

Copyright is owned by the Author of the thesis. Permission is given for a copy to be downloaded by an individual for the purpose of research and private study only. The thesis may not be reproduced elsewhere without the permission of the Author.

“Hua Oranga”

Best Health Outcomes for Māori

Te Kani R Kingi

A Thesis Presented for the Degree of
DOCTOR OF PHILOSOPHY
In Māori Studies
At Massey University, Wellington, New Zealand

February 2002

POROPOROAKI

*Ko koutou ra Rongomau mā, kua riro i te ripo ki whakaterere ki
whakanunumi ki whakangaro, hāere hāere hāere atu ra, okioki mai i roto i
te manaakitanga o te Runga Rawa.*

ABSTRACT

Poor mental health is recognised as a major threat to Māori well-being. Over the past three decades Māori admissions to psychiatric facilities have increased dramatically and have coincided with increasing socio-economic disadvantage – gaps which exist between Māori and non-Māori, as well as progressive alienation from te ao Māori (the Māori world).

Hua Oranga (translated literally as the fruits of health) is both the title of this thesis and the name given to the tool which it describes. The tool is a measure of Māori mental health outcome and is based on Māori perspectives of health, Māori philosophies, aspirations, and world views. It is a tool designed for clinical and care settings, and measures the efficacy of treatment, or health interventions. The tool employs a triangulated method of outcome assessment and considers the views of tangata whaiora (Māori mental health consumers), clinicians, and whānau (family members). A series of five clinical-endpoints have been identified to allow the tool to be applied with greater precision.

By itself the tool will not address all of the complex problems associated with Māori mental health – nor is it designed to do so, indeed that is well beyond the brief of this investigation. What it does however, is to illustrate the utility of seeking outcomes of cultural significance, the employment of Māori perspectives to shape outcome measurement, and the implications for treatment and care. At a broader level, the tool has the potential to contribute to the development of more effective strategies, policies, and service design. To this end, *Hua Oranga* will contribute to improved health outcomes for Māori.

ACKNOWLEDGEMENTS

E whakatau atuana I te waahi ngaro mo ana manaakitanga katoa

This thesis was completed with the assistance of a large number of groups and individuals.

My thanks to the Health Research Council: for their ongoing interest and support of this work.

To all those I have interviewed and from whom I sought input: policy makers, clinicians, service staff and tangata whaiora, I extend my gratitude and most sincere thanks for guiding this work, for sharing views and stories, and for providing depth and substance to this study.

To my colleagues at Massey University, Te Pūtahi ā Toi, and Te Pūmanawa Hauora: your interest, support, and enthusiasm for my research has been of immense help. It has, and will continue to be a privilege to work with you all, to learn, to grow, and to contribute to the advancement of our people. Kia ora.

To my whānau: Nan and Koro, Mum and Jim, Uncles and Aunties, as well as my many, many cousins. Thanks for your support over the years, for giving me strength and encouragement, and for always being there.

To my mates: thanks for the laughs, the time-out, and for giving me ‘a life’ outside this work.

To Kristen: for providing me with inspiration and assurance, for your love and compassion, and for supporting me throughout this journey. We’re just about there.

Finally to Mason: my thanks for your support and guidance, your technical skill and insight, but also for your humour and wit, encouragement, and confidence in me.

Your interest in my professional development has been very much appreciated.

No reira, ki a koutou katoa: kia ora.

TABLE OF CONTENTS

Poroporoaki	II
Abstract	III
Acknowledgements	IV
Table of Contents	V
List of Tables	XIII
List of Figures	XIV
Preface	XV
Thesis Structure	XVIII
Chapter One	
MĀORI MENTAL HEALTH: PARAMETERS AND PATTERNS	1
Introduction	1
Mental Health and Mental Illness: Conceptual Clarification and Epidemiological Trends	2
<i>Historical trends, assumptions and impressions</i>	2
<i>Admissions-based data</i>	8
<i>Contemporary trends and available analysis</i>	12
Socio-cultural Determinants and Indicators	14
<i>Māori educational attainment</i>	17
<i>Income, poverty, and Māori mental health</i>	18
<i>Employment and Māori mental health</i>	21
<i>Housing and Māori mental health</i>	24
<i>Criminal justice and Māori mental health</i>	25
<i>Physical health and the implications for mental health</i>	27
<i>Socio-economic summary</i>	29

	Dislocation, Social, Cultural, and Political Change	31
	<i>Two worlds in conflict</i>	31
	<i>Land loss</i>	35
	<i>Political indifference</i>	37
	Parameters and Boundaries	38
Chapter Two	METHODOLOGICAL CONSIDERATIONS	47
	Introduction	47
	Research Paradigms	47
	Adaptation of a Western Paradigm	55
	<i>A Māori research paradigm</i>	56
	<i>A kaupapa Māori ontology</i>	58
	<i>A kaupapa Māori epistemology</i>	60
	<i>A kaupapa Māori methodological perspective</i>	61
	<i>Alignment with a Māori health research framework</i>	66
	<i>A theoretical research framework</i>	68
	Qualitative vs Quantitative Approaches to Inquiry	70
	<i>Definitions and concepts</i>	70
	<i>A qualitative or quantitative approach?</i>	73
	Research Methods	74
	<i>Document review</i>	75
	<i>Interviews</i>	76
	<i>Direct and participant observations</i>	78
	<i>Māori process issues</i>	80
	<i>Data quality</i>	81
	<i>Data management</i>	83
	<i>Data Analysis</i>	86
	<i>Ethical issues</i>	86
	Summary	87
	Concluding Comments	88

Chapter Three

APPROACHES TO MĀORI MENTAL HEALTH

PROBLEMS	93
Introduction	93
Research Issues	94
New Zealand Health Services: Foundations and Implications	97
<i>Genesis of the New Zealand health system</i>	97
<i>Māori participation and input</i>	102
Mental Health Service Development	106
<i>Māori participation in the mental health sector</i>	114
Health System Reformation, 1993 and Beyond	120
<i>The structure for the reformed health sector</i>	120
<i>Consequences and implications of the reforms</i>	122
<i>Growth within the mental health sector</i>	126
<i>Further reforms, restructures and relationships</i>	128
<i>More elections and further changes</i>	130
<i>The Treaty of Waitangi</i>	131
Policies and Plans for Māori Mental Health	133
<i>Looking forward and moving forward</i>	133
<i>Kia tu kia puawai</i>	137
<i>He pou tarawaho mo te hauora hinengaro Māori</i>	139
<i>Puahou: a five part plan for improving Māori mental health</i>	141
<i>The national Māori mental health plan</i>	142
Māori Mental Health Service Development	144
<i>Mental health services for Māori</i>	144
<i>A Māori mental health workforce</i>	154
<i>The expectation of cultural competency</i>	159
<i>The cultural-clinical interface</i>	161
<i>The business of health service provision</i>	162
<i>Workforce perceptions and implications</i>	164
<i>Philosophical frustrations</i>	166
Chapter Summary	168

Chapter Four	MĀORI CENTRED FRAMEWORKS FOR HEALTH	181
	Introduction	181
	Understanding Māori Health	181
	<i>Measuring outcome – a challenge for mental health services</i>	193
	Research Issues	195
	<i>The policy context</i>	195
	<i>Interviews</i>	196
	<i>Committee participation</i>	197
	<i>Presentations</i>	198
	<i>Data management</i>	198
	<i>Kaupapa Māori measures</i>	198
	Outcome Definitions, Contentions and Characteristics	201
	<i>Defining health outcome</i>	201
	The Task of Measuring Health	206
	<i>Consumer-focused measures of outcome – a preferred approach</i>	211
	<i>The problem of measuring mental health outcome</i>	212
	Culture, Health, and Health Outcome	218
	A Framework for Measuring Māori Mental Health Outcomes	223
	Five Principles of Outcome	223
	<i>Principle 1: the principle of well-ness</i>	224
	<i>Principle 2: the principle of cultural integrity</i>	226
	<i>Principle 3: the principle of specificity</i>	229
	<i>Principle 4: the principle of relevancy</i>	229
	<i>Principle 5: the principle of applicability</i>	231
	Three Key Stakeholders	231
	Māori Models of Health	236
	<i>Selection of an appropriate model</i>	245
	<i>Te Whare Tapa Whā: a suitable model</i>	246

	Clinical End-Points: When to Measure Outcome	248
	<i>Assessment</i>	249
	<i>Inpatient treatment</i>	250
	<i>Outpatient treatment phase</i>	250
	<i>Community care</i>	251
	<i>Community support</i>	251
	<i>Māori frameworks for health</i>	253
Chapter Five	HUA ORANGA: A MĀORI MEASURE OF MENTAL HEALTH OUTCOME	264
	Introduction	264
	Research Issues	265
	Part 1: Framework Transformation and Application	265
	Part 2: The Testing and Refinement Process	268
	<i>Summary</i>	268
	<i>Data schedule</i>	271
	<i>Test-site selection</i>	271
	<i>Test preparations</i>	271
	<i>The information gathering process</i>	272
	<i>Data management and analysis</i>	273
	<i>Ethical issues</i>	273
	Part 3: Supplemental Research Activities	274
	<i>Literature review</i>	274
	<i>Interviews</i>	275
	<i>Presentations</i>	276
	<i>Kaupapa Māori measures</i>	276
	Hua Oranga: Final Base-line Questionnaires	277
	<i>Tangata Whaiora schedule</i>	280
	<i>Whanau schedule</i>	281
	<i>Clinical schedule</i>	282

Outcome Concepts and Māori Perspectives	283
Wairua, Defining the Spiritual Dimension of Mental Health	
Outcome	284
<i>Wairua and the notion of a non-physical component of health</i>	288
<i>Wairua and cultural identity</i>	290
<i>Wairua: dignity and respect</i>	292
<i>Wairua and personal contentment</i>	295
Hinengaro and Māori Mental Health Outcome	297
<i>Hinengaro: motivation</i>	297
<i>Hinengaro: cognition and behaviour</i>	298
<i>Hinengaro: management of thoughts and feelings</i>	299
<i>Hinengaro: knowledge and understanding</i>	300
Tinana: The Physical Dimension of Māori Mental Health	
Outcome	302
<i>Tinana: mobility and pain</i>	303
<i>Tinana: opportunity for enhanced health</i>	304
<i>Tinana: mind and body</i>	305
<i>Tinana: physical health status</i>	306
Whānau and Māori Mental Health Outcome	307
<i>Whānau: communication</i>	310
<i>Whānau: relationships</i>	311
<i>Whānau: mutuality</i>	313
<i>Whānau: social participation</i>	315
Domains of Outcome	316
Triangulation and Clinical End-Points	318
Global Imperatives	321
Conclusion	324

Chapter Six	HUA ORANGA: APPLICATIONS AND IMPLICATIONS	331
	Introduction	331
	The Context of Hua Oranga	331
	Caveats on the use of Outcome Measures	336
	The Contemporary Policy Context	337
	Funding Implications	339
	Monitoring	341
	Tangata Whaiora and Whānau Responsiveness	341
	Health Professionals	343
	Local Management	344
	Considerations for Application	345
	Conclusion	351
 Chapter Seven	 A CONTEXTUAL MAP FOR HUA ORANGA	 354
	Grounding the Thesis	354
	Peaks of Knowledge	356
	Parallel Pathways: A New Zealand Journey	359
	Converging Streams: Health and Culture	366
	Intersections: Cultural and Clinical Crossroads	371
	The Highway to Māori Advancement	375
	A Changing Topography: The Mental Health	
	Landscape	380
	Destinations: Hua Oranga	384
 Chapter Eight	 CONCLUSIONS	 389

Glossary		395
Bibliography		399
Appendix I	Guidelines and schedules for the application and interpretation of Hua Oranga	430
Appendix II	Data gathering schedules	444
Appendix III	Consent and information sheets	446
Appendix IV	Consultation schedules	443

List of Tables

Table 1.1	Social Determinants of Māori Mental Health	30
Table 2.1	Basic Beliefs (metaphysics) of Alternative Inquiry Paradigms	54
Table 2.2	A Kaupapa Māori Summary Framework	65
Table 2.3	A Māori-centred Health Research Framework	66
Table 2.4	Quantitative and Qualitative Styles	73
Table 4.1	The MDI Framework – Principles	184
Table 4.2	The MDI Framework – Specific Data	185
Table 4.3	The MDI Framework – Data Transfer	186
Table 4.4	He Anga Whakamana: A Framework for the Delivery of Disability Support Services to Māori	188
Table 4.5	He Taura Tieke	189
Table 4.6	The CHI Audit Model	191
Table 4.7	A Framework for Purchasing Traditional Health Services	192
Table 4.8	Outcome Features	205
Table 4.9	Levels of Outcome	210
Table 4.10	Mental Health Outcome Measures – Limitations	217
Table 4.11	Te Whare Tapa Whā Model	241
Table 4.12	Comparison of Māori Models of Health	246
Table 4.13	The MMHO Framework	252
Table 4.14	Māori Health Frameworks – Purpose and Use	256
Table 5.1	Consumer Baseline Questionnaire	267
Table 5.2	Whānau Baseline Questionnaire	267
Table 5.3	Clinical Baseline Questionnaire	267
Table 5.4	Outcome Features: Wairua	296
Table 5.5	Outcome Features: Hinengaro	301
Table 5.6	Outcome Features: Tinana	307
Table 5.7	Whakapiripiri Whānau Framework	309
Table 5.8	The Whānau Dimension of Māori Mental Health Outcome	316
Table 5.9	A Multi-dimensional, Outcome Framework	317
Table 5.10	Hua Oranga: Some Imperatives	323
Table 6.1	Outcome Application Requirements	350
Table 7.1	Hua Oranga: A Contextual Map	356
Table 7.2	Recognition of Māori Interests in Statute	363

List of Figures

Figure 4.1	Cultural and Clinical Outcomes	228
Figure 4.2	Generic Outcome Assessment	239
Figure 4.3	Te Wheke	242
Figure 4.4	Ngā Pou Mana	243
Figure 4.5	Te Puni Kōkiri – Te Ara Ahu Whakamua	244
Figure 5.1	Hua Oranga – Testing Process	269
Figure 6.1	Outcome Implementation Barriers	346

PREFACE

This thesis has a dual focus. It is about Māori health, and in particular the measurement of Māori health; but it is also about Māori people and the retention of Māori values in modern times.

The first aim is aligned with academically derived objectives and seeks to explore a central research question: ‘How can mental health outcomes for Māori be measured?’ Underlying the question is the hypothesis that good outcomes for Māori consumers of mental health services (tangata whaiora) should reflect not only improved mental state but enhanced spiritual, physical and social well-being. Further, Māori mental health services need to be measured against outcomes that are culturally relevant. The rationale is explored more fully in the following chapters but is essentially based on the idea that Māori concepts of health, effectiveness, and outcome, require measures that reflect Māori worldviews.

The second aim is to explore Māori values as they apply to health, and as they continue to mould Māori understandings of health within a health system that has, in the past, struggled to recognise the implications of culture for health and well-being. While the relevance of Māori health perspectives has been more or less accepted for at least two decades, the primary measuring tools have not kept pace with Māori aspirations for a health system that not only allows Māori to be Māori but challenges professionals to endorse that aim.

There are many reasons for conducting research at a doctoral level. For some it is a vehicle for the attainment of a higher qualification, in order to pursue a career or profession. Others may have more academic goals, wishing to contribute to the existing knowledge base in some significant way, and to produce a scientifically sound document that will be welcomed in the scientific community.

For Māori researchers and doctoral candidates these objectives may be broadened by a range of additional imperatives, often directed at the broad field of Māori development and consistent with ensuring that 'research' is not merely conducted for 'research's sake' but becomes an avenue through which Māori aspirations and objectives are considered, developed and progressed.¹

Internationally, many hundreds of instruments are used to measure health and the efficacy of treatment and care. Most are used at a service level and provide insight into what outcomes are preferred by service users and clinicians alike. However, no instrument has ever been constructed to measure the outcome of treatment for Māori users of mental health services. And while many so-called 'generic' measures have been employed for the purpose, serious concerns remain as to their validity and their capacity to measure outcomes important to Māori.²

The aims of thesis are therefore centred around the measurement of outcomes for Māori mental health: to construct a tool, to identify fundamental requisites, to examine key theoretical underpinnings, to consider the implications and applications, and ultimately to make a difference to the quality of care and treatment.

This last point has been a major consideration. While the creation of new knowledge has been the overarching motivation for this thesis, the underlying purpose of the thesis has been to make a significant contribution to Māori health, Māori development, and Māori advancement. Indeed, such a requirement is important to research activity in Māori health, at least when the researcher is Māori.³ In any event, the two strands of the thesis – the theoretical and the applied – are neither contradictory nor inconsistent – and if both are met then the study will have satisfied a double agenda.

¹ E. Stokes, (1985), *Māori Research and Development: A Discussion Paper*, University of Waikato, Hamilton.

² Mental Health Commission, (1999), *New Zealand's National Mental Health Strategy: Review of Progress 1994–1999*, Mental Health Commission, Wellington, p. 22.

³ M. H. Durie, (1996), 'Characteristics of Māori Health Research', a paper presented at the *Hui Whakapiripiri*, Hongoeka Marae, Plimmerton.

THESIS STRUCTURE

The thesis has eight chapters. Each is made up of several sections, beginning with an introduction or opening and ending with a conclusion, summary or review. Each chapter focuses on a particular aspect, and in the case of Chapters 3, 4, and 5 also includes methodological issues.

Chapter 1 provides an overall context for the study. It explores the rationale for the thesis, drawing from historical and contemporary data, and examines Māori patterns of mental health, what is known, and also what is implied. Chapter 2 outlines relevant methodological considerations, the assumptions that have been made, the approaches selected, and the process through which the objectives of this thesis will be met. Chapter 3 is an examination of Māori mental health services. It draws from a broad base and is used to describe the context within which outcome measures are used as well as the imperative for measures that reflect cultural perspectives. It considers the historical foundations of the current health service infrastructure, the impact these have had on the contemporary environment and implications for mental health service delivery. It describes policy issues, present strategies, as well as current issues and opportunities.

Chapter 4 is the first of three chapters that describe the development of *Hua Oranga*. It outlines a framework for measuring Māori mental health outcomes. Chapter 5 describes the transformation of the framework into a more practical measure, and highlights the features of the tool, its design and operation. Chapter 6 is comparatively brief, and

considers the implications of the measure, the limitations and potential applications. Chapter 7 contextualises the *Hua Oranga* measure within a broader landscape. It draws from the previous chapters to highlight the insights revealed, the new knowledge created, and locates the importance of the work to health, to Māori development, to indigenous people and new approaches to mental health treatment and care.

Chapter 8 is a conclusion. It simply identifies the five key contributions that the thesis makes to understandings of Māori health and the advancement of the Māori people.