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**Provision at the Interface:
the Māori Mental Health Contracting
Experience**

A thesis presented in partial fulfilment of the requirements for the degree
of

Doctor of Philosophy
in
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Ngai te Rangi, Ngāti Ranginui, Ngāti Pukenga

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Abstract

New Zealand's mental health performance and monitoring framework is a complex and evolving one. Its initial development occurred at a time when it was taken for granted that mainstream understandings of health and mainstream systems of service delivery would not only be appropriate for all New Zealanders, but would also service the needs of all New Zealanders. Latterly however there has been an acknowledgment that a wholly different understanding of health and health care has existed in this country; the worldview understood and shared by tangata whenua. This thesis uses a theoretical framework devised specifically for this research to investigate the experience of Māori mental health providers as they contract to provide mental health services for the Crown; to ascertain whether Māori mental health providers deliver outside of their contracts; and to examine the role multiple accountabilities play in contracting. The theoretical framework, the "Māori research paradigm net" is inclusive of both the kaupapa Māori and Māori centred approaches, moving beyond the traditional dichotomy that frames Māori health research and allowing the researcher the freedom to select and use the best and most appropriate research tools from both traditional social science research practices, and from Māori culture and tikanga, to answer the research question posed. The thesis concludes that Māori mental health providers deliver mental health services at the interface between two philosophical viewpoints or worldviews: that of the Māori community in which they are located and to whom they provide services; and that of the funder, from whom they obtain resources to enable them to deliver services. As a consequence of working at the interface, Māori providers regularly and routinely work outside the scope of their contracts to deliver mental health services which are aligned with those values and norms enshrined in Māori culture. To adequately acknowledge and validate the beneficial extra-contractual provision which occurs as a result of delivering mental health services at the interface, and prevent less desirable provision, a more responsive contracting environment and a performance measurement framework, which integrates both worldviews and which takes account of the multiple accountabilities that Māori providers manage, is required.

Acknowledgements

In 1999, when this thesis was but “a twinkle in the eye”, my world was a very different place; I was a public servant working for the National-New Zealand First Coalition Government, discussions about the health sector required an understanding of acronyms such as HFA, HHS and CCMAU; and my Dad, who instilled in me a pleasure for the written word, was recuperating from liver transplant surgery.

At the time I was tossing around the idea that I might like to do some research to test a theory I had regarding Māori mental health service provision – basically that Māori mental health providers do more than they’re contracted and funded to do. The purpose of this entire 300 page manuscript is to present the results of that theory. I had another theory regarding what would happen if I undertook this research as part of a PhD, but I’ll discuss that later.

It has been said that the significance of a PhD has more to do with what one finds out about oneself, than what one discovers about his or her topic. And of course no journey of self discovery, let alone academic endeavour can ever be achieved alone. To that end, I’ll let the examiners determine the worth of the written words encompassed in the bulk of this manuscript and take these few pages at the front to thank those who helped me on the personal journey that was the PhD.

Of course I owe a huge debt of gratitude to my family who, at times with bemused bewilderment but mostly with outright confidence, love, encouragement (and interminable cups of tea), supported me throughout the PhD. Diane (Mum), Ian (Dad), David, Maiea, Tyler and Levi - my love always. Paul, you especially bore the brunt of the exasperation, frustration and procrastination so I thank you for your steadfastness and commonsense.

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I must also thank the various Ethics Committees for their consideration of the ethics protocol for this research. The project was reviewed and approved by the Massey University Human Ethics Committee (PN Protocol 02/122) and by the Manawatu /Whanganui Human Ethics Committee on behalf of Bay of Plenty, Canterbury and Auckland (M/W 42/02, AKY 03/08/193).

And of course the work presented here could not have been accomplished without the involvement of the participants themselves. Thank you all for agreeing to be part of this research project. I hope I have done justice to the thoughts, opinions and beliefs you shared with me and the time you gave up to have those views recorded. My purpose in pursuing this research was to collect evidence of the extent of the work undertaken by Māori mental health providers, such as those who took part, so that their work might be fully and appropriately remunerated. I hope that the production of this thesis goes some way towards fulfilling that aim.

As for that second theory, it had to do with my Father and the sense of humour we both shared (much to the rest of the family’s chagrin). I remember telling Dad back in 1999 that I was about to embark on a PhD and I recall his wry amusement that a day might actually pass when he might have to append the title of “Dr” to my name. Knowing Dad and his sense of world order, I had a hunch that even if I did get a PhD, despite the achievement that others might see, to Dad I’d still just be his little girl and really there was no need for him to ever refer to me as “Dr Boulton”. While I was able to test the first theory about Māori mental health providers, and have presented it here for the world to see, I never did get the opportunity to test the second theory as Dad died of cancer in 2001, while I was in my second year of study. So, cheated from ever being able to figure out if I was right, all that remains is to dedicate the thesis.

Dedication

This thesis is dedicated to Ian William Boulton
22 Sept 1938 – 13 Aug 2001

A promise kept

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Glossary of Abbreviations

A and D	Alcohol and Drug
AD&G	Alcohol, Drug and Gambling
AIATSIS	Australia Institute for Aboriginal and Torres Strait Islander Studies in Australia
CAHR	Centre for Aboriginal Health Research
CEO	Chief Executive Officer
CYPFS	Children and Young Persons and their Families Service
DHB	District Health Board
DoC	Department of Conservation
FTE	Full-time equivalent
GP	General Practitioner
HFA	Health Funding Authority
HHS	Hospital and Health Service
HR	Human Resources
IPA	Independent Practitioner Association
MDO	Māori Development Organisation
MHC	Mental Health Commission
MHINC	Mental Health Information National Collection
MoH	Ministry of Health
NGO	Non-Governmental Organisation
NZPHDA	New Zealand Public Health and Disability Act 2000
OSH	Occupational Safety and Health Service
PDN	Psychiatric District Nurse
PHO	Primary Healthcare Organisation
RCMHD	Research Centre for Māori Health &

	Development
RFP	Request for Proposal
RHA	Regional Health Authority
ToW	Treaty of Waitangi
TPK	Te Puni Kōkiri
UK	United Kingdom
USA	United States of America
WINZ	Work and Income New Zealand

Glossary of Māori Terms

ao	world
Aotearoa	literally the land of the long white cloud, New Zealand
aroha	love
Auahi Kore	A kaupapa Māori Smokefree Programme
āwhina	help, assist
hākari	feast
hapū	sub-tribe
hauora	health, healthy, health service
He Korowai Oranga	literally a cloak of health, title of the Māori Health Strategy
hīnaki	eel pot, eel traps
hinengaro	mind, heart
hua	outcome (accounting)
hui	meeting, gathering
iwi	tribe, people
kai	food, to eat
kaitiaki	trustee, manager, guardian
kanohi ki te kanohi	face to face
kapahaka	form of modern Māori cultural group performance
karakia	prayer, religious service
kaumātua	elder, elderly men
kaupapa	groundwork, topic, strategy, theme
kaupapa Māori	in a Māori way
kawa	protocol
kete	basket, kit, toolkit

kia tupato	be careful
kina	sea egg, sea urchin
koha	donation, gift
Kōhanga Reo	literally language nest, a Māori language immersion preschool
kōrero	speak, news, narrative
koroua	old man, elder
korowai	cloak, mantle
kuia	old lady, matron
kūmara	sweet potato
mamae	pain, hurt
mana	prestige
manaaki	care for, show respect
manākitanga	entertain, hospitality
manawhenua	local people, having rights over this land
Māori	indigenous people of New Zealand
marae	meeting area of a village or settlement, including its building and courtyards
mātauranga	education, information, knowledge
mate	sickness, death
mate māori	indigenous illness
mihi	greet, greeting
mirimiri	massage, stroke
mokopuna	grandchildren, young generation
ngā	the (plural)
ngahere	forest, bush
ngā hau e whā	the four winds or north, south, east and west
noa	free from tapu
oranga	health, welfare, safety
Pākeha	Non-Māori, European, Caucasian
pono	truth, valid, principle
poroporoaki	farewell, closing ceremony

pōwhiri	welcome, opening ceremony
pūtea	fund, budget
rangatahi	Modern youth
reo	Language (Māori)
ringawera	cook, kitchenhand
ritenga	custom
rohe	territory, zone
rongoā	traditional medicine
rūnanga/rūnaka	assembly
taiaha	weapon, spear
take	topic, subject matter
tamariki	children
tane	husband, male, man
tangata, tāngata (pl.)	person, people
tangata whenua	local people, indigenous people
tangata whaiora/takata	mental health consumer(s)
whaiora	
tangihanga (tangi)	funeral, mourning
taonga	treasure, property
tapu	sacred, forbidden
taua	old woman, matron
tauiwi	foreigner, not indigenous
taurahere	literally to bind together, in this context it means a group from another tribal area who bind together
tautoko	to support
te	the (singular)
Te Whare Tapa Wha	A Māori model of health coined by Dr Mason Durie, literally, a four-sided house
Te Wheke	A Māori model of health devised by Dr Rose Pere, literally the octopus
tika	authentic, realistic
tikanga	protocols, practices, customs

tinana	body
tino rangatiratanga	sovereignty
tuhituhi	write
tupuna, tūpuna (pl.)	ancestor(s)
turangawaewae	Home, domicile
tūrora	sick person, invalid, mental health consumer
wai	water
waiata	song, chant
waiora	total wellbeing
wairua	spirit, attitude
waka	canoe
wānanga (Wānanga)	seminar, series of discussions, also used to denote Māori universities
whaiora	short for tangata whaiora, a mental health consumer
whaikōrero	a formal speech or oration
whakamā	shy, embarrass(ment)
whakapapa	genealogy
whakapiki	increase, promote
whakapiki tangata	enablement, empowerment
whakawhānaungatanga	coming together as a family
whakaurunga	integration
whānau	extended family
whānaungatanga	relationship, kinship
whānau ora	family health
whenua	land