



# **The utilisation of Māori Health and Mental Health Services in New Zealand: An in-depth analysis**

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## 1. Introduction

The health and wellbeing of Māori has been the subject of significant concern and study since colonisation. Despite various efforts, disparities persist between Māori and non-Māori populations in terms of health outcomes and access to services. This e-book explores the patterns of Māori utilisation of health and mental health services, identifying barriers and proposing strategies to enhance service delivery and health outcomes.



## 2. Historical context of Māori Health

Understanding the historical context is crucial to comprehending current health disparities. Colonisation introduced profound changes to Māori society, including land dispossession, cultural suppression and introduction of diseases, leading to adverse health outcomes (Walker, 1990). The Treaty of Waitangi (1840) intended as a mutual agreement between Māori and the Crown, promised to protect Māori rights to land, resources and self-determination. However, the Crown's disregard for these promises facilitated mass land confiscation under the New Zealand Settlements Act 1863 and related policies (King, 2003). These historical injustices have caused lasting impacts, contributing to the socio-economic determinants that influence health today. Prior to European settlement, Māori maintained a holistic and community-oriented health system which integrated taha wairua (spiritual health), taha hinengaro (mental health), taha tinana (physical health) and taha whānau (family health). These concepts eventually became formalised into Mason Durie's Te Whare Tapa Whā model which underpinned a comprehensive Māori approach to wellness (Dure, 1984).



### **3. Current Health Status of Māori**

Māori continue to experience poorer health outcomes compared to non-Māori. They have higher rates of chronic diseases such as diabetes, cardiovascular diseases and certain cancers (Statistics NZ, 2022). Mental health statistics are also concerning, with elevated rates of depression, anxiety and suicide particularly for youth (Theodore et al., 2022). These disparities highlight the need for targeted interventions and culturally safe healthcare services (Sheehy et al., 2024; Wepa et al., 2023; Wepa & Wilson, 2019).

### **4. Utilisation of Health Services**

#### **Primary Care**

Access to primary healthcare is a fundamental aspect of maintaining good health. Many Māori face unmet needs in this area. A study highlighted that 44% of Māori face significant barriers to accessing these essential services (Sheridan et al., 2024). Systemic issues within primary care need to be addressed to achieve equitable health outcomes for Māori communities.

#### **Hospital Services**

Factors that influence Māori utilisation of hospital services include a range of issues such as access, hostile environments and communication. Access issues include transportation difficulties, financial constraints and long waiting times which limit their ability to seek hospital care (Graham et al., 2021). Hostile healthcare environments involve experiences of racism and discrimination within hospital settings and deter Māori from accessing necessary services (Espiner et al., 2021). Poor communication between healthcare providers and Māori patients can lead to misunderstanding, reduced patient satisfaction and reluctance to seek care (Wilson et al., 2021).

#### **Mental Health Services**

The utilisation patterns of mental health services by Māori reveal alarming insights. Māori are more likely to access mental health care through the justice system or under compulsory treatment orders rather than voluntarily, indicating systemic issue in service provision and accessibility (Te Rau Ora, 2021). Significant inequities exist for Māori youth as they are less likely to access specialist mental health services compared to non-Māori (Theodore et al., 2022). Research on forensic and addiction services has highlighted the need for the workforce to understand the ongoing impact of colonisation and racism for Māori (Ellison-Loschmann et al., 2024). Recommendations include the development of culturally informed models and integrations of Māori cultural values and practices to enhance patient outcomes and well-being (Wharewera-Mika et al., 2023).



## 5. Barriers to Accessing Health Services

### Socioeconomic Factors

Socioeconomic disparities play a significant role in health service utilisation. Higher rates of unemployment, lower income levels and limited educational opportunities among Māori contribute to reduced access to healthcare services (Human Rights Commission, 2012). Over 50% of Māori reside in areas within the three highest deprivation deciles, compared to 24% of the rest of the population (Statistics New Zealand, 2022). This economic hardship contributes to limited access to healthcare services and poorer health outcomes. Māori are overrepresented in low-income groups which significantly affects their ability to access healthy food, safe housing and healthcare services. The financial strain contributes to higher rates of chronic illnesses and unmet health needs (Cram et al., 2019).

### Cultural Factors

Addressing the disparities in health and mental health utilisation among Māori requires a multifaceted approach that includes cultural safety, community engagement and systemic change. Research has found a strong relationship between cultural identity, experiences of ethnic discrimination and mental health outcomes for Māori youth (Dudley et al., 2023). Cultural misunderstandings and lack of culturally safe care can deter Māori from seeking medical assistance. The absence of Māori health professionals in healthcare settings further exacerbates this issue as they are significantly underrepresented in leaderships, clinical and specialist roles (Ministry of Health, 2023).





## 6. Strategies to Improve Māori Health Outcomes

### Culturally Appropriate Care

Integrating Māori cultural practices and values into healthcare delivery can enhance service utilisation and outcomes. This includes incorporating tikanga Māori (customs and traditions) and te reo Māori (the Māori language) into health services (Dawson et al., 2024). Wilson et al., (2021) emphasise the importance of relational approaches in healthcare that align with Māori cultural values. This study advocates for building trust-based relationships through practices such as whakawhanaungatanga (establishing connections) and manaakitanga (showing respect and care), which are central to Māori interactions. Implementing these practices within healthcare settings can lead to improved engagement and health outcomes for Māori patients.

### Community Engagement

Engaging with Māori communities to co-design health interventions ensures that services are relevant and acceptable (Wepa et al., 2023). Community-based programmes that involve Māori in decision-making processes have shown promise in improving health outcomes. Reweti (2023) discusses how programmes that are whānau centred within a health promotion framework support collective decision making which allows Māori the ability to exercise control over their future health outcomes.

### Policy Initiatives

Government policies that address social determinants of health, promote equity and support the development of Māori-led health services are crucial. Whānau Ora is a cross-sectoral policy and funding approach that empowers whānau to lead their own health and wellbeing outcomes. It supports holistic, whānau-led solutions through navigation services, integrated health, education and social services, and funding to Māori providers (Te Puni Kokiri, 2016). He Korowai Oranga Māori Health Strategy (2002, 2014, 2023) sets the direction for Māori health development. Its goal is Pae ora – healthy futures for Māori and encompasses Mauri ora (health individuals), Whānau ora (healthy families) and Wai ora (healthy environments). Whakamaua Māori Health Action Plan 2020-2025 (2020) is the implementation plan for He Korowai Oranga and outlines practical steps to achieve Māori health equity, improve outcomes and uphold Te Tiriti o Waitangi in health policy and practice. Te Aka Whai Ora Māori Health Authority was established in 2022 as part of the health reforms. It was created as an autonomous authority with the mandate to directly commission Māori health services, embed Māori perspectives in policy and planning and hold the health system accountable for outcomes for Māori.

## 7. Case Studies

### Successful Māori health Programmes

#### Case Study 1: Whānau Ora

Whānau Ora is a culturally grounded, whānau-centred approach to health and well-being that empowers Māori whānau to achieve their aspirations. The programme has been successful in addressing health and social needs holistically (Te Puni Kokiri, 2018).

#### Case Study 2: Health Eating Healthy Action (HEHA) Programmes

The HEHA programme promotes healthy eating and physical activity grounded in cultural values and practices (Ministry of Health, 2003). An evaluation of the programme found that effectively promoted healthy eating and physical activity and led to positive changes at the individual, whānau and community levels (Mclean, 2009).

#### Case Study 3: Project REPLACE

Implemented by a Māori primary health organisation, Project REPLACE encouraged participants to substitute health-compromising behaviours with healthier alternatives. The programme's culturally tailored approach resulted in improved health behaviours among Māori communities and the importance of Māori ownership and control of health initiatives was highlighted (Mercer et al., 2013).

#### Case Study 4: Uruuruwhenua Health

Serving the Central Otago region, Uruuruwhenua Health addressed unmet health needs of seasonal workers, many of whom are Māori. By providing culturally appropriate healthcare services, the programme effectively managed conditions such as asthma, diabetes, cardiovascular disease and sexual health issues (Diver, 2009).

#### Case Study 5: iMOKO

Founded by Dr. Lance O'Sullivan, iMOKO is a digital health programme providing virtual medical consultations to children in remote Māori communities. Trained teachers at participating early childhood centres such as Te Kohanga Reo and schools securely send health information about students with common conditions such as head lice and strep throat to a digital health team working in Auckland. Evaluations have shown that iMOKO enhances access to healthcare, leading to timely interventions and improved health outcomes (HiNZ, 2019).

All of these programmes exemplify the success of culturally tailored health interventions in addressing the unique needs of Māori communities, emphasising the importance of integrating Māori values, practices and leadership into healthcare initiatives.



## 8. Conclusion

Improving Māori health outcomes in Aotearoa New Zealand requires a comprehensive, culturally grounded and oritētanga (Article 3 of Te Tiriti o Waitangi) focused approach that addresses the historical, structural and socio-economic determinants of health. Māori continue to experience systemic barriers in accessing hospital and healthcare services, driven by institutional racism, under-resourcing and a lack of cultural safety within the health system.

Government policies such as He Korowai Oranga, Whakamaua and the establishment of Te Aka Whai Ora signal a positive shift toward honouring Te Tiriti o Waitangi obligations and embedding Māori leadership in health governance. These strategies provide a strong foundation for system transformation, but sustained commitment and accountability are essential for meaningful change.

The integration of Māori cultural practices and te reo Māori in healthcare delivery – through frameworks like kaupapa Māori, whānau-centred care and relational health models – has shown to significantly enhance service engagement and outcomes. Similarly, successful Māori-led programmes such as HEHA, Whānau Ora and HEHA demonstrate the effectiveness of culturally tailored, community-based solutions.

Addressing the social determinants of health – including education, housing, employment and income – is critical to eliminating health inequities. Investment in Māori workforce development, along with system-wide cultural safety education, will help ensure the healthcare environments are not only clinically effective but also culturally affirming for Māori.

Ultimately, Māori health equity will be achieved through a sustained partnership between the Crown and Māori, guided by tino rangatiratanga (self-determination), culturally safe care and the active protection of Māori health and wellbeing.



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