

Disordered Eating/Eating Disorder Māori Hui Workshop

August 15th, 2022

Collated feedback:

On the 15th August 2022 in Te Whanganui-a-Tara a group of 25 people who whakapapa Māori and involved in research, working with Māori experiencing disordered eating or eating disorder, from the lived-experience workforce and/or working in workforce development roles met to explore research and practice. The afternoon session included a workshop exploring research, prevention and treatment with regards to Māori experiencing disordered eating or eating disorder. The information below represents the main themes and specific considerations offered at the workshop:

(1) Research:

Expanding the research:

* We want more: more Māori research, more Māori researchers
* More Māori clinicians to advocate/ build relationships to enable more research
* How to promote research to encourage the participation of certain target groups that will encourage engagement
* Funding for research: Support young researchers
* Collective data base of Māori research and researchers: national/regional
* Enhance Kaupapa Māori research in the Eating Disorder space
* Providing knowledge: What’s important for Whānau to know: What is going on, causes not just symptoms

Co-Design:

* Co design with Whānau, non-clinical and clinical workforces

Areas to research/research questions:

* Greater breadth of research- not just anorexia nervosa and bulimia nervosa
* Te Rau Hinengaro update: Then and now: redo using same questions to enable comparison: Prevalence then/now
* Research on one parent families, food insecurity, poverty, and eating disorders, and kuia-kaumatua food insecurity
* Understanding how co-morbidities are experienced and what are the effective treatments
* What are the unique risk and Protective factors for Māori
* Interesectionality eg takatāpui
* Waiata, whakatauki, purākau
* Purākau: What are our old stories on kai- disordered eating- What do our kohunga, kuia think?
* Understanding the relationship/behaviours/responses for Māori with/to kai
* Understanding the impacts of social media on body image- Changing beauty ideals for Māori
* What about Eating Disorders in bigger bodies
* Culturally appropriate Eating Disorder diagnostic criteria
* Culturally appropriate Eating Disorder treatments: Evaluating these
* Research focusing on Māori cultural identity/ whakapapa as protective- How to enhance this

Lived Experience and research:

* Privileging Māori Whānau Voice
* Privileging Māori Lived Experience Voice
* Privileging qualitative research

What we need to consider:

* Having accurate records of participant responses; current workforce representative of research respondents
* Considering need to ensure all needs of Māori are met: Maslow…
* Use of Māori models in Eating Disorder: Meihana model, whare tapa whā
* Making safe environments for Māori so they want to work and drive/participate in research in the healthcare space: Understanding what safe environments look like
* Move beyond the Māori and obesity focus
* Limitations of quantitative research and Māori
* Increasing more in-depth, longitudinal case-studies on Māori experience of Eating Disorder
* Issues of the relevance of clinical jargon
* Improve size and diversity of cohort for research
* What are the barriers of recruiting participants: whakama/stigma

(2) Prevention:

Cultural concepts/cultural change:

* Finding WHY: Whakapapa, Whānau, Mana, Agency
* Relational and Intergenerational: Eco-system

-Focus on what you do rather than how you look: the beauty within

* Enhance revitalization and cultural concepts eg Mana
* Nuanced not linear: Māori identity
* Focus on manaaki: to nourish each other
* Getting in touch with Atua
* Matauranga Māori and cultural protective factors for Whānau: manaakitanga, purāko, waiata, karakia, Te Reo Māori
* All bodies have mana
* Reclaiming what colonization took
* Strengthening Māori identity and belonging: Kapa haka, Waka ama, sports: rugby/golf
* Kia kaha te reo Māori
* Funding for prevention and culturally appropriate strategies/research
* Mandate Te Reo in Kura

Discovery:

* Romanticism versus reality
* Screening tools for people who disclose abuse: broader questions
* Greater screening of all people of larger bodies and ethnicities for Eating Disorder
* Identifying and supporting at-risk rangatahi early: bullying
* Identifying initiatives already out there that inspire Māori-led prevention

Education:

* Training module for kaimahi working with whaiora with Eating Disorder and how to support
* Tools/strategies for people to live healthy lives; gardening/cooking/budgeting/education in schools: part of the curriculum
* Early intervention/ health promotion approach: consider messaging: bringing it out into the open
* Media literacy- Media smart: delivered to all children in Te Reo, using Māori voices/stories (Elizabeth Kerekere). Using diverse people and bodies in advertising- Māori representation in modelling
* Removal of dichotomy of good/bad foods in school systems
* Educating health professionals: Health at Every Size; Holistic health
* Educating Whānau, health professionals, personal trainers, Education sector on different measures of health and achievement/ knowledge
* Takatāpui voices
* Promoting healthy relationships as key to health
* More Māori clinicians in the prevention space: education, birthing/Whānau care, primary care, marae
* Build resilience: Pause Breathe Smile, karakia

Getting the basics in place/social impacts:

* Adequate housing: people living in temporary housing lack resources to cook kai
* Limit fast food shops
* Sugar tax
* Access to adequate nutrition: hunting and gathering/diving, mara kai: growing own gardens, connections with schools/kura
* Social change: income, welfare, taxes, access to kai: POLICY

Stigma/shame

* Remove stigma
* Challenge diet culture (how do we do this as Māori?)
* Don’t focus on obesity
* Removal of shame/stigma re body changes, teaching tamariki and rangatahi about body changes vs beauty standards set by social media and health professionals
* Less weight-centric practices eg weighing at B4 School checks

(3)Treatment

What is needed to inform/deliver treatment:

* Knowledge re First 1000 days
* Understand pathways: Food-insecurity-finish plate-overeating
* Need to enhance the capacity and capability of Māori and non- Māori workforces: all clinicians need to be responsive and responsible

Challenges:

* Tension between cultural competence and evidence-based treatment

-Practice based-evidence and indigenous knowledge

* Dominance of Western perspectives and evidence based practice:
* Racist institutions
* Fear of stigma and negative judgment leads to reduced access and increased impact of eating disorder
* Links between trauma and accessing treatment
* What needs to be done to make mainstream treatments work for Māori
* Health professionals listening to Māori so referrals for treatment occur
* Stop using culturally inappropriate diagnostic criteria: these exclude/screen out Māori
* Need for more funded beds- also not having to reach such a high threshold to access residential care
* Does ‘evidence-based’ relate to Māori?
* More Māori practitioners- representation within teams and wider staff competence- retaining and valuing Māori staff- team responsibility

Enablers:

* Privileging different forms of evidence
* Using holistic measures and outcomes
* Tikanga in services: Basics need to be in place: kai, rooms that will be large enough for the whānau
* Cultural competence in services: whakawhānaungatanga: get to know the whole person
* Involving the whole whānau
* Rongoa Māori Tohunga- Cultural input
* Developing Kaupapa Māori services with eating-disorder expertise (include in-patient, day-patient and out-patient services with strong connections to local kaumatua, tohunga and whenua
* Closer relationships with primary services and local services/clinicians
* Easy referral/access
* Connect with culture-self-identity
* Waiata, Kapa Haka, Rongoa, Karakia
* Whaiora centred treatment plans: Te Whare Tapa Wha
* Whānau centred decision making process/MDT: Range of treatment options
* More equity focused criteria (at all parts of the pathway)
* Trauma-informed systemic approaches
* Marae based treatment for Eating Disorder
* Culturally appropriate outcome measures
* Holistic treatment- you can’t treat things one at a time
* Cultural explanatory frameworks: use of metaphors
* Effective korero between services
* **Establish a national network/ regional network of communities of practice**