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The Royal
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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.

Addressing Equity in Psychiatric Care: Aotearoa's Pathway to Inclusion By Yuhan Chi

"Ehara taku toa i te toa takitahi, engari he toa takitini"—*"My strength is not mine alone, but the strength of many."*

Introduction

In Aotearoa New Zealand, achieving equity in psychiatric care is not merely an aspiration; it is a moral and systemic imperative. As a nation marked by cultural richness, we also face stark disparities in mental health outcomes, particularly for Māori, Pasifika, and rural communities (Harris et al., 2006). Addressing these inequities requires more than token gestures or well-intentioned policies; it demands a transformative approach rooted in cultural humility, collaborative action, and sustained accountability care (Goodyear-Smith and Ashton, 2019). The road to equity demands a commitment to meaningful partnerships, cultural safety, and most importantly, the humility to learn from those whose experiences are often overlooked in mainstream.

This essay explores equity in psychiatric care, beginning with a definition of equity and its importance. It then examines potential barriers, including cultural misalignment, geographic and socioeconomic barriers, systemic inequities, and structural deficits. Finally, it highlights both established and emerging pathways toward inclusivity that align with the principles of Te Tiriti o Waitangi and prioritising collective well-being.

Defining Equity in Mental Health Care

Equity in mental health care transcends equality. While equality suggests treating everyone the same, equity recognises that some communities need tailored resources to achieve comparable outcomes—as Braveman and Gruskin (2003) emphasised—equity involves creating opportunities that account for historical and structural inequities. Equity in psychiatric care is not simply about providing equal treatment for all; it is about understanding and addressing the structural, cultural, and historical factors that produce unequal outcomes (Whitehead and Dahlgren, 2006).

In Aotearoa, Te Tiriti o Waitangi provides a unique framework to prioritise Māori as partners in addressing these disparities (Sheridan et al., 2011). The Royal Australian and New Zealand College of Psychiatrists (RANZCP, 2022) underscores the need to uphold the principles of Te Tiriti in all aspects of its work. However, equity must extend beyond biculturalism, encompassing Pasifika populations, rural communities, and those facing socioeconomic disadvantages. Starfield's (2011) concept of vertical

equity—allocating resources based on varying levels of need—offers a valuable lens for addressing these challenges.

Achieving equity requires dismantling systemic barriers, ensuring services are accessible, and aligning care delivery with the lived realities of diverse communities (Crawford and Langridge, 2022). It demands confronting the legacy of colonisation and embracing culturally informed frameworks that empower underserved groups to shape the care they receive.

Barriers to Equitable Psychiatric Care

Cultural Misalignment

Mainstream psychiatric models, often rooted in Western paradigms, prioritise individual pathology while neglecting cultural, spiritual, and communal dimensions integral to Māori and Pasifika well-being (Antić, 2021). Te Whare Tapa Whā model, which emphasises holistic health across physical, spiritual, social, and mental domains (Durie, 1999), contrasts starkly with reductionist approaches in conventional psychiatry. Similarly, the Fonofale model for Pasifika peoples highlights family and spirituality as foundational to mental health (Suaalii-Sauni et al., 2009).

For Māori, the intergenerational impacts of colonisation—such as land dispossession and cultural suppression—exacerbate mental health disparities and erode trust in mainstream services (Goodyear-Smith and Ashton, 2019). When care models fail to reflect these cultural values, engagement suffers, and inequities deepen.

Geographic and Socioeconomic Barriers

Rural communities face additional inequities, including limited access to mental health services, geographic isolation, and stigmatisation around seeking help (Murray et al., 2004). Telehealth and mobile services, while promising, often fail to account for cultural specificity and digital divides, particularly for low-income families (Pearson et al., 2013).

Furthermore, economic deprivation—linked to inadequate housing, poor nutrition, and restricted transportation—exacerbates barriers to timely mental health care (Carter et al., 2009; Whitehead and Dahlgren, 2006). These compounding factors disproportionately affect Māori, Pasifika, and migrant populations, intensifying inequities.

Systemic and Structural Inequities

Systemic barriers within Aotearoa's healthcare system include fragmented funding models, insufficient representation of Māori and Pasifika clinicians, and a lack of accountability mechanisms to monitor equity outcomes (Goodyear-Smith and Ashton, 2019). Policies aimed at reducing disparities often lack robust implementation frameworks, leading to gaps in service delivery.

Moreover, gender inequities in psychiatry present additional challenges. Women face barriers in leadership, mentorship, and academic recognition, which influence both care quality and professional progression (Galbally et al., 2023). RANZCP have identified persistent gender disparities that affect not only career progression but also the quality of care delivered to female patients (RANZCP, 2023). Addressing these disparities is essential to fostering a diverse workforce that reflects and understands the communities it serves.

Pathways to Inclusive Mental Health Care

Culturally Grounded Care Models

Despite these challenges, Aotearoa has made significant strides in developing culturally responsive mental health care models.

Embedding cultural responsiveness into psychiatric care is a cornerstone of equity. Initiatives like Te Ara Oranga integrate Māori healing practices with clinical expertise, creating a holistic approach that resonates with Māori values. Similar community-led programs for Pasifika peoples, such as those by Le Va, demonstrate the importance of culturally specific interventions in reducing stigma and improving outcomes (Auva'a-Alatimu, 2024).

The principles of Te Tiriti o Waitangi—partnership, protection, and participation—should form the foundation of service design and delivery (Lacey, 2022). True self-determination (tino rangatiratanga) requires more than consultation with Māori; it demands the active co-design of care models that reflect their needs and aspirations, enabling healthcare to be genuinely 'developed by Māori for Māori' (Durie, 2017; Tuffin et al., 2004). Evidence shows that kaupapa Māori approaches not only achieve better outcomes for Māori but also provide valuable insights for enhancing services across all populations (Durie, 2017).

Workforce Diversity and Training

Increasing the representation of Māori, Pasifika, rural clinicians, and women in the psychiatric workforce is essential. A diverse workforce enhances cultural safety, builds trust, and ensures care aligns with the unique needs of underserved populations (King, 2000). Cultural competency training for all health professionals must go beyond awareness to foster humility and empathy, emphasising the importance of context-specific care.

The RANZCP has taken significant steps to improve gender equity within psychiatry through the 2023 Gender Equity Action Plan. This initiative recognises that gender equality is a human right and emphasises fairness of treatment according to individual needs, creating opportunities for all genders. Measures such as mentorship programs for women in leadership, gender-balanced representation in decision-making roles, and flexible work arrangements aim to reduce barriers for women in psychiatry. By addressing these structural inequities, the profession moves closer to achieving inclusivity, ensuring that gender perspectives enrich mental health services for everyone.

Additionally, the RANZCP's support for initiatives like Te Kaunihera demonstrates how Indigenous and gender-equity-driven approaches can coexist. Together, these efforts highlight the critical role of representation and inclusivity in building a mental health system that reflects and responds to the diversity of Aotearoa.

Policy and Resource Allocation

Equitable funding models are critical to ensuring underserved communities receive adequate mental health services. Policymakers must prioritise rural and low-income populations by addressing gaps in infrastructure, transportation, and digital access. Active monitoring of equity outcomes, tied to funding contracts, is necessary to ensure accountability and drive systemic change (Saraceno et al., 2007).

Collaborative approaches that align programs across health, education, and social sectors can reduce service duplication and maximise impact. Community partnerships are vital, leveraging local leadership and resources to co-create sustainable solutions (Eaton et al., 2011).

A Vision for Equity

Addressing equity in psychiatric care requires more than isolated interventions; it demands a systemic overhaul rooted in cultural respect and collective responsibility. Aotearoa's

commitment to Te Tiriti o Waitangi offers a robust foundation, but its full realisation demands bold actions, innovative thinking, and unwavering perseverance.

As Rahiri et al. (2024) highlights, dismantling institutional barriers is essential for advancing health and mental well-being. For example, by preserving whakapapa and ensuring kaupapa Māori mental retain their identity within procurement systems, we can create an environment where diverse approaches to care flourish. This principle must extend beyond Māori services, fostering inclusive systems that value and integrate cultural models like Te Whare Tapa Whā and Fonofale into everyday practice.

Equity is not merely about resource allocation—it is about honouring the interconnectedness of communities, amplifying diverse voices, and fostering a mental health system that reflects the aspirations of all people. Guided by the whakataukī, “Ehara taku toa i te toa takitahi, engari he toa takitini”—“My strength is not mine alone, but the strength of many”—this journey underscores the collective effort required to reimagine psychiatric care.

In creating a mental health system that embraces equity, we move beyond addressing disparities; we affirm the inherent dignity and potential of every individual in Aotearoa, forging a path toward a more just and compassionate future—one that is both diverse and inclusive.

Glossary

Kaupapa Māori: Māori approach, Māori topic, Māori customary practice, Māori institution, Māori agenda, Māori principles, Māori ideology - a philosophical doctrine, incorporating the knowledge, skills, attitudes and values of Māori society.

Tino rangatiratanga: self-determination, sovereignty, autonomy, self-government, domination, rule, control, power.

Mahi: (noun) work, job, employment, trade (work), practice, occupation, activity, exercise, operation, function.

Whakapapa: (noun) genealogy, genealogical table, lineage, descent

Whakataukī: (noun) proverb, significant saying, formulaic saying, cryptic saying, aphorism.

From Te Aka Māori Dictionary

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