

Title

0012by **Tracy Haitana** in **Inclusive Health Research 2022****Original Submission**

1. The Entry	n/a
1.1. Lead organisation or Institution chiefly responsible for submitting this entry	Department of Māori Indigenous Health Innovation (MIHI)
Registered Address	45 Cambridge Terrace Central Christchurch Canterbury 8140 NZ
Type of Organisation	Academic/research institution
Website URL	https://www.otago.ac.nz/christchurch/departments/mihi/
1.2 Chief Contact Person	Tracy Haitana
1.3 Name of project or programme	Māori and Bipolar Disorder Research Project
1.4 Date that the project or programme began	2016
1.5 Countries in which research / implementation was undertaken	New Zealand
1.6 About partners and collaborators	Here you should name up to three collaborating organisations and provide a contact email address for each one that you name. We will then send a request for a supporting statement, which will be taken into account in the scoring of this application.
Partner organisation/institution #1	Te Whatu Ora: Waitaha (Formerly known as Canterbury DHB)
Type of Organisation	Clinical (non-teaching)
Website URL	https://www.cdhb.health.nz/
Partner organisation/institution #2	Te Whatu Ora: Te Matau a Māui (Formerly known as HBDHB)
Type of Organisation	Clinical (non-teaching)
Website URL	https://hawkesbay.health.nz/
Partner organisation/institution #3	Te Whatu Ora: Te Tai Tokerau (Formerly NDHB)
Type of Organisation	Clinical (non-teaching)
Website URL	https://www.northlanddhd.org.nz/
The Case Study	n/a
1.8 The Title of Your Case Study	The Māori and Bipolar Disorder Research Project (MBDRP): A Study Designed to Address Unmet Health Needs

1.9 Simple Summary

Bipolar disorder (BD) is a serious, chronic, mental health condition that affects a person's health and wellbeing throughout their life. Internationally, there has been limited research designed to inform knowledge about Indigenous peoples with BD, despite evidence of high levels of unmet health need in those communities due to their shared experience of marginalisation through the process of colonisation. In Aotearoa (New Zealand), evidence suggests that non-Indigenous peoples, particularly the majority New Zealand European population, experience consistently lower exposure to health compromising conditions and greater access to and through higher quality healthcare. Those advantages contribute to patterned health inequities, including different prevalence rates of BD, with Māori, the Indigenous peoples of Aotearoa, found to have among the highest lifetime prevalence rate in national and World mental health surveys. This project used a Kaupapa Māori methodology to explore the health profile, needs, and systemic factors impacting Māori with BD.

1.10 Introduction

The MBDRP was a study designed to create knowledge based on identified health need. The project was initially conceived by Associate Professor Cameron Lacey, a Māori psychiatrist whose work at the University of Otago, Christchurch, includes clinical practice with Māori patients with BD and their whānau (family/support network) and academic research and teaching. Prior to the project commencing, Cameron began to consult with colleagues nationally across three Te Whatu Ora sites (Canterbury/Waitaha, Hawke's Bay/Te Matau a Māui, and Northland/Te Tai Tokerau) and brought together a project team, recruiting me (Tracy Hātana) as a Research Fellow. Sites were selected to ensure they were broadly representative of the range of services available to Māori with BD across Aotearoa, characterised by their differing rural and urban locality, and composition of specialist mental health services including the availability of Kaupapa Māori service provision. As a Research Fellow, my role included maintaining established partnerships between the project team and Te Whatu Ora sites, coordinating each phase of the project (1: quantitative analysis of national dataset; 2: qualitative interviews with Māori patients and their whānau; 3: stakeholder focus groups), and leading the qualitative interview and analysis phase.

1.11 Key Words

Bipolar Disorder, Māori, Indigenous peoples, Aotearoa, New Zealand, Health Inequities, Kaupapa Māori Research

Which category best fits this project or programme?

Addressing a specific unmet health need

2. Unmet Health Need Case Study

These will typically fall in to one of three groups: Group 1: Understanding needs and context Group 2: Designing and conducting research Group 3: Translating research into impact The various suggested sections which follow will not be equally applicable to all groups. We have given an indication of which sections may be most crucial to each but you should use your own discretion and judgement. We are seeking case studies that can be published, so please write your entry assummary, rather than a series of statements addressing the questions. You do not need to repeat information across sections. We do not expect everyone to be able to address all of the questions, as not all will be relevant.

2.1 Who should benefit from the project or programme? (Applicable to groups 1, 2, & 3)

Māori is a collective term for Indigenous peoples of Aotearoa who affiliate to various tribal groups. Māori are the largest minority ethnic group in Aotearoa, comprising 17.1% of the national population. By comparison, the Māori population is relatively young, and growing. Geographically, most Māori live in the North in urban centres, although there are higher proportions of Māori in small localities where barriers to health service access are greater. Māori experience unfair, unequal, changeable health outcomes, reflected by persistent differences in life expectancy relative to non-Māori, with current estimates indicating a difference in lifespan exceeding seven years.

In Aotearoa, BD disproportionately impacts Māori relative to non-Māori, in both hospitalisation and survey data. Te Rau Hinengaro, a national mental health survey completed in 2006 found that 8.3% of Māori met criteria for BD in their lifetime and 4.6% in the previous 12 months. This rate was considerably higher than non-Māori, non-Pacific participants (1.8% in past 12 months). After adjusting for sociodemographic factors, rates of BD remained significantly higher among Māori. Lifetime prevalence of BD for Māori was higher than any other reported in World Mental Health surveys, including comparisons to other Indigenous populations. Internationally, premature mortality is increased among people with BD, mainly due to chronic physical health issues. Our quantitative study found Māori with BD had a higher level of morbidity, and higher risk of death from natural causes than non-Māori with the same diagnosis, indicating higher levels of unmet physical health need. Surprisingly, rates of medical and surgical hospitalisation were not higher for Māori with BD relative to non-Māori, suggesting under treatment may be a factor in mortality rates.

Despite the inequities experienced by Māori with BD, few studies with sufficient sample size had sought to investigate this previously. As a result, prior to commencing this project the profile and health needs of Māori with BD in Aotearoa, including understanding the role of systemic, societal and lifecourse factors on health outcomes was essentially unknown. Mental health is an established priority health issue for Māori in Aotearoa, and for Indigenous peoples worldwide. The focus of this project may therefore have global utility in identifying and targeting unmet health needs for other Indigenous peoples with BD. This project has stimulated further research activity, including studies designed in partnership with the lived-experience community, to investigate the extent/impact/experiences of unmet physical health needs for people living with mental health and addiction issues.

2.2. Engagement (applicable to groups 1, 2, & 3)	<p>The MBDRP was forged through, and completely dependent on the success of engagement activities and research partnership relationships, which were also driven by the underlying principles of Kaupapa Māori Research (KMR) methodology. Engagement activities began before the research was funded, and involved peer discussions between Cameron, other Māori psychiatrists, and colleagues working alongside Māori patients with BD and their whānau in healthcare. Initial discussions identified evidence gaps, information needs, and the anticipated impact of the research on health outcomes for Māori patients and whānau. Those peer discussions informed the design of the research project, choice of methodology and methods, and selection of research sites in Christchurch, the Hawke's Bay and Northland. Once research funding was awarded, the project team completed site visits (pre-COVID-19), facilitating meetings with key stakeholders including staff with lived-experience expertise in each region. Meetings were used to present the preliminary findings from the quantitative analysis, seek input from research partners about the planned approach to qualitative interviews and focus groups, and pilot the qualitative interview schedule with Māori patients with BD and their whānau. All research activities have been completed, including successful recruitment and completion of qualitative interviews, key stakeholder focus groups (some which were conducted during national COVID-19 lockdowns via remote methods), and analysis. All planned papers are either in draft, or published – the essential role of research partners has been acknowledged within publications. Dissemination of study findings tailored to participants is underway, including completion of a computer animation designed as an information resource for Māori patients with BD and their whānau.</p>
2.3. The Research (Particularly relevant for groups 2 & 3)	<p>The research involved three phases designed specifically to address existing knowledge gaps. Phase 1 involved an analysis of the national mental health data set, to identify patterns of service use for BD for Māori, to obtain a clearer profile of the needs of Māori relative to non-Māori indicated by contacts with mental health services. Phase 2 used the findings from Phase 1 to develop an interview schedule designed to understand the experiences of Māori with BD and their whānau who had been engaged with mental health services, with the analysis focusing specifically on identifying barriers and enablers within the organisation and structure of healthcare, and the impact on clinical care and health outcomes. Phase 3 prepared a synthesis of results from Phase 1 and 2, which were disseminated to key stakeholders involved in designing/delivering services to Māori with BD, and included a set of questions for stakeholders to discuss with colleagues ahead of scheduled focus group meetings. The MBDRP was designed iteratively through collaborative input with study sites and discussion with research collaborators and partners. A KMR methodology was chosen specifically to avoid deficit-framing, which contributes to negative stereotypes about Māori by emphasising the presence of adverse health outcomes while ignoring the socio-historical context in which health inequities arise. KMR seeks to identify and explore the role of systemic factors in health outcomes, and produce pragmatic solutions that are of benefit to the research community. The KMR methodology informed the phases of the study, to ensure that key stakeholders were central in having access to the results, and proposing solutions to address barriers to equity for Māori patients with BD and their whānau. Returning to the three study sites across the five year project also ensured that key collaborators were able to assist with recruitment and sustained participation through high levels of continued project engagement.</p>
2.4. Translating to Impact (Particularly relevant to group 3)	<p>Maintaining relationships from study inception to completion has assisted greatly with ensuring the research findings are utilised. Similarly, the phase-based design of the MBDRP ensured that there were direct benefits to each study site, which likely contributed to the level of continued active engagement throughout the project, as it afforded reciprocal benefits to staff from those sites who were introduced to preliminary findings at the commencement of the project, and before focus groups. In terms of understanding the pathway to impact, focus group participants were asked to comment on the dissemination plan and identify priorities to address the findings of the research. Those actions and priorities were then distributed to each study site, as a way to support direct translation from study to service. As an outcome of the project, further collaborations have been developed with equity oriented NGOs including the Wise Group and Equally Well. Both groups are wellbeing oriented, and provide a range of services to support wellbeing for people, organisations and communities. The Equally Well group are a collective of organisations and individuals who share a commitment to achieving physical health equity for people experiencing mental health and addiction issues. The Equally Well group centres and privileges the expertise of people with lived experience of mental health and addiction issues in their work. Those collaborations have led to new research partnerships, and successful research grants that will build on the findings of the MBDRP. The MBDRP team have also contributed to the development of Māori health research expertise by employing Māori early career academics. Through their work on the project, MIHI now has a new Māori PhD graduate (Tracy Haitana) and Master's Programme candidate (Mau Te Rangimarie Clark), whose own approach to research has been heavily influenced by their contribution to the MBDRP. In terms of advocacy, the MBDRP team are engaged in supervising or collaborating with other mental health researchers as well as working alongside the broader MIHI team in advocating for equity-oriented health research by design.</p>
2.5. The Future (Applicable to groups 1, 2, & 3.)	<p>The MBDRP is nearing completion, with seven papers published, and a further three in draft. The team have already presented findings to colleagues in Aotearoa, and Internationally, with our current priority being to produce an animated resource for interview participants describing the findings of the study, which we hope will also be a useful psycho-educational resource for mental health service providers working with Māori patients with BD and their whānau. The project team are now engaged in other equity-oriented Māori health research, building on the findings of this study, including Tupuānuku and Te Pukorokoro - studies involving collaborations with the Wise Group and Equally Well team to explore those factors impacting on physical health outcomes for Māori experiencing mental health and addiction issues, including people with severe mental health conditions. The MBDRP team are simultaneously located in the Department of MIHI, which is comprised of Māori health professionals, Māori health researchers and Māori health educators. The MIHI team draws on research findings in all of those roles, with the ultimate goal of achieving health equity for Māori in Aotearoa by supporting the development of a culturally safe, competent health workforce, disseminating evidence of relevance to healthcare, and designing community-oriented research.</p>
4. The Prize Fund	<p>Thank you for the opportunity to apply for this health research award. A priority of KMR is to support the development of a skilled Māori health research workforce, which can be challenging to resource, but is essential to address capacity gaps and the level of unmet in Māori health. This fund would allow a pool of money to aid in the development of the MIHI team, assisting with providing summer internship opportunities to undergraduate health students while fostering their interest in Māori health research careers. In addition, funding would allow the MIHI team to undertake their own professional development activities.</p>

5. Your advice to others	The value in the planning and design of research should not be underestimated, despite the time investment involved before the project was funded. Health research is resource intensive, but essential to identify and address the source of unmet needs. We believe not only in the strength of utilising KMR methodologies to design research that will meet the needs of Māori, but that research teams have an ethical obligation to spend health funding in ways that will produce the most impact.
6. Supporting Evidence	n/a
6.1. Funders	Health Research Council of New Zealand Title: Māori and Bipolar Disorder Research Project Period: 54 months Value: \$1.8 million NZD (approximately 614,388.92 GBP) https://www.hrc.govt.nz/resources/research-repository/maori-and-bipolar-disorder
6.2. Academic/Professional Publications	Haitana, T., Pitama, S., Cormack, D., Clark, M. T. R., & Lacey, C. (2022). "If we can just dream..." Māori talk about healthcare for bipolar disorder in New Zealand: A qualitative study privileging Indigenous voices on organisational transformation for health equity. <i>The International Journal of Health Planning and Management</i> . https://onlinelibrary.wiley.com/doi/full/10.1002/hpm.3486 Cunningham, R., Stanley, J., Haitana, T., Pitama, S., Crowe, M., Mulder, R., ... & Lacey, C. (2020). The physical health of Māori with bipolar disorder. <i>Australian & New Zealand Journal of Psychiatry</i> , 54(11), 1107-1114. https://journals.sagepub.com/doi/pdf/10.1177/0004867420954290?casa_token=Ze4-AMRGJHgAAAAA:bHszT85nKvqNtK6Si6LSb2YJ3zGQWrk6PGnFqBSghy4_d9AdqTKs_ga9WwKaK6TtQ3aUBOpxy
6.3. Other publications	Haitana, T., Pitama, S., Cormack, D., Clarke, M., & Lacey, C. (2020). The transformative potential of Kaupapa Māori Research and indigenous methodologies: Positioning Māori patient experiences of mental health services. <i>International Journal of Qualitative Methods</i> , 19, 1609406920953752. https://journals.sagepub.com/doi/full/10.1177/1609406920953752 Haitana, T., Pitama, S., Cormack, D., Rangimarie Clark, M. T., & Lacey, C. (2022). 'It absolutely needs to move out of that structure': Māori with bipolar disorder identify structural barriers and propose solutions to reform the New Zealand mental health system. <i>Ethnicity & Health</i> , 1-23. https://www.tandfonline.com/doi/full/10.1080/13557858.2022.2027884
6.4. Other forms of communication, including conferences	ASBDD Conference, Melbourne, Australia: November 2022 - Kōrero ō te tāniko: Māori experiences of healthcare for BD in Aotearoa. A Kaupapa Māori Clinical, Structural and Organisational critique. International Society for BD, Mexico City, Mexico: March 2018 - Mental health inequities for Indigenous people with BD. A systematic review Te Pāpā Hauora, Christchurch, New Zealand: August 2022 - The inherent sustainability of Kaupapa Māori Research. The MBDRP as a case study.
6.5 Other Evidence	Haitana, T., Pitama, S., Crowe, M., Porter, R., Mulder, R., & Lacey, C. (2020). A Systematic Review of Bipolar Disorder in Indigenous Peoples. <i>NZ Journal of Psychology</i> , 49(3), 33-48. Haitana, T., Pitama, S., Cormack, D., Clark, M. T. R., & Lacey, C. (2022). Culturally competent, safe and equitable clinical care for Māori with bipolar disorder in New Zealand: The expert critique of Māori patients and Whānau. <i>ANZJP</i> , 56(6), 648-656. Cunningham, R., Crowe, M., Stanley, J., Haitana, T., Pitama, S., Porter, R., ... & Lacey, C. (2020). Gender and mental health service use in bipolar disorder: national cohort study. <i>BJPsychOpen</i> , 6(6).