, cultural dissonance, and stigma associated with mental illness (Immigration New Zealand, 2022).

Centering Te Ao Māori in Psychiatric Care

Te ao Māori, the Māori worldview, offers a holistic approach to health that integrates physical, mental, spiritual, and family well-being. Kaupapa Māori mental health services, such as those offered by Te Whare Marie, exemplify culturally aligned models that prioritize whanaungatanga (relationship-building), manaakitanga (hospitality and care), and wairuatanga (spirituality) (Cram, 2014).

Incorporating Māori mental health practitioners into psychiatric teams enhances cultural safety and builds trust between patients and providers. Research highlights that Māori patients feel better understood when their care aligns with their cultural values (Smith et al., 2020). Initiatives like Te Rau Puawai, which supports Māori students pursuing mental health careers, are crucial for expanding this workforce (Boulton et al., 2013).

Strengthening community-based mental health support is equally vital. Marae-based services provide accessible, culturally resonant care, empowering communities to take an active role in mental health promotion. By embedding te ao Māori principles into all levels of psychiatric care, we move closer to honouring the Treaty's promise of equity and partnership.

Harnessing Telepsychiatry to Bridge Geographic Gaps

Telepsychiatry offers a scalable solution to reduce inequities for rural and remote populations. Virtual consultations enable patients to access psychiatric care without the burden of traveling long distances, a model already in use by the Waikato District Health Board (New Zealand Telehealth Forum, 2022).

However, the digital divide remains a significant obstacle, with only 60% of rural households having reliable internet access (Statistics New Zealand, 2023). Addressing this issue requires systemic investment in rural connectivity infrastructure, as exemplified by the government's Rural Connectivity Group initiative.

Cultural considerations must also guide the use of telepsychiatry. Privacy concerns and unfamiliarity with digital platforms may deter vulnerable groups from seeking virtual care. Programs designed for Indigenous populations in Canada have demonstrated the importance of culturally adapted telehealth services that respect privacy, incorporate interpreters, and ensure that care is delivered with cultural competency (Wexler & Gone, 2016). Adapting these lessons for New Zealand can make telepsychiatry a more inclusive and effective tool.

Enhancing Cultural Competency in Healthcare Professionals

Cultural competency is essential for addressing inequities in psychiatric care, particularly for CALD populations. Training programs, such as New Zealand's CALD Cultural Competency Training Program, equip healthcare providers with the skills to engage effectively with diverse communities (Counties Manukau Health, 2023).

However, cultural competency must go beyond surface-level awareness to address unconscious biases and systemic inequities. Incorporating lived experiences into training, such as inviting CALD individuals to share their stories, can deepen providers' understanding and empathy. Embedding interpreters and cultural navigators within psychiatric teams can further improve communication and trust (Walker et al., 2018).

Cultural competency is not static but an ongoing process. Continuous learning, self-reflection, and patient feedback ensure that healthcare providers remain responsive to the evolving needs of diverse populations. Such efforts contribute to a psychiatric care system that values and respects cultural diversity.

Addressing Socio-Economic Barriers

Socio-economic barriers significantly hinder access to psychiatric care for low-income populations. High costs for services and medications deter many individuals from seeking help, perpetuating cycles of poor mental health (Mental Health Foundation of New Zealand, 2023). Expanding public funding for mental health services, such as increasing the coverage of free counselling under the Access and Choice initiative, can alleviate these financial burdens (Ministry of Health, 2022).

Integrating mental health services into primary care settings further enhances accessibility and reduces stigma. Collaborative care models, such as the UK's Improving Access to Psychological Therapies (IAPT) program, have demonstrated improved patient outcomes and

cost-effectiveness (Clark et al., 2018). Adapting such models to New Zealand's unique context, with an emphasis on culturally tailored interventions, could yield similar benefits.

Transportation remains another significant barrier for rural populations. Mobile mental health clinics, like those deployed in Australia's Outback, bring services directly to underserved areas (Fuller et al., 2019). Expanding these programs in New Zealand can ensure that mental health care reaches even the most isolated communities.

Empowering Communities Through Co-Design

Community-led solutions are critical for addressing local needs and fostering ownership of mental health initiatives. Co-design approaches, such as the Tūturu initiative in schools, demonstrate how collaboration between healthcare providers and community stakeholders can create effective, tailored interventions (Te Hiringa Hauora, 2021).

Peer support workers, who bring lived experience of mental health challenges, are particularly effective in building trust and reducing stigma. Studies indicate that these models enhance patient engagement and promote recovery (Mead et al., 2001). By employing peer support workers and community health navigators, we can strengthen the social fabric of rural and underserved communities while improving access to care.

Conclusion

Equity in psychiatric care is both a moral imperative and a practical necessity for improving mental health outcomes in Aotearoa New Zealand. By centering te ao Māori principles, leveraging technology, enhancing cultural competency, and addressing socio-economic barriers, we can create a system that serves all New Zealanders with dignity and respect. A Māori proverb reminds us: *He aha te mea nui o te ao? He tāngata, he tāngata, he tāngata*—What is the most important thing in the world? It is people, it is people, it is people. This wisdom underscores the importance of placing humanity and empathy at the heart of psychiatric care. As we move forward, we must honour the voices and stories of those most affected, ensuring their needs shape the future of mental health services. Only by doing so can we fulfil the promise of equity and partnership envisioned by the Treaty of Waitangi.

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