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WHAKAMOMORI

MĀORI SUICIDE PREVENTION

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

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WHAKAMOMORI: MĀORI SUICIDE PREVENTION

Abstract

Introduction: Suicidal behaviour is a major public health issue globally. The incidence of suicide and attempted suicide internationally is excessive, particularly among indigenous populations. The Māori (indigenous people of New Zealand) suicide and attempted suicide rates have exceeded the non-Māori rates in New Zealand. In an attempt to address the high incidence of Māori suicidal behaviour an epidemiological case control study was initiated.

Method: 250 consecutive cases of Māori who attempted suicide who were admitted to one of the three Auckland public hospitals were compared to 250 random, Māori community-based controls (found through door knocking). Participants were compared on a variety of measures including the General Health Questionnaire-28 (GHQ-28), Hospital Anxiety and Depression Scale (HADS), CAGE Alcohol Screening Test; Composite International Diagnostic Interview (CIDI-suicidality), Beck's Scale of Suicide Intent (SIS); and cultural identity validated questionnaires.

Results: Response rates were high for both cases (85.6%) and controls (81.2%). The multivariate analysis revealed that poor general health status was the key risk factor associated with attempted suicide among Māori.

Once the health indicator is taken out of the analysis, cultural identity, marijuana utilisation and interpersonal abuse are the next major risk factors in attempted suicide among Māori.

Conclusion: Suffering from poor general health can increase attempted suicide among Māori. Having a notional identity and not being connected to Māoritanga (those things Māori; Māori culture) is associated with the risk of suicidal behaviour.

PREFACE

E ngā mana, e ngā reo, e ngā kāhui maunga huri noa te motu tēnā koutou kātoa. Tēnā koutou i runga i ngā māharahara ō rātou ma kua takahi nei te ara whānui ō Tane; ngā mate huhua ō te wā kua papa rakauhia ki tua ō te ārai, hei mihi, hei tangi, nō reira e ngā mate haere, takoto, okioki, whakangaro atu ra. Huri noa ki a tātou ō te hunga ora e whai ake nei ki te whakakikokiko i ngā moemoeā ō te tangata, ahakoa ko wai. He mihi whānui ki a koutou i manaaki nei i ahau ki te whakapuawai i tēnei mahi rangahau ki a koutou hoki i pānui nei te kaupapa whakatutuki, tauwahitia. He mihi hoki ki ngā kaimatautau i whakamātautau i tēnei mahi kua puāwai. Ko te mihi whakamutunga ki te Runga Rawa, nāna nei ngā mea kātoa.¹

Tane took Kurawaka to wife and had Hine ahuone. Tane married his daughter, Hine ahurangi was the result. Tane married his granddaughter who had Hine Tītama. Tane married his great granddaughter. One day she asked “Who is my father?” Tane replied “I am both your father and your grandfather”. Then Hine was overcome with shame and rose up and went afar off in search of Tane-te-wai-ora (Tane of the waters of life). She said “I have fled from the Upper World. I have lain with my own father”.

¹ Greetings to you all. Greetings in remembrance of those who have tramped the pathway of Tane, those who have passed on, beyond the veil, we mourn, rest in peace. Turning to those of us who remain in this world in pursuit of well-being for all. An extensive greeting to all those who have supported me in bringing this work to fruition, those who have made critical comment and those who will read it and feel supported. Greetings also to the examiners who will examine the fruits of this labour. The final greeting is to the Almighty the source of all things.

Ko tenei te whakapapa mo whakamomori. Ka tahuri a Taane ki te waihaka takata (Best, 1899).

Te Piere

Te Malala

Te Totoe

Te Kawha=Tohika

Hinei Te kurukurua taane

Te Haakaumatua

Te Waipunahau

Tahoraatea

Tahora a moa

Papanui ta hora

Te Pakihi

Hinei Mātātiki=Hine ahu one

Hineiteataariari=Tukoriahuru

Na reira ka moe a Taane ki te pito rakau ta raua tamiti kahore i puta mai ka tamariki

=Hine Titama Hine atauira

Tahu Kumea

Tahu Whakaero

Tahu Tuturi

Tahu Pepeke

Tahu Pukai

Tahu Araukai

Tahu Waimāria

The conception of this research was 10 years ago, when in 1994 as a research assistant for the Injury Prevention Research Centre (University of Auckland) I became concerned at the lack of research about Māori intentional injury. The only information came from annual compilation of statistics in which generally portrayed Māori as disadvantaged.

I had finished a masters of science in biostatistics two years earlier and subsequently applied for a position as a research assistant. The research centre was producing 'Intentional Injury in New Zealand' a compilation of incidence, risk factors, impact, economic costs, interventions, policy issues and recommendations (Coggan, Fanslow & Norton, 1995).

In 1996, the University of Otago advertised for interviewers for the National Nutrition Survey. As one of three Māori interviewers I was allocated the Northland region with its high population of Māori. At a hui (Māori gathering) the community asked why they had not been consulted about the research being performed in their rohe (region). When the hui had finished there were more questions unanswered than answered.

Some of those questions were: 'Why weren't there more Māori interviewers doing the research?' 'How are Māori going to benefit?' 'Why aren't Māori leading the research?' and 'Why should we help you?' These left me once again thinking about the appropriateness of research.

So here I was again doing research that might not assist Māori directly. Before the survey was completed a job vacancy arose at Te Pūmanawa Hauora, a Māori health research centre funded by the Health Research Council of New Zealand. I welcomed the opportunity to work with like-minded Māori researchers and to make a difference in Māori health.

At that point in my life (1998) I identified as Māori, had a limited knowledge of my whakapapa (genealogy), and had no ability in te reo Māori (the Māori language). But within this supportive environment gained confidence as a Māori and was encouraged to begin this thesis. An application for a postgraduate scholarship was successful in 1999 and the consultation, funding search and research began. In 2000, the Māori attempted suicide case control study was funded and work continued toward producing this thesis.

The author wishes to acknowledge and thank Professor Mason Durie for his inspiration and guidance during the production of this research thesis. As my mentor and supervisor, Mason provided the encouragement I needed to keep going when the going got tough. Mason ensured that common sense prevailed.

My second supervisor came to me through good luck rather than good management. Dr Simon Hatcher's contribution, thoughts and advice have been invaluable. Simon made sure there was structure and consistency throughout the research process. Thanks Simon for the humour while studying such a morbid topic.

There are three departments (Te Pūhaki-Ā-Toi, Division of Māori and Pacific Health, and Department of Population Health) between Massey and Auckland universities in New Zealand that require a very big thank you. Not only did they house the research project at different stages of its implementation but all the staff members provided the encouragement and support required by a four-year project.

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Thanks to the project investigation team including:

Professor Mason Durie (Ngāti Rangitane): Assistant Vice Chancellor, Massey University.

Dr Simon Hatcher: Psychiatrist, Waitemata Health, North Shore Hospital and Senior Lecturer, Faculty of Medical and Health Sciences, University of Auckland.

Professor Colin Mantel: (Kai Tahu) Tumuaki, Faculty of Medical and Health Sciences, University of Auckland.

Dr Carolyn Coggan: Director, ex-IPRC, Faculty of Medical and Health Sciences, University of Auckland.

Mrs Elizabeth Robinson: Biostatistician, Faculty of Medical and Health Sciences, University of Auckland.

Professor Robyn Norton: ex-IPRC, Faculty of Medical and Health Sciences, University of Auckland.

Tikanga and technical supporters have included:

Dr Te Maire Tau: (Kai Tahu) Māori historian and tikanga supervisor.

Psychiatric liaison teams in each of the hospitals that assisted in accessing the cases.

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All the community development site co-ordinators for Kia Piki Te Ora O Te Taitamariki: New Zealand Youth Suicide Prevention Strategy.

Kahui Tautoko Ltd (for enabling me to reach the above community development sites to share the knowledge gained during this research).

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The Ministry of Health steering and Ministry of Youth Affairs external advisory groups co-members.

Recruiters and interviewers:

Desiree Lloyd: Māori mental health nurse, recruiter and interviewer.

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Te Wharewaiata Webster Wepiha: Recruiter and interviewer.

Gregory Coupe: Data entry and support person.

Cherie Lovell: Research nurse and case selector.

It is important to acknowledge and illustrate the expertise of each person who supported and looked after this important research project. Each brought within them a special koha (gift) to the study to assist in preventing Māori suicide. Not only were Māori involved as lead and co-investigators in this study but they were integral at all levels of the study.

The people that I need to thank the most for putting up with me during the research are my whānau. He mihi arohatinonui ki a koutou mo tō tautoko, awhi me ngā manākitanga e pa ana ki te kaupapa *Whakamomori: Māori Suicide Prevention*. There is a story that should be written about how the research was completed with respect to those who lived with me and maybe one day I will write that too. Thanks Nanna for my whakapapa, for without that this thesis would not exist. Mum, you always accepted me for who and what I am, I may not have shown it but I did appreciate it.

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During the production of this thesis I lost my Nanna and my Dad, he was my stability in life, he made sure I remained real and stayed grounded. I can hear him saying, now that I have finished the PhD, 'So what are you going to do when you grow up ... is it time to get a job yet?'

I dedicate this to you, Dad

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GLOSSARY

Hapū	Sub-tribe
Hauora	Holistic health
Hine Titama	The first Māori woman
Hinengaro	Of the mind
Huarahi	Pathway
Hui	Gathering of people
Iwi	Tribe
Kai	Food
Kainamu	Attempted (almost)
Kaitiaki	Caretaker
Kānga pirau	Rotten or fermented corn
Karengo	Edible seaweed
Kaumātua	Elder
Kaupapa	Subject or topic
Kawa	Protocol
Koha	Gift
Kohunga	Māori pre-school
Kuia	Female elder
Mākutu	Bewitch, spell
Māoritanga	Of those things Māori, Māori culture
Mana	Influence, prestige, power; psychic force; having influence or power
Marae	Māori traditional village
Mate kino	Bad death
Mate Māori	Death
Mātua	Parent
Mauri	Life principle, source of emotions
Mihi	Greet, acknowledge
Mori	Base word meaning fondle or caress
Ngā	Many
Ngā ahuatanga noho-ā-tangata	Socio-economic status
Ngā peka	Branches of a tree
Ngā rau	Leaves of a tree
Ngā whakanekeneke	Change over time
Ngāti	Tribal prefix meaning 'the people of'
Paihere tangata	Human relationship
Pākehā	Person of European descent
Papakāinga	Home, traditional cultural centres

Pakeke	Adult
Pātai	Question
Pepuere	February
Pūtake	Tree roots
Rāhui	Protect by quarantine
Rangahau	Research
Rangatahi	Youth
Rohe	Region, boundary
Taiao	World
Taitamariki	Youth
Tangata whenua	People of the land (region)
Tapu	Under religious or superstitious restriction
Tārona	Strangle
Taurekareka	Captive taken in war, slave
Te ao Māori	Māori world; Māori culture and identity
Te Karere	Māori news on Television
Te Ohu Kaimoana	Māori Fisheries Commission
Te reo Māori	Māori language
Te Tiriti ō Waitangi	The Treaty of Waitangi (te reo Māori version)
Tikanga	Māori protocol
Tinana	Of the body
Tipu	Grow
Tohunga	Wizard, priest
Tūpāpaku	Corpse
Tupuna	Ancestor
Urupā	Māori cemetery
Waka Huia	Māori television programme
Waiata	Song, singing
Wānanga	Māori educational environment
Whakakorerotia	Discussion
Whakamaramatanga	Understanding
Whakamomori	Commit suicide or any other act of desperation
Whakangahau Ohaoaha	Socio-economic
Whakapāpā	Genealogy
Whānau	Family
Whenua	Land
Whenua tipu	Place where person grew up