Te Atawhai o Te Ao
Independent Māori Institute for Environment & Health

MĀORI AND WELL-BEING

Exploring the philosophical ground in health and mental health policy

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Publisher
Te Atawhai o Te Ao Charitable Trust
PO Box 7061
Whanganui 4541
Aotearoa

ISBN
ISBN 978-0-473-78870-4 (print)
ISBN 978-0-473-78871-1 (digital)

Image credit
Waiapu Awa at Ruatōrea by Peter Moore.

He mihi
Acknowledgements

This research was funded by Te Tahua Rangahau Hauoratanga Fund (postdoctoral fellowship), Te Puna Tahua Lottery Grants Board. Thank you to the Board for supporting this research.

Thank you to my research supervisor, Dr Rāwiri Tinirau, for your support for this research, including providing feedback and guidance to develop the research focus, providing oversight of the ethical review process and leadership in ensuring the research report and research findings can be shared with the community. The entire Te Atawhai o Te Ao organisation demonstrates Indigenous excellence at all levels, and it has been an honour to work with an independent kaupapa Māori research institute that is consistently achieving at higher levels with each new project and research programme. Finally, a big thank you to Brigham Anderson and the rest of the team for your support and friendship during the two-year research period.

He ariā
Abstract

Ensuring Māori and Indigenous worldviews are reflected in health and mental health policy requires a deeper consideration of how Māori and Indigenous thinking is represented. Māori terms are frequently used in health policy, however, language also represents terms of agreement about what constitutes health and well-being. With this in mind, the ontological ground used when shaping policy must be considered when examining the philosophical settings into which these terms are embedded. This research presents key findings from a two-year postdoctoral research project exploring how Māori health ontologies are impacted by philosophies that embed mental health and wider health policy in dominant cultural and ontological principles. These principles commonly emphasise individualism, rationality, and measurable outcomes, making efforts to achieve systemic change using Māori and Indigenous innovation challenging. Further, the retention of dominant cultural and ontological principles as an ideological scaffold for policy development means Māori terms can be included in policy without fundamentally affecting health system cultures.

Significant health reform activities occurring between 2018 and 2022 were examined in this research. This timeframe begins with the sixth inquiry into mental health policy and services (completed in 2018) and concludes with the introduction of the Pae Ora (Healthy Futures) Act in 2022. These two milestones stand alongside the Waitangi Tribunal stage one hearing of the Health Services and Outcomes Inquiry (Wai 2575) and the Health and Disability System Review (HDSR, 2020). Māori critical analysis of these health reform activities has also been crucial to understanding the potential for change or limitation when examining health reform actions. The overall aim has been to critically assess how health and mental health policy (and wider reform activities) have positioned and translated Māori perspectives.

The analysis completed as part of this research showed that there is a tendency for health policy to maintain certain principles despite engaging with Māori worldviews. Overall, this showed how, despite apparent innovation, the terms of agreement about what constitutes health and well-being are fundamentally attached to and shaped by dominant Western perspectives. In mental health policy, these dominant Western perspectives were reflected in the language of risk, dysfunction and behaviour modification, which contrasts sharply with the holistic language that characterised Māori discussions about the potential for systemic and conceptual change. This finding highlights that while mental health policy and planning can include a discussion of Māori ontologies, that inclusion does not necessarily signal a fundamental shift in how health and well-being are understood.

The six key informant interviews included in this research provided an understanding of the potential of Māori and Indigenous ontologies for policy and health system change, while also identifying the limitations of the conceptual and cultural space that impacts upon Māori potential in relation to policy. Themes developed from the interviews included:

- Metaphysics and ontology: Māori understandings of being-in-the-world (describing the relational, holistic nature of Māori metaphysics and ontology),
- Holistic understandings of health and well-being: How Māori (including communities and Māori health providers) gravitate towards holistic interaction as a natural model of health. Also, identifying how non-holistic systems represent an ongoing challenge, resisting holism and preferring a focus on the separate parts of a health system.
- Capturing our imaginations: Examining how Māori and Indigenous thinking can be limited to responding to the parameters set out by health systems rather than creating systems.
- Māori and Indigenous participation in policy development: Asking how Māori worldviews are translated into policy when two different ontological perspectives meet in a policy space.
- Māori and Indigenous philosophies within policy – Language, meaning, and translation: Considering how terms are used to create conceptual frameworks for understanding health and well-being. This includes reflecting on how Māori terms are translated or used as translations for prior English terms.
- Terms of understanding health and well-being – Exploring language and ontology in policy: Examining how language invokes philosophical systems that become the ground from which mental health and health policy emerges (that is, modernity's influence in health policy).

The policy analysis and findings from this research revealed that, even when Māori concepts are incorporated, underlying philosophical assumptions often remain unchanged. Policies will acknowledge holistic factors in health and mental health, considering broader systemic influences. Yet, there are indications that these policies still primarily adhere to an ontological perspective that emphasises aspects addressed through examining those affected by systemic inequity, reflecting a preference for classification and treatment. Further, findings from this research suggest that while health and mental health policy often utilises Māori terms as a gesture towards holism, Māori concepts are frequently drawn into unchanged Western structures, limiting their transformative potential. Key informant responses in this research reached into the deeper ground of terminology, calling for Māori meaning-making to be a starting point rather than being used primarily as translations of prior Western concepts.

Overall, findings indicate that there is a superficial use of Māori terms in health and mental health policy that risks losing a term's deeper meaning, one that carries the potential for a more radical ontological shift. Vigilance is necessary, and the language of inclusion is no indicator of adequate cultural space. Ultimately, this research contends that meaningful change requires rethinking the very terms on which health and well-being are defined, enabling Māori self-determination in health system design to create holistic, culturally grounded systems of care.

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Tēnā kautau e hāpai ana i te hauora me te oranga tonutanga.

For Māori worldviews to be authentically reflected in health policy and health system design requires more than the superficial inclusion of kupu Māori or Māori frameworks; it demands that Māori philosophies form part of the conceptual ground upon which health policy and health systems are built. This research, the culmination of a two-year postdoctoral project by Dr Kim Southey (Ngāti Porou, Ngāti Kuia, Ngāti Koata), explores how the dissonance between te ao Māori and Western worldviews has played out in our health system, diagnosing the dominant Western worldview's persistent effects amidst recent health reform, and identifies the precursors for change.

A significant contribution of this research lies in the articulation of how language functions not merely as a communicative tool, but as a carrier of the agreements on the underlying philosophical and conceptual grounds upon which discourse is shared. Kim demonstrates that, despite the inclusion of the Māori language, the primary Western language environment dominates these philosophical and conceptual grounds, limiting the impact of Māori terms, and, therefore, challenges us to reconsider the language in current health policy.

Kim's work has been produced as part of He Pounga Waihoe Nā ō Mātua fellowships and research programme, specifically our Waipuna: Physical health and body sovereignty research priority. He Pounga Waihoe Nā ō Mātua rerenga waiata speaks to the mokopuna decisions of our ancestors, as well as those of our own, in advancing the health and well-being of current and future generations. Moreover, the Waipuna research priority draws on traditional mātauranga of well-being, such as the mana and tapu of our bodies and the balance of spiritual, cultural, emotional, and physical domains necessary for well-being. Kim does exactly this in her research as she delves into traditional Māori philosophies and offers findings that can inform meaningful long-term change in policy and health system design.

Te Atawhai o Te Ao commends Kim on her research and encourages all to engage with this report, and supplementary summary report, and the findings within. It has been a privilege to support this postdoctoral study. Kim's scholarship is reflective of her research excellence, championing of meaningful health policy and health system change, and contribution to the body of knowledge on intergenerational health and well-being.

Me whai oranga te katoa!

Dr Rāwiri Tinirau

Section 1

Introduction

Conceptualising the research

This report forms part of a two-year postdoctoral project completed in partnership with Te Atawhai o Te Ao Independent Māori Research Institute for Environment and Health. The research explores how Māori and Indigenous understandings of being can inform mental health policy in Aotearoa. The most recent health reforms that have in part been developed from events related to health and mental health policy in Aotearoa (including the health-focused Waitangi Tribunal claim) demonstrate that there are ongoing challenges Māori face when seeking to have Māori cultural and philosophical premises inform how the health system operates (and, more broadly, how health and well-being are conceptualised). Within this context, this research aims to discuss these ongoing challenges to highlight what continues to limit Māori expressions related to mental health and well-being within policy and subsequent systems of care. The research also aims to present ideas that support the possibility of grounding mental health policy in Māori and Indigenous philosophies and understandings of being, and challenge the philosophical premises that have created dominant ideas about the concepts of health, well-being, mental health, and mental illness.

In part, this research has been influenced by prior work exploring Māori and Indigenous understandings of being in relation to mental health and the notion of mental illness (described in more detail later in this section). However, the research is also driven by an interest in the most recent changes made within the health system and the implications these changes have for considering the terms on which Māori health and well-being is understood and represented in mental health and wider health policy. The different ways that policy has shaped, and continues to shape, ideas about and approaches to supporting mental health and well-being over time are, therefore, of significant concern. The degree to which recent health reforms present an opening of cultural space for Māori worldviews to ground health policy is also a central focus of this research.

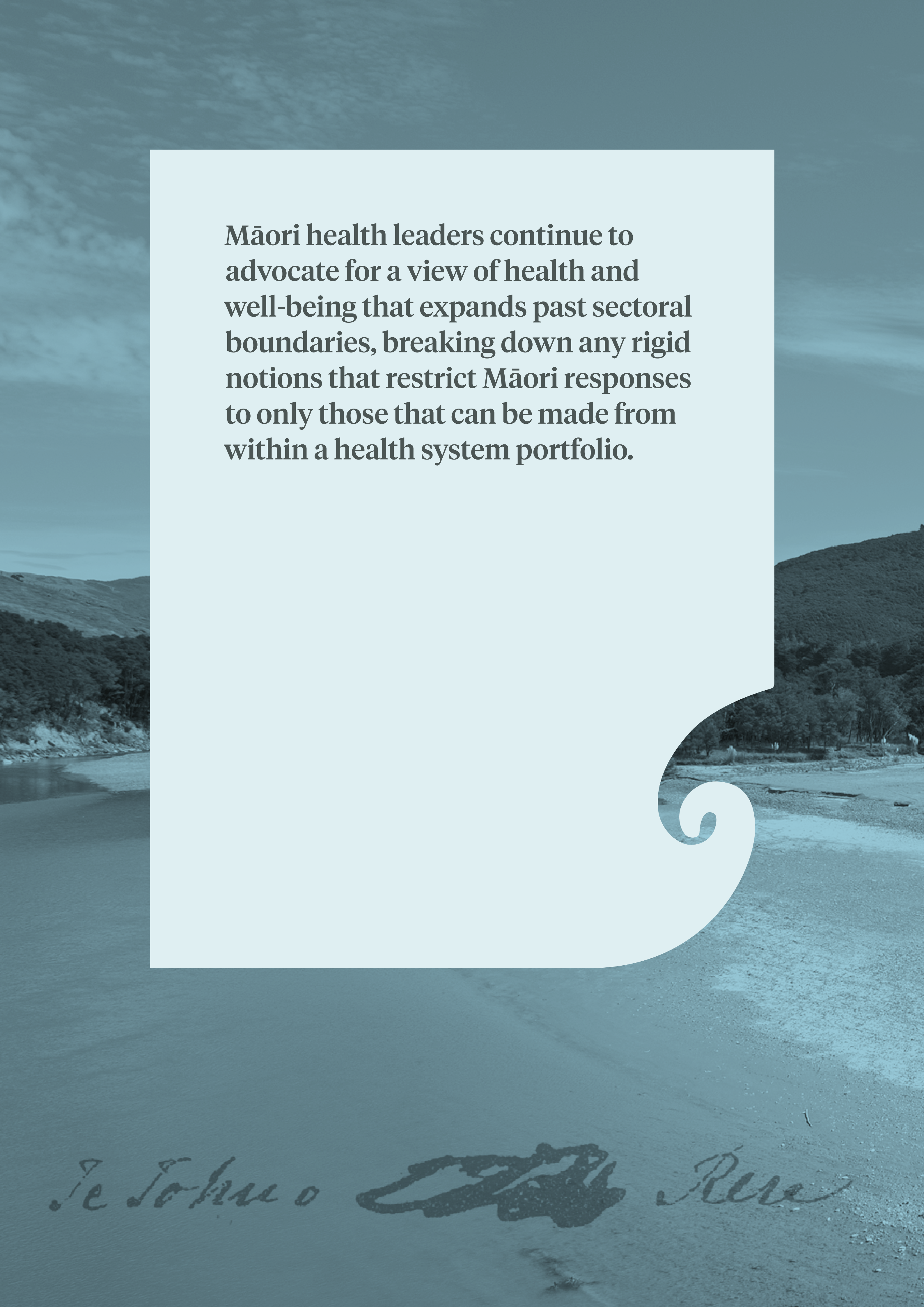
On the surface, recent developments in health and mental health policy appear to offer a positive step forward for Māori health and well-being. For example, a substantial review of the health system, The Health and Disability System Review (HDSR) in 2020, aimed to modify and enhance the health system, including increasing the potential for planning and implementation of health and well-being strategies to happen in a localised context, allowing communities to shape their own unique systems of care.[1] Kaupapa Māori services are specifically discussed in this context, with local health planning seen as a way of "embedding mātauranga Māori ... into service delivery" (HDSR, 2020, p. 106). Broadly, the panel overseeing the review has expressed an intention to address unequal health status at a cultural level, stating that,

> the New Zealand health and disability system has evolved with a strong western medical tradition. The inequities which have arisen for Māori from this system cannot be fully addressed without ensuring that going forward the system embraces the Māori worldview of health. (HDSR, 2020, p. 9)

Other developments implemented as a result of the review include the opportunity for Māori worldviews to influence planning and contracting through the new governance mechanism, Te Aka Whai Ora Māori Health Authority (Te Aka Whai Ora), along with a strong general sentiment that Māori will have more control over how health and well-being are conceptualised.[2] Nevertheless, Māori health leaders continue to advocate for a view of health and well-being that expands past sectoral boundaries, breaking down any rigid notions that restrict Māori responses to only those that can be made from within a health system portfolio (Russell et al., 2022). The role that Te Aka Whai Ora will play in ensuring that mātauranga Māori influences how health and well-being are conceptualised can be examined within this context.

The changes signalled in the HDSR are highly relevant to other significant developments in the health sector, notably, the first stage of the health-focused Waitangi Tribunal claim, WAI 2575 Health Services and Outcomes Kaupapa Inquiry (Wai 2575). This three-stage

1. See *HDSR: Final Report Pūrongo Whakamutunga* (HDSR, 2020), *Section C: Services / Ngā Ratonga, 7 Tier 1 / Taumata 1* for a list of locally specific services and a description of locality planning.
2. Following this research, Te Aka Whai Ora was officially disestablished in 2024.



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claim process explores the impacts of a health system structured in ways that limit the ability to respond to the unique needs of whānau and wider communities (Waitangi Tribunal, 2019). Findings from the stage one claim (a targeted inquiry into the legislative and policy framework of the primary healthcare system) provide information about how health systems have continued to be designed in ways that impact the ability of Māori to engage in decision making, including in terms of how health and well-being are understood and conceptualised. Following this, findings from the stage one hearing have had significant influence, including supporting the development of recently created health legislation aimed at enhancing systemic responsiveness to Māori in order to achieve health equity (Rae et al., 2022). Stage two of the inquiry will include a focus on mental health.

The HDSR and WAI 2575 add to the already completed Government Inquiry into Mental Health and Addiction (Paterson et al., 2018). The inquiry has significance to Māori aspirations in terms of health system design and culminated in the publication of *He Ara Oranga: Report of the Government Inquiry into Mental Health and Addiction (He Ara Oranga)* (Paterson et al., 2018), which presents a perspective on how mental health policy can develop to reflect the need for urgent change, including in relation to Māori views on mental health and well-being. It is important to note that, while a submissions process rolled out as part of the inquiry meant communities could share their views on the types of support and systemic change that they believe could make a difference, the transformative potential of *He Ara Oranga* has been questioned (Waitoki, 2018). Māori who engaged in the inquiry process have voiced concerns about how Māori submissions have been interpreted; the deeper meaning of Māori submissions subjected to a reductionism that limited the potential for the paradigm shift sought by Māori communities (McAllen, 2019). The policy analysis completed as part of this research will include a focus on the reductionism critique described by those who have critically examined *He Ara Oranga* and the process used to develop the final document along with examining reductionism in health and mental health policies more generally. Drawing on the concerns voiced following the release of *He Ara Oranga* will be important to this task. New mental health and addictions policy, *Kia Manawanui Aotearoa Long-term pathway to mental wellbeing* (Kia Manawanui Aotearoa) (Ministry of Health, 2021), will also be included in this analysis.

Philosophy and its relevance to policy analysis

Māori and Indigenous metaphysics and ontologies sit at the heart of this research. This necessitates that some attention is given to discussing the meaning of the terms *metaphysics* and *ontology* as they will appear frequently within this report. The phrases *being* and *being-in-the-world*, that specifically refer to Māori understandings of such states, will also be used throughout this report, and this is meant as a philosophical reference representing Māori philosophical worldviews, metaphysics, and ontologies.[3]

3. The concept of "being-in-the-world" (In-der-Welt-sein), introduced by German philosopher Martin Heidegger in his 1927 book *Being and Time*, refers to the idea that human existence (Dasein) is not separate or self contained. Instead, it emphasises that people are always deeply connected to and actively involved with their surroundings, including their environment, the tools they use, and their social relationships (McManus, 2021).

These terms are used interchangeably by a number of Indigenous writers when exploring Indigenous issues, but do not appear to be a regular feature within policy analysis (Blaser, 2013). This is not to say that metaphysical and ontological issues are completely ignored when examining policy, but more so that engaging deliberately and primarily with philosophical questions, like "What types of things exist in the world?", is not predominant (Mika, 2010). Despite this, there are some examples presented in this report that demonstrate how metaphysics and ontology have been employed as a means of analysing a problem within a policy context.[4] These examples are helpful in gaining an understanding of how Māori and Indigenous interests can be suppressed even while Māori and Indigenous terms, concepts, and cultural descriptions are included in policies.

Both of these terms—*metaphysics and ontology*—relate to ideas about the nature of reality and how the world is viewed: what things can *possibly* exist (metaphysics); and what things do exist in our lived realities and experience of the world, including different ways of being-in-the-world (ontology) (van Inwagen & Sullivan, 2021). Epistemology is also an important term to understand in the context of this research because it relates to ideas about knowledge, including questions about what constitutes knowledge in the first place (Rorty, 1979). Metaphysics (ideas about the nature of reality), ontology (ideas about being-in-the world), and epistemology (ideas about knowledge) overlap and, far from being grounded in universally accepted philosophical views, are contested, particularly when different views about metaphysics, ontology, and epistemology have the potential to impact relationships. For example, dominant Western worldviews assert that things in the world are knowable, a view supported by the methods favoured by Western knowledge systems used to examine and discover visible, tangible qualities that can be observed and measured. These methods create a detached, human-centred view of the world, one that separates things out to ensure things can be viewed as objects of study separate from, and inferior to, the self (for example, see Gillett, 2009; Justice, 2016). Within this view, things in the world are rendered as passive objects that the human self can define and represent through concepts and categories (Kincheloe & Tobin, 2009). The idea of the human mind is also paramount, grounding views of reality in beliefs about a human–nature dichotomy—beliefs that place non-human beings at lower levels within invented hierarchies of existence (Smith, 2012).

By contrast, Māori and Indigenous worldviews present the world in relational terms (Marsden, 2003), directly opposing the separation necessary to the West's methods of objective study and description (Moewaka Barnes, 2008). Relational understandings of being-in-the-world foreground worldviews shaped by ideas of co-existence, where all things are part of a holistic arrangement rather than being split apart and individualised (Dreamson, 2016). Further, the ability to know things with certainty is challenged by a holistic perspective, which puts forward a more complex view of the world, including its "unintelligible" characteristics (Hokowhitu, 2016, p. 92).

4. See *Section Two: Policy, ontologies, and metaphysics.*

The different understandings of reality and being-in-the-world illustrated by even a cursory discussion of Western, Māori and other Indigenous ontologies, metaphysics, and epistemic philosophies demonstrate the potential and potent influence of worldviews. A worldview constructed from certain ontometaphysical beliefs has the potential to include or exclude—to give voice to or silence a particular perspective and "sense of world" (Trifonas & Jagger, 2018, p. 214). Within this understanding, metaphysics has been described as a significant constructive element that shapes relational being, and, in accordance with Western metaphysics and worldviews, demands the world be represented in ways that reflect the dominant logical and rational order (Grosfoguel, 2013).

Later in this section, the notion of *terms* will be discussed in more detail, providing further orientation to how this research has been developed, including the main questions and focus. In drawing out the research question, terms and the multiple meanings that can be applied to the word *terms* have shaped ideas about cultural worldviews and concepts, how cultural worldviews influence the terms through which we understand health and well-being, and, subsequently, how these worldviews influence the terms of agreement for how we treat health and well-being. The terms through which we understand health and well-being can be examined within a philosophical, ontological framework; terms can be understood as language and as a way of explaining worldviews. Focusing on the concept of terms in this way allows for an examination of how Māori terms are being utilised and taken up within government policy, including questioning the ontological and philosophical ground within which these terms are being placed.

Philosophical premises: Which worldviews are policies grounded in?

The main questions posed at the conception of this project focused on the degree to which Māori and Indigenous ontologies are reflected in policy. Broadly, this focus has meant examining the complex, heterogeneous nature of Māori and Indigenous philosophies and then looking at where and how these philosophical settings are reflected in the ontologies apparent within mental health and wider health policy. A relational, holistic worldview is crucial to this examination; however, it has been important to identify and deconstruct the non-Indigenous, dominant Western philosophies that exist within policy and the dominant ontological statements these philosophies construct. The structural mechanisms that empower dominant ontologies and metaphysics must also be considered, exposing the decision-making and power-sharing processes that affect the ability to express Māori and Indigenous worldviews as a basis for a health and well-being system.

The ontological inquiry undertaken in this research allows for a deeper consideration of Māori participation in policy development. While structural issues related to power and decision making are recognised as being pivotal to Māori expressions of indigeneity, the pervasive dominance of Western worldviews must be highlighted to expose a deeper but coexisting problem. As Kramm (2021) explains,

> Ontologies are important to the examination of policy because ontologies determine the ontological commitments of Indigenous peoples or settler states in governance and decision-making contexts. Consequently, they determine what kinds of entities exist for Indigenous peoples or settler states in the political realm and how political institutions and decision-making procedures are viewed by them. (pp. 1–2)

Kramm's (2021) point highlights the importance of considering ontology to understand the parameters that have been set for what can be included in decision-making discussions in the first place (that is, what can be thought or believed and therefore included as credible issues). Further, Kramm explains that striving for self-determination based on the predominant model, though critical to making space for Indigenous worldviews, will not, on its own, address the issue of a dominant Western ontology. Left unexamined, this dominant (normalised) perspective can continue to prevail, shaping how reality is viewed and subsequently responded to, including in terms of how we relate to each other and non-human things in the world. In line with this, Moewaka Barnes and McCreanor (2019) highlight the need to address the ground of thought that supports the health system, including the potential for Māori worldviews to affect and create new ontologies, thereby providing different philosophical premises from which to develop health policy and systems of care. As they state,

> The current system must address issues of access and equity as part of Crown accountabilities to Māori health (Health and Disability System Review, 2019) [which] … requires the open exploration, engagement and embracing of matauranga Māori in relation to health and wellbeing. (p. 25)

Focusing on ontological inquiries as a primary concern does not mean, however, that the structures of power that support dominant ontologies and epistemologies should not be addressed. As Reid, Cormack, and Paine (2018) state,

> attempts to make sense of the health and well-being of Indigenous peoples is inadequate unless health providers engage critically with the history of their respective nations and any subsequent patterns of privilege or disadvantage. Understanding this history, within the framework of Western imperialism and other similar colonial projects, allows us to make sense of international patterns of Indigenous health status. (p. 3)

In line with this view, Pihama (2019a) explains, when discussing the power structure of neoliberalism, that it is the Western neoliberal agenda that helps to maintain ideas about the autonomous individual, which is a central feature of Western ontologies. Further, Pihama points out that the neoliberal agenda frames issues like educational attainment and achievement (and, in the case of this research, mental health and well-being) in terms of the ability to make the individual fit within a pre-determined structure and system rather than changing what lies outside of the individual. In a health and well-being context, the tendency to focus on the individual has had similar conceptual and therefore material impacts, which have resulted in, for example, reductionist notions framing Māori health and well-being as an individual's capacity to achieve good health (for example, see Durie, 1985). The fixing and fitting in of the autonomous individual represent a silencing of collective ways of being, which is maintained by systems of power such as the neoliberal structure that pervades modern Western and now global society (Andreotti, 2018).

The tendency to separate and individualise being-in-the-world, among other impacts, emerges from a ground of thinking that sits beneath all systems and, therefore, has the potential to recreate itself in many forms. In this way, considering structural issues (such as neoliberalism) is helpful when examining the ontological implications that stem from the different systems created by Western worldviews. For example, Ahenakew (2019) discusses how neoliberal frameworks are often set in place before Indigenous communities are able to participate in talks about how systems will be redesigned, limiting decision-making processes to a range of options framed by the language of neoliberalism. As Ahenakew states, "In this context, the claims of Indigenous peoples are only heard through the language of (territorial) property, (business) development and prosperity (as social mobility)" (p. 57). Similar frameworks set by the language of economy and efficiency have been noted to exist in health within Aotearoa, with implications for how health and well-being are understood and subsequently experienced (for example, Barnett & Bagshaw, 2020).

While a focus on economic and other forms of reductionism is important to discussing ontological issues from a systemic perspective, a fundamental aim of this research is to expose the philosophical ontometaphysical settings that *construct* systems, such as neoliberalism. As Mika (2017) explains, "In the West, various thinkers have identified the Western self as the object of a certain kind of impoverishment that pre-exists the inequities that occur in social or political domains" (p. 19). The concept of a pre-existing impoverishment, therefore, turns our attention to a more original structuring influence—one that has the potential to manifest in different types of systems over time as a recurring authority.

The ontologies reflected in neoliberal ideologies must be understood in terms of the ground that these ideologies emerge from in order for these systems to be not only problematised, but also fundamentally deconstructed. The dislocation apparent in neoliberalism has an ontological history that can be more directly exposed; this exposure includes understanding how neoliberalism not only manifests today but is maintained by a particular attitude. Exposing this attitude necessitates a discussion of neoliberalism and other sub-systems, but in a particular way, one that aims to expose the ontological and metaphysical premises that construct dominant systems and policies.

In the context of language, Mika et al. (2020) describe these most fundamental constructive philosophical premises as,

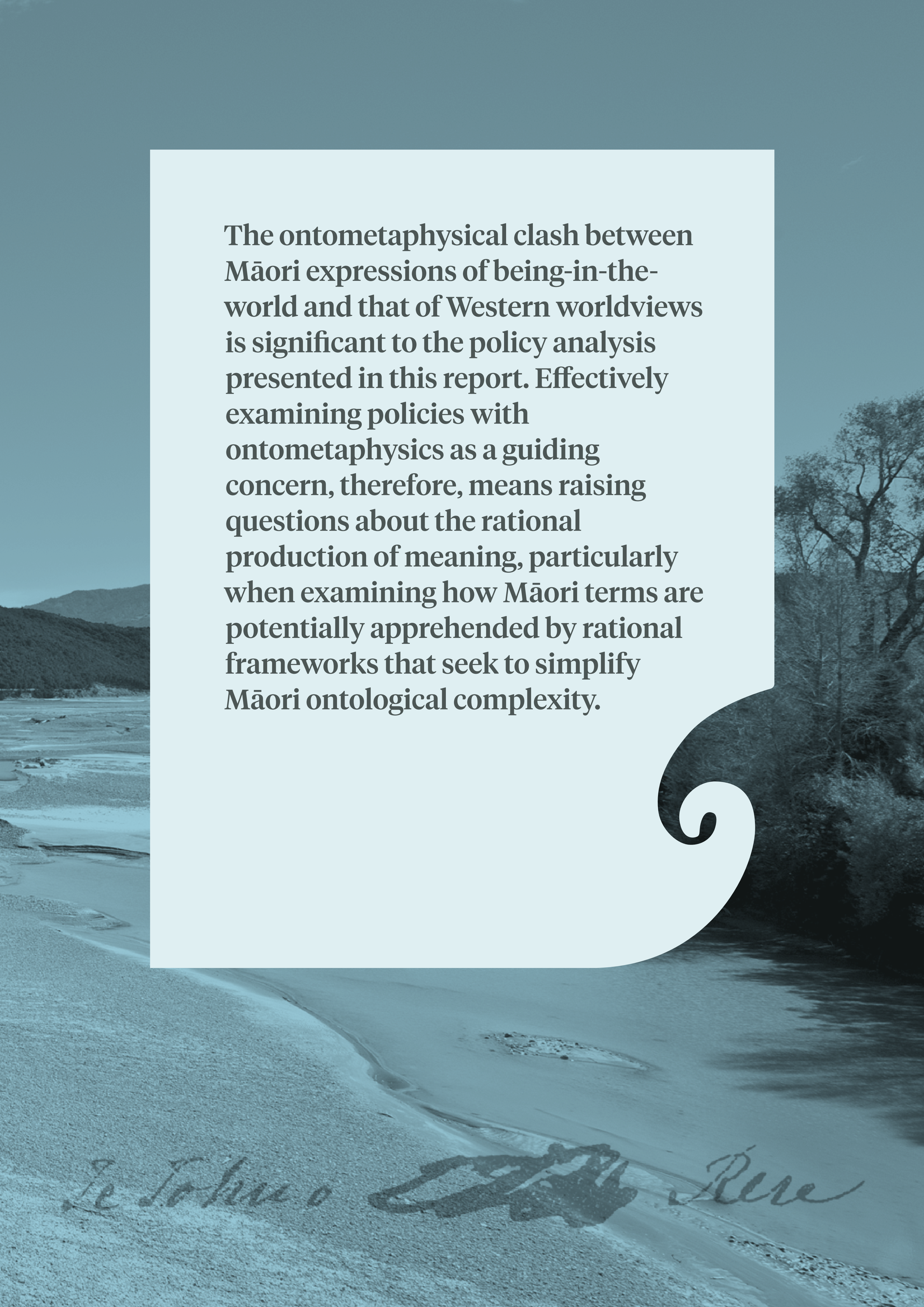
> ontology [that] engenders particular conceptualizations of and relationships with language that perceive language to describe or construct a reality that is either apprehendable or constructed through the rational production of meaning by humans, and that is (relatively) controllable through human agency. (p. 19)

The ontometaphysical clash between Māori expressions of being-in-the-world and that of Western worldviews is significant to the policy analysis presented in this report. Effectively examining policies with ontometaphysics as a guiding concern, therefore, means raising questions about the rational production of meaning, particularly when examining how Māori terms are potentially apprehended by rational frameworks that seek to simplify Māori ontological complexity.

Terms of agreement: How we understand (well)being-in-the-world

The terms examined in this report, discussed in multiple ways as literal terms, relational terms, and agreements made on different and often competing terms, are all a part of the analysis of mental health policy that forms the basis of this research. In order to examine the shifts in health and mental health policy more thoroughly, health system reforms and mental health policy are discussed in more detail in *Section Five*. Initially, however, it is important to discuss the terms that are common across these areas of work and the potential these terms have to change the premises that health policy and systems of health and well-being are grounded in. These terms and their uptake within health and mental health policy provide important guidance on the degree to which Māori (and Indigenous) philosophies and ontologies are being taken seriously within mental health and wider health policy.

There have been a number of high-level documents created as part of a wider process of health reform that include Māori terms. The final report of the HDSR (2020), for example, discusses Māori health in relation to Māori health leadership and the intention to recreate health systems and approaches to healthcare, referencing terms that include mātauranga Māori, rangatiratanga, and mana motuhake. The Pae Ora (Healthy Futures) Act 2022 (Pae Ora Act 2022) explicitly refers to mātauranga Māori while describing the mechanisms of Māori decision-making (that is, Te Aka Whai Ora Māori Health Authority and iwi Māori partnership boards). Further, the Ministry of Health's *He Korowai Oranga* framework within *Whakamaua: Māori Health Action Plan 2020–2025 (Whakamaua)* (2020) is explicit in its inclusion of tino rangatiratanga as part of the key threads that will support pae ora. The inclusion of key Māori terms potentially signals the intention to create space for a view of health and well-being grounded in Māori philosophy. References to these terms in high-level government documents may indicate the potential for further progress to be made in ensuring that certain terms of understanding emerge in relation to how health and well-being are viewed. This includes ensuring Māori philosophies and worldviews are used as a basis for how health systems are conceptualised—understanding and



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implementing systems of care on Māori terms. But what fundamental shifts will need to occur to clear the ground for these terms to have real influence? The tendency to reduce the deeper meaning of Māori expressions has already been discussed in relation to Māori aspirations regarding the potential for transformative change affecting mental health and well-being. An examination of health policies will, therefore, need to be vigilant when considering how Māori terms are being utilised and included in policy.

It is important to acknowledge that including Māori terms in policy (and other non-Māori projects) is not a new practice, and it has been noted that the use of Māori terms can counterintuitively put Māori terms at risk rather than achieving a change in the cultural premises that ground policy. As Mika et al. (2020) explain,

> When Te reo Māori starts to be used as a simple translation of what people would say in English, Te reo Māori's capacity to present a different onto-metaphysics—a different sense and experience of the world—is gone. (p. 24)

Mika et al. (2020) further discuss this sense and experience of the world as one that stems from the use of language to describe things with certainty and as universal truths (that is, forms of reductionism), which clash with the more complex view of the world reflected in Māori and Indigenous perspectives. In line with this, some might recognise the implications associated with language as a conduit for certainty and universal truths more readily when considering the term *essentialism*, a method of reductionism that produces concepts by describing an object's universal essence (Arola, 2007).

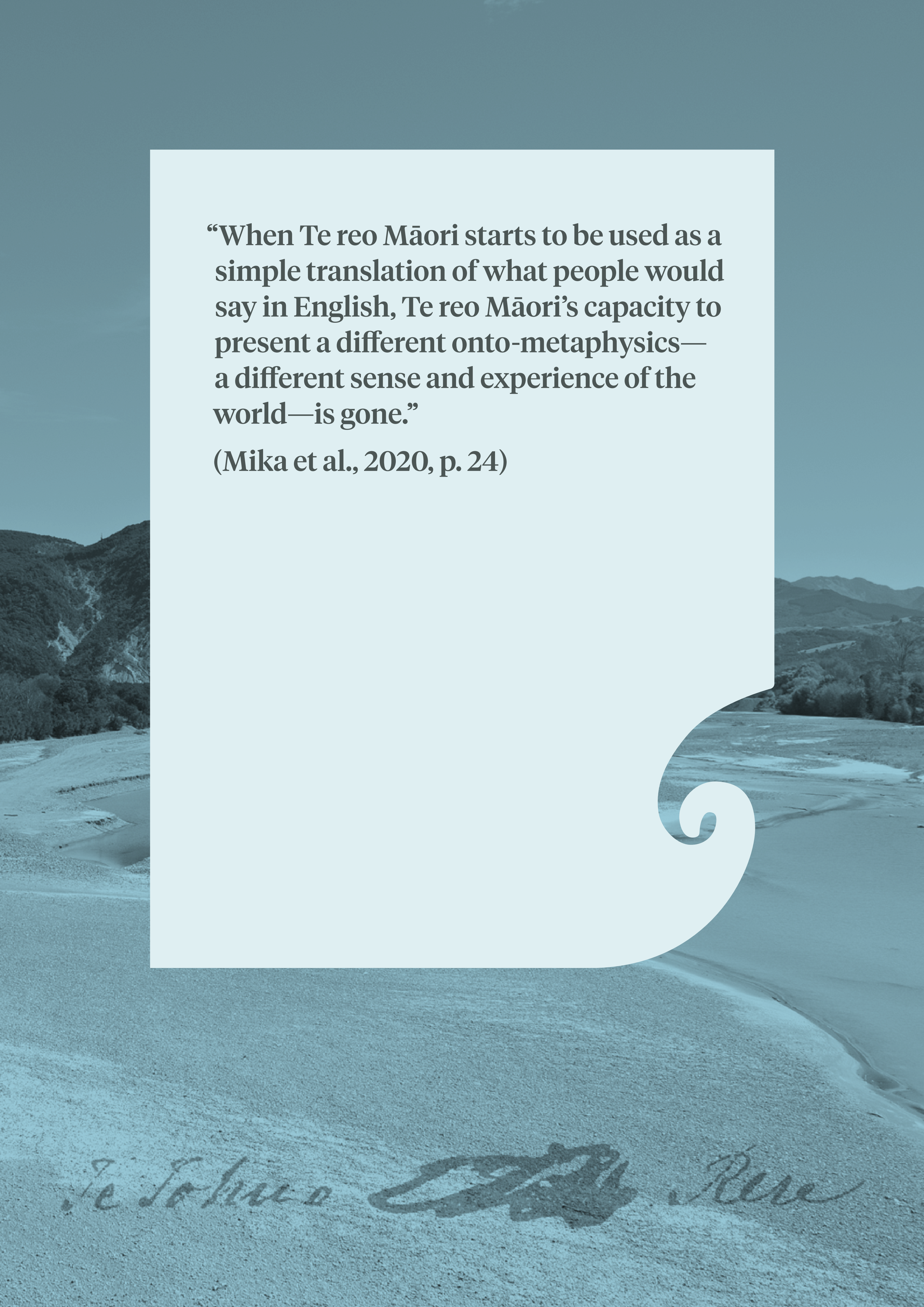
The potential for erasing Māori worldviews while including Māori terms is apparent in concerns articulated by Mika et al. (2020), highlighting that what is at stake in these translations is more than just linguistic accuracy. Translation, as an act of philosophical co-opted representation, has the potential to suppress Māori worldviews, changing the terms through which we understand health and well-being. This concern highlights that the ways in which terms are used are not universal, and a dominant style of representing the world is apparent in the ontology that sits beneath language use and meaning. Mika (2017) describes a dominant ontology of language as a departure from holism and "turning towards a sort of prescriptive ontology" (p. 20). Further, this turn towards a prescriptive ontology has been linked more broadly to the turn towards rationality and modernity that Quijano (2007) discusses in the context of coloniality—the perpetual influence of colonial ideas set in motion through the European invasion of continents across the globe.

Coloniality and the terms on which we understand the world: Separation and splitting

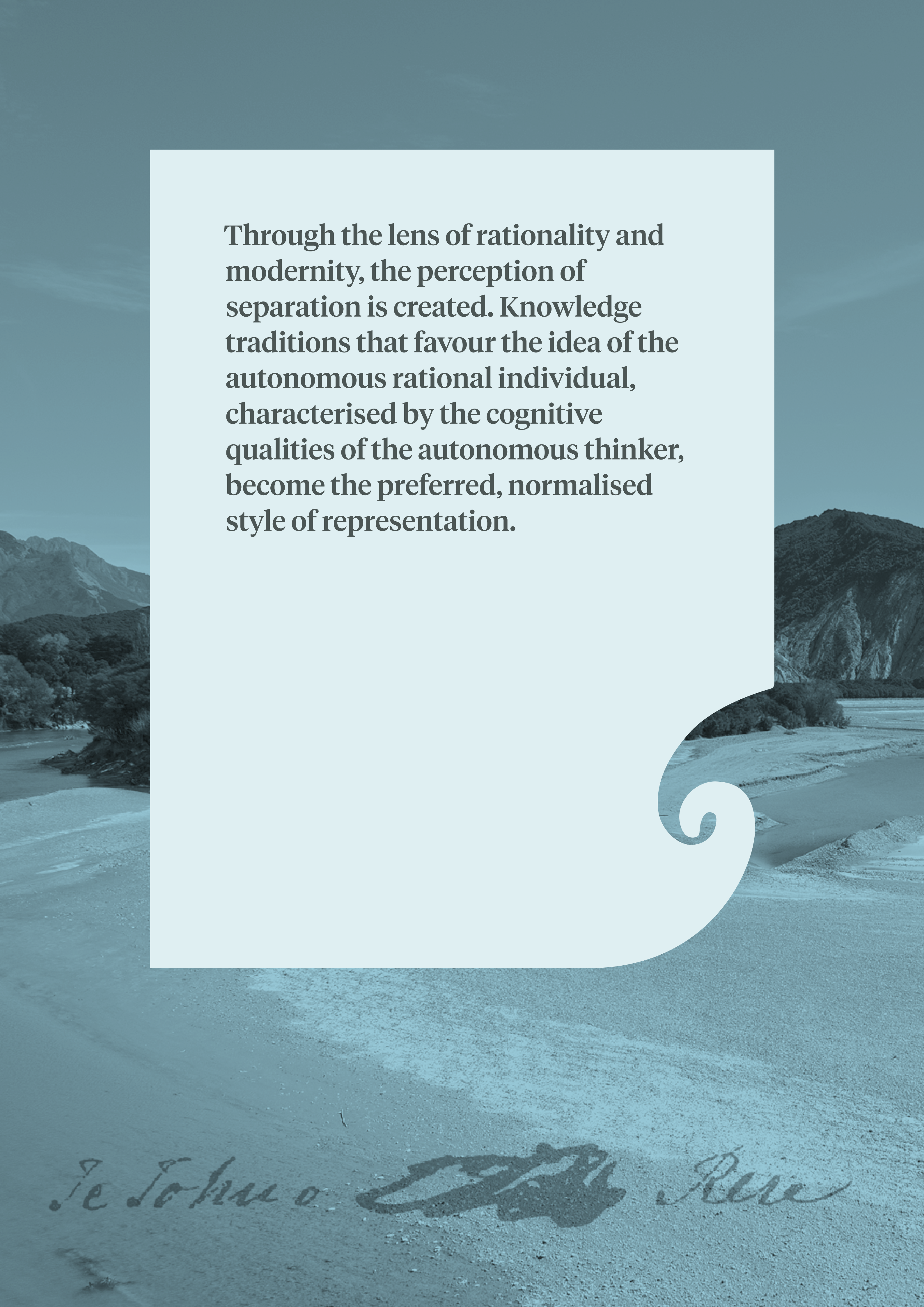
Jackson (2020) points out that proponents of post-colonialism, who advocate for the view that colonisation is a historical concern that no longer influences social and cultural processes, are unable to pinpoint the moment in time when colonisation ended. A similar point is made by Quijano (2007), who explains that, while the expression of colonisation may not mirror exactly the historical expressions characterised by things like the creation of overt racial hierarchies and categorisation of people as objects, Western dominance continues, manifesting in the "colonization of the imagination of the dominated" (p. 169).

“When Te reo Māori starts to be used as a simple translation of what people would say in English, Te reo Māori’s capacity to present a different onto-metaphysics—a different sense and experience of the world—is gone.”

(Mika et al., 2020, p. 24)



Through the lens of rationality and modernity, the perception of separation is created. Knowledge traditions that favour the idea of the autonomous rational individual, characterised by the cognitive qualities of the autonomous thinker, become the preferred, normalised style of representation.



What Quijano's description emphasises is that a major impact of colonisation is the cultural repression of Indigenous ways of knowing and the entrenchment of Western knowledge structures of rationality and modernity.

According to Quijano (2007), part of what makes rationality problematic can be demonstrated through a deconstruction of its methods with emphasis on what rationality does to the idea of relationships or relational being. Quijano explains how Western ideas of rational intellectualism are applied as an exclusively human domain that sets the self apart from things in the world, forming what is commonly referred to as the subject–object split. As Quijano explains,

> the 'subject' is a category referring to the isolated individual because it constitutes itself in itself and for itself, in its discourse and in its capacity of reflection. The Cartesian 'cogito, ergo sum', means exactly that … the 'object' is a category referring to an entity not only different from the 'subject' individual, but external to the latter by its nature. Third, the 'object' is also identical to itself because it is constituted by 'properties' which give it its identity and define it, i.e. they demarcate it and at the same time position it in relation to the other 'objects'. (p. 172)

Through the lens of rationality and modernity, the perception of separation is created. Knowledge traditions that favour the idea of the autonomous rational individual, characterised by the cognitive qualities of the autonomous thinker, become the preferred, normalised style of representation. Further, Quijano (2007) states that, "What is in question in this paradigm is, firstly, the individual and individualist character of the 'subject', which like every half-truth falsifies the problem by denying intersubjectivity and social totality as the production sites of all knowledge" (p. 172).

The intersubjectivity that Quijano (2007) refers to is, from within an Indigenous worldview, a holistic codependence that denies the separation demanded by the rational method of splitting, observing, and measuring things in the world. Mika (2017) has referred to the holistic view of existence as worldedness, denoted by the complete and indivisible connection between all things. Drawing on descriptions of Māori lived realities (ontologies), we might understand worldedness as the relational connections described in Māori worldviews, which, following Quijano's observation, can also be discussed as alternate types of knowledge production. Pihama (2015), for example, in reference to kaupapa Māori, refers to Māori epistemologies stemming from "complex relationships and ways of organising society" (p. 6). Further, Mika (2016) describes the indivisible connection between people and Papatūānuku as an influencing factor in the process of coming to know things in the world through relationship and being *grounded within* the world. A complex social totality, therefore, can be seen as the terms on which being-in-the-world is understood from a Māori perspective, and it should be apparent that this understanding is sharply contrasted with the separation and individuation that rationality and modernity rely on. The concept of knowing from a Māori perspective, therefore, cannot be reduced to fit the

Western view of knowledge that must separate and objectify. The use of Māori terms in policy can be analysed with this contrast between two opposing relational positions in mind.

Language and being-in-the-world

Terms are both words in the context of language and a basis for relationships in the context of the terms of agreement that language creates. Each act of naming is a creative exercise that sets the boundaries for what is possible (or probable) (Ahenakew et al., 2014), forming instructive influences that mark the edges of our thinking, including our view of health and well-being. However, taking account of the ontometaphysical ground described earlier, if language is constructive, then this effect is dependent on deeper considerations. Māori and Indigenous views on language, for example, would not necessarily privilege language itself as a constructive element, seeing it instead as a part of a more complex picture. Mika et al. (2020) describe this complexity as language's relationship to all other things in the world, where being is not primarily dependent on human agency. They instead suggest a more radical thought—a world where interconnection is so complete that everything co-creates and co-constructs all at once (that is, worldedness). This view of language contrasts with a Western perspective that positions language as an agent of human intellectualism, where relating to things in the world is commensurate with *knowing* those things and, through language, naming them (for example, see Barbosa, 2015). The tendency to use language to represent terms through determinism and naming within mental health policy is, therefore, significant to an examination of the ontological bases of policy. The potential for prescriptive human-centred ontologies to restrain Māori worldviews (again, despite the inclusion of Māori terms within health and mental health policy) is likewise vital to this analysis.

Focusing on language and discourse when analysing health policies is important when seeking to expose the values and belief systems in which policies are grounded. Hawe (2009), for example, points out that shifting the parameters of meaning in how we understand what contributes to health and well-being in health policy is a discursive issue. Hawe's concern is levelled at the naming and framing that occurs in constructing the meaning of health and well-being, particularly as this relates to the tendency to frame health and well-being as an individual issue. Instead, Hawe advocates for a deeper perspective that draws our attention away from the individualist paradigm currently dominating health policy and discourse to create new points of reference, ones that target the "causes of the causes" (p. 292). This same concern is consistently voiced by Māori and Indigenous communities, reflecting a desire to turn our attention to the aspects of well-being that implicate complex determinants of health, thereby challenging individualistic health frameworks (Masters-Awatere & Graham, 2019). The importance of this challenge is reflected in the understanding that colonial modernity has had the effect of reframing Māori health and well-being such that "Māori notions of health are now sourced in notions of personal dysfunction" (Mika et al., 2020, p. 24).

A complex social totality, therefore, can be seen as the terms on which being-in-the-world is understood from a Māori perspective, and it should be apparent that this understanding is sharply contrasted with the separation and individuation that rationality and modernity rely on. The concept of knowing from a Māori perspective, therefore, cannot be reduced to fit the Western view of knowledge that must separate and objectify. The use of Māori terms in policy can be analysed with this contrast between two opposing relational positions in mind.

The tendency to frame mental health and well-being on individualistic terms will be explored in the policy analysis included as part of this report.[5] However, addressing individualism and increasing analytic complexity to explore social determinants of health represents a level of concern that lies over even "deeper cultural fissures" (Calderon, 2008, p. 75) of an ontological ground of thinking that maintains a certain type of language, influencing how health and well-being are described more generally. This type of language (discussed earlier as the language of rationality and modernity) maintains and demands the prescribed, separated notion of the world that alternate views of health and well-being would also be expected to follow. As Bowers (2007) points out, "The micro-ecology of words, analogies, and interpretative frameworks that are the basis of today's discourses, always have a history. To be more specific, they have their origins in earlier culturally specific ways of thinking" (p. 2).

The denial of intersubjectivity (holistic relationships) in favour of modernity's rationalist and individualist worldviews is representative of the West's most dominant culturally specific ideas (Quijano, 2007). The hardy resistant structure of language viewed from an ontological perspective restricts the potential of new terms, constantly returning what appear to be innovative ways of seeing health and well-being into reiterations of the same dominant ontological structure (Dube, 2002). Further, the potential for a more rigid representation reflected in Western worldviews is what makes moving away from the idea of individual dysfunction difficult because the notion of the autonomous, rational individual is part of its foundation. In relation to Māori terms and their uptake within government policy, it is, as Mika and Stewart (2016) point out, imperative that the meaning applied and implied by translations is not automatically accepted without critical examination. As they explain, there is a need to be vigilant, remaining alert to the less obvious meanings potentially obscured by a dominant ontometaphysics, which means, "Being open to that discordant sound that a word reveals, which can manifest by further investigation into a term's colonisation and its uptake by a non-Māori metaphysics, is the most vital step in an ongoing practice of counter-colonialism" (Mika and Stewart, 2016, p. 302). These complex, converging influences will support the policy analysis included as part of this report.

Prior research

The current research further develops ideas presented within a previously completed doctoral study exploring Māori and Indigenous understandings of being while also aiming to use an examination of dominant Western philosophy to deconstruct the notion of mental illness (Southey, 2020). The doctoral research explored the philosophical settings that ground worldviews, exploring the metaphysics that support how we see the world, described by Deloria (2001) as "the set of first principles we must possess in order to make sense of the world in which we live" (p. 2). Exploring these first principles from differing cultural perspectives, and fundamentally the idea of metaphysical first principles, meant

5. See *Section Five: Mental health policy: The potential of Māori ontologies.*

opening conceptual space to expand the scope for critiquing the notion of mental illness, going beyond simply challenging the way in which mental illness is defined. The study was concerned with more than whether Māori and Indigenous viewpoints were being used to inform the content of the category of mental illness. It asked instead whether Māori and Indigenous metaphysics would support the notion of mental illness, given its apparent connection to some of the central features of dominant Western philosophy.

This prior research concluded that a significant metaphysical and philosophical dissonance exists that complicates the notion of mental illness, along with the construction of Māori and Indigenous versions of this notion. Māori and Indigenous holism represented an altogether different set of premises implicating a way of being-in-the-world that relies on complete indivisible connection, something that dominant Western philosophy denies through its focus on the individual, cognitive agent.

Instances where Māori terms have been translated within mental health policy were discussed in relation to the use of Māori cosmologies within a mental health policy context. For example, the term *mental health* is equated with the term *Hinengaro* within mental health policy, which use the term *mind* as a translation. One of the participants in the prior research addressed this translation directly, explaining that 'mind' is an inadequate translation given that Hinengaro can be otherwise considered as atua. Overall, this analysis of policy language illustrated how Māori terms are translated, potentially affecting the cultural and ontometaphysical meaning of those terms.

The research also aimed to discuss how dominant metaphysical viewpoints impact day-to-day ontologies in terms of relationships and connections. Just as rendering atua Hinengaro as *mental health* shuts down the deeper, more profound being of Hinengaro to silence possible ways of understanding life and holism from a complex spiritual and cosmological perspective, understanding all things in the world through the lens of rationality and modernity simplifies ideas about being-in-the-world, including in terms of interconnection. In response, the final chapter of the research sought to reintroduce the ontometaphysical nature of complex interconnection.

Rather than aiming to provide a Māori redefinition of what mental illness and mental health are, the research concluded by exploring the ontological ground from which relationship, reciprocity, and healing could emerge. Current forms of relationship grounded in ontologies of rationality and modernity were exposed for their contribution to the creation of ideological and systemic harms. These harms are manifest in an atomistic worldview where things and people are split apart from each other to be caged in categories where meaning is reduced and essentialised for efficiency and logical order. But they are also manifest in the illusion of personal dysfunction discussed earlier in this chapter, which is part of the health system's logic of disorder in relation to physical and mental health, a logic that will be examined in the current report in terms of mental health policy.

Report outline

The research question has been outlined in this first section and includes some critical points that illustrate how the research has been conceptualised, accounting for recent health reforms and the potential for Māori terms of understanding when considering mental health and well-being. *Section Two* extends a discussion of policy and philosophy, highlighting the cultural stories that are told prior to policy development that then go on to form the building blocks of health systems—the ideas that are then perpetuated in official political frameworks. Nothing is taken for granted as an objective fact in policy development, and indeed the very idea of objectivity is problematised. The crux of Māori and Indigenous dissatisfaction with the terms on which dominant Western philosophies construct ideas about health and well-being is explored along with the hardy, resistant philosophical settings grounded in rationality and modernity that do not easily give way despite the inclusion of Māori terms in policy. Identifying these philosophical settings in *Section Two* allows for the discussion of these settings in relation to health and mental health policy.[6] *Section Three* proposes a radical view of kaupapa Māori and the need to engage a policy analysis approach that deconstructs the predetermined frameworks that encase Māori participation in the health system (and all other systems). The aims and methods of the research are also outlined in this section. Section Four presents the findings of the research with six themes emerging from the key informant interviews completed as part of this project. *Section Five* presents the policy analysis that gathers together ideas from each prior section with a view to identify what resistant philosophical structures and premises hold back Māori thinking. The question of what changes can create more cultural space to support Māori worldviews as a deeper more fundamental ontological influence in mental health and well-being policy is foregrounded.

6. See *Section Five: Mental health policy: The potential of Māori ontologies.*

Section 2

Policy, ontology, and metaphysics

Stories in the land

In a recent publication exploring and imagining decolonisation, Jackson (2020) describes how our understanding of the world is shaped by acts of storytelling, by the different kinds of stories that tell us what is real and unreal. These stories, he points out, include those that are told about colonisation, globally and within Aotearoa. Some stories paint colonisation as a historical artefact, suggesting some endpoint we can identify, implying that colonisation no longer affects our way of life. In contrast, other stories resist the idea that colonisation resides in some imaginary space of "has-been" or "used-to-be", presenting a different set of stories that expose colonisation's ongoing presence, one that Jackson describes as a "process" (p. 134), challenging narratives that frame colonisation as a one-time event.

The differences that exist between these two broad views of colonisation illustrate how Māori experiences and realities can be framed and reframed, including when these views are marginalised and silenced by a dominant discourse, supported by systems that decide whose story will be listened to. As Jackson (2020) points out, dominant voices have replaced the "stories in the land" (p. 133) that existed prior to colonisation, stories that guided well-being. These stories in the land tell of a different kind of health system, where relational being and connection achieved positive health outcomes that today would likely be reduced to fit the meaning reflected within fragmented frameworks of the health system and health service effectiveness and responsiveness.

Jackson describes Māori philosophies, laws, and political power as things that were,

> inseparable from the questions we asked about life itself: what is the relationship between people and the power of the land and the universe? Where do the interests of the individual fit within the well-being of the collective? How can the land and its relationships be protected in encounters with those who might have a different whakapapa and a different sense of mana and tapu? (p. 141)

In contrast, Jackson points out, those who settled in Aotearoa as part of the first wave of colonisation told different stories that reflected different views about relationships, land, and being-in-the-world.

Jackson's (2020) analysis of colonisation through an examination of storying is important for many reasons, including the significance of Indigenous storytelling as an expression of life and as part of cultural perpetuity and teaching (for example, see Iseke, 2013). However, while Indigenous storytelling is important because of the content of our stories, the idea of storytelling generally is also significant because it is symbolic of a deeper issue that concerns more than what a story simply says. This deeper concern relates to the potential for stories to create realities that manifest in the systems we inhabit each day, shaping the terms on which we understand crucial aspects of lived reality, including our understanding of mental health and well-being. In this section, the questions of how stories shape policy and what types of stories are apparent in policy will be explored.

Stories in policy

The role that ontology and metaphysics play in constructing policies has been so far described as a type of discursive storytelling that presents dominant concepts and "an accepted way of looking at the world" as knowledge (Doherty, 2007, p. 193). The prescriptive ontology constructed from colonial modernity and rationality tells a certain story about being-in-the-world, which, despite rationality's claim to produce objective knowledge, represents a subjective, cultural worldview (for example, Andreotti, 2018; Mika, 2017; Smith, 2012). Regarding health policy, Came et al. (2020) make a similar observation explaining how dominant cultural perspectives have undermined Te Tiriti o Waitangi (the Treaty of Waitangi in the Māori language) within health policy and legislation despite the potential for Māori worldviews to increase equity and enhance Māori health outcomes. They describe how,

> policy decisions are not ideologically neutral. Rather, such decisions are both the product of the dominant culture in which they are formed and a political compromise among competing stakeholders. This means that equitable outcomes are more likely, and the policy process is more just, if Māori aspirations, values, and epistemologies are guaranteed influence at every stage of the policy process. (p. 213)

…while Indigenous storytelling is important because of the content of our stories, the idea of storytelling generally is also significant because it is symbolic of a deeper issue that concerns more than what a story simply says. This deeper concern relates to the potential for stories to create realities that manifest in the systems we inhabit each day, shaping the terms on which we understand crucial aspects of lived reality, including our understanding of mental health and well-being.

Ahuriri-Driscoll (2016) explains how policies guide the ways in which the health of populations are supported. In an Aotearoa context, in relation to Māori health and well-being, they explain how this guidance has been observed over time in different policy settings that have generally shifted between assimilationist policies and those that aim to strengthen and uphold Māori worldviews. In other instances, shifts in health policy in Aotearoa have signalled paradigmatic changes more generally, resulting in seemingly innovative developments. This includes, for example, the government's well-being budget introduced in 2019, which now sees non-monetary measures of prosperity included in budgetary considerations, framing funding allocations as social investments which aim to ground economic success and progress in a more holistic ontological perspective (Anderson & Mossialos, 2019).

Other types of ontologies reflected in health policy in Aotearoa have been grounded in more problematic premises. For example, Morison et al. (2018) describe how rangatahi sexual and reproductive health is predominantly defined and understood in terms of risk, which has subsequently shaped health service responsiveness and systems of care to focus on modifying and accounting for deviant rangatahi behaviour. In advocating for a shift away from a risk-based lens with a more just perspective, Morison et al. call for a focus on systemic risk factors, repositioning the issue of risk and sexual health to be located in multiple sites within society rather than being rigidly attached to the individual youth presenting for healthcare and support. Further, similar to Came et al. (2020), they explain how ideas about risk are not neutral and how the concept of "youth at risk" creates a platform for observing and measuring the troublesome qualities of an individual. As they explain, there are ontological stories that can be constructed from a risk-based framework where "Risk then becomes about what young people are like rather than their actions within a particular sociocultural setting and the conditions that may help or hinder them" (p. 5). To move beyond individually focused risk-based framing, they call for the concept of risk to be represented in terms of systemic risk, thereby "addressing contextual and structural barriers … rather than just individual risk factors" (p. 6).

Similar observations about how the framing of health and well-being can impact the story told about individuals and communities were made during the WAI 2575 stage one hearing. Claimants critiqued government health policy discourse for the tendency to describe health inequity in deficit terms, highlighting poor health outcomes of Māori and other populations most affected by inequity rather than the systemic causes of inequity (Waitangi Tribunal, 2019). As Reid explained while providing evidence during the WAI 2575 stage one hearing, the term *inequities* is not commensurate with the term *disparities* used in health policy, which refers to the description of a population's relatively poor health status. Instead, inequities shift the terms on which we understand the problem, highlighting structural imbalances and systemic responsibilities (see Waitangi Tribunal, 2019).

Both of these critiques of health policy represent ontological inquiries, questioning and challenging taken-for-granted ideas about health and well-being and where to focus our attention when considering risk and responsibility. In line with this, it is important to analyse how these critical views of policy discourse and the common terms used in policy also illustrate how policy language tells a story about what being-in-the-world is like. To extend a discussion of Morison et al. (2018) and their critique of rangatahi risk-based perspectives, it is possible to illustrate some of the ontometaphysical premises that a risk lens is grounded in. According to Morison et al., risk-based frameworks find their genesis in a worldview constructed from neoliberal values where the autonomous individual is paramount, meaning that "Risk is understood as an individual attribute with individual solutions" (p. 4). Risk can also be attributed to group characteristics that form part of a victim-blaming perspective, keeping the social conditions that impact populations hidden beneath individualistic ontological discourses. Within this framework, being-in-the-world is a largely autonomous experience and one where identifying what is wrong with an individual or group of individuals is centred to such a degree that it turns complex social systems into a distant backdrop against which the individual or group reality plays out. Moreover, the measurement of risk is representative of the ontometaphysics of rationality that prefers the presentation of things in the world as tangible, definable objects (Mika, 2015). In this way, risk factors essentially provide a list of qualities and variables that can be marked and scored.

Amos (2018) discusses the effect of describing things in accordance with rationality's principles of measurement and objectivity, where imposing ontological descriptions can, even if inadvertently, become definitions. As Amos explains,

> Abstract accounts of human life may seem on the surface to be neutral. They appear to offer us a transparent space within which we can undertake the work of objectively, accurately, understanding the phenomenon at hand without interfering with it and the way in which it 'functions'. [However] … any concept is already a way of attending to a fellow being … It is a way of "stylizing and giving form" to both them and their situation. (p. 133)

Amos goes on to say that the form and meaning given can either help or harm, validating or invalidating "a particular sense of life" (p. 133). This takes concerns about focusing on the individual rather than systemic contributors to poor outcomes to an altogether different ontometaphysical plane, as it invites us to also think about more complex assemblages. This includes thinking about how an intangible influence might be experienced as an alternate ontology reflecting an Indigenous sense of life (Aluli-Meyer, 2006).

The sense of life, foregrounded when Māori and Indigenous metaphysics and ontologies are considered, is one that arguably resists the expectation of strict rationality that dominant Western methods of description seek to enforce. This includes resisting the expectation that we give absolute form to a thing, including within policy. The push to refocus on societal imbalances is reflected in the commentary of Morison et al. (2018), and the WAI 2575 stage one claimants do not offer a perfect escape from rationality (and there is arguably no such option for complete escape). But they do at least represent an attempt to break apart the tight conditions of an ontometaphysics that casts the world in terms of individualism and objectification. The prior work that supports the current research (summarised in *Section One* of this report) raises questions about the idea of

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universal definitions within the context of mental health. However, a deeper concern relates to the act of defining, which represents a certain type of attitude towards things in the world, and the potential for this attitude to disqualify other ways of knowing. These ways of knowing include things that are not easily defined and also implicate relationships in ways too complex to fully capture in overly prescriptive policy language. Further, a perspective that centres our attention on how relationships are conceptualised lines up with calls to refocus health policies and actions to address holistic, systemic influences on health and well-being.

The consistent inclusion of Māori aspirations, values, and epistemologies advocated for by Came et al. (2020) presents an opportunity for shaping policies in ways that reflect Māori metaphysics and ontologies. However, the precise ontologies, described as part of rationality and modernity's ongoing processes, may continue to have influence despite what appear to be positive changes in the discourse and language included in health and mental health policy. Keeping this warning in mind when conducting policy analysis can expose an endemic ontometaphysical inequity that maintains the dominance of Western worldviews despite the inclusion of diverse cultural descriptions.

Common sense ontologies in policy

The importance of ontology is often overshadowed by the tendency to examine phenomena along functionalist lines. Mika (2010) discusses this problem in relation to Māori and Indigenous knowledges within conventional tertiary education institutions, where knowledge structures are often left unexamined, ignoring questions about what constitutes knowledge in the first place. Often, what prevents these questions from being asked is common-sense ideas about what knowledge is, which includes accepting rationalist views about how we come to know things in the world (Justice, 2016). These views support relationship structures that clash with Māori understandings of being-in-the-world, pushing the idea of holism into the background while favouring a separated relational structure where things can be separated from the self in order to be examined and measured (Gillett, 2009).

The rationally driven, relational structure of separation pervades our lived realities in many ways, and these are discussed more fully in *Section Five*. In this current section, exploring questions about ontology and policy first provides an opportunity to discuss those things left unexamined and regarded as common-sense ideas about the world. Just as Mika (2010) voices concerns about leaving out more fundamental questions about how knowledge is conceptualised, we might ask more fundamental questions about what mental health and well-being are before constructing policies that aim to "embed Mātauranga Māori practices across the health and disability system" (HDSR, 2020, p. 29).

Questioning the existing ontological frame that encases a dominant view of mental health and well-being is critical to identifying the type of cultural space that exists, for Māori understandings of being, to be included in the new health system's policies and approaches. For example, Sampson (1993) explains how the identities and subjectivities of people are often impacted by an implicit standard of human nature that enjoys the privilege of being the accepted norm. In discussing the discipline of psychology as an approach to the study of human nature, Sampson describes the development of an implicit standard constructed from discursive processes of power that claim social divisions as natural categories. According to Sampson, these include discourses of division between male and female, first-world and third-world, heterosexual and homosexual, and divisions based on race and ethnicity. As Sampson explains in relation to psychology, it,

> implicitly represents a particular point of view, that of currently dominant social groups, all the while acting as though its own voice were neutral, reflecting reason, rationality, and, with its ever-expanding collection of empirical data, perhaps truth itself. (p. 1221)

Further, Bourdieu and Wacquant (1992) state, “Identity, who one is and what one is like – is established through discursive acts” (pp. 77–78). These discursive acts prescribe meaning to things within a fundamental framework of understanding that claims neutrality through science’s claim to objectivity.

While we may recognise methods of false neutrality and recognise how the idea of knowledge can be shaped by a subjective culturally and socially constructed view, it is important to be vigilant about the ontometaphysical ground that dominant, common-sense ideas emerge from. This more critical reflection of the content of any description about any thing in the world (including in terms of the concepts of mental health and well-being) means we cannot simply get to the task of redeveloping policies based on the same ontological premises that guided the development of previous policies. Thinking ontologically means undertaking a much more complex task, moving further into the space of thinking characterised by a radical altering and reordering (Mikaere, 2015) to clear the ontological ground that ideas emerge from.

de Leeuw (2014) describes the need to critically examine ontological ground when exploring child protection policies in British Colombia where, in ways not dissimilar to other colonised countries, Indigenous families are subject to policies that “touch down unevenly and to disastrous effect in the homes and families of Indigenous peoples” (p. 60). In a turn to ontology similar to that engaged in by Mika (2010), when examining the taken-for-granted view of knowledge, de Leeuw explains how policies that affect Indigenous homes and families are “so fully naturalized as to be mostly invisible, especially to settler-colonists, [while] systematically marginalizing Indigenous peoples across a wide variety of sociocultural and physical geographies in British Columbia and beyond” (p. 60). de Leeuw argues that it is imperative to examine policies ontologically to destabilise the notion of common sense that keeps certain philosophical premises in place. In relation to child protection, this means appreciating how policies are embodied by families whose visceral experience of child removal and separation echoes intergenerational apprehensions (and also echo across so many other Indigenous landscapes). The justification for such removals and separations centres on common-sense morality and ideas about good family attributes that bypass histories of colonisation, dispossession, and dislocation, ignoring how these histories have impacted Indigenous communities.

While we may recognise methods of false neutrality and recognise how the idea of knowledge can be shaped by a subjective culturally and socially constructed view, it is important to be vigilant about the ontometaphysical ground that dominant, common-sense ideas emerge from. This more critical reflection of the content of any description about any thing in the world (including in terms of the concepts of mental health and well-being) means we cannot simply get to the task of redeveloping policies based on the same ontological premises that guided the development of previous policies. Thinking ontologically means undertaking a much more complex task, moving further into the space of thinking characterised by a radical altering and reordering.

de Leeuw's (2014) style of critically examining policy provides a blueprint for considering policy in Aotearoa. The notion of normalising universal ideas about what it means to live well and putting those affected under a microscope while ignoring social and historical influences has also been discussed as part of local policy analysis (Ahuriri-Driscoll, 2016). As mentioned in the previous section, Māori health and well-being have been subject to a conceptual reductionism that limits an analysis of wellness to biomedical function and dysfunction (see Durie 1985). This type of assessment of health and well-being represents what de Leeuw describes as "ontological reference point[s]" (2014, p. 65) that can be used to standardise ways of being-in-the-world, forming systems of health measurement and surveillance. The question of what kinds of ontologies ground ideas related to function and dysfunction (for example, Seeskin, 2008) becomes important in this context, which recalls the caution expressed earlier in this section about the cultural (rather than neutral and objective) worldviews that make up health policies.

When thinking of mental health and well-being and the policies that demonstrate an understanding of these concepts, it is important to ask what common-sense understandings form a policy's ontological groundwork. This question is central to engaging in an analysis of policy that goes beyond identifying how Māori have participated in policy development within existing systems without addressing the philosophy of those systems. It is crucial, therefore, that policy analysis problematises common sense ideas, however, doing so means identifying those ideas in the first instance. An ontological inquiry enables this identification, demanding that the frame for examining the problem is set by a Māori and Indigenous philosophical agenda.

Policy content and cultural premises

Taking a more critical stance by rejecting the idea that common-sense views represent truths about reality that can be universally applied, an examination of mental health policy can present an opening for possible meaning that challenges the terms on which we understand mental health and mental illness. Indeed, the practice of critically examining the terms *mental health* and *mental illness* is commonplace, reflected in, for example, the strong critical commentary put forward by the United Nations (UN) in voicing opposition to using biological reductionism to explain people's experience of what is commonly described as a mental disorder. As part of the UN critique of reductionist notions, former UN Special Rapporteur Darius Pūras argued strongly for an expanded view of mental health and well-being that would help develop an awareness about how normalised, taken-for-granted ideas about personal dysfunction had produced limited systems of support and prevention. Pūras argues that,

> Mental health systems worldwide are dominated by a reductionist biomedical model that uses medicalization to justify coercion as a systemic practice and qualifies the diverse human responses to harmful underlying and social determinants (such as inequalities, discrimination, and violence) as "disorders" that need treatment. In such a context, the main principles of the Convention on the Rights of Persons with Disabilities are actively undermined and

> neglected. This approach ignores evidence that effective investments should target populations, relationships, and other determinants, rather than individuals and their brains. (2020, p. 4)

According to Pūras, the work that needs to be done to address the effects of reductionism in mental health goes beyond simply attempting to modify mental healthcare systems. Instead, Pūras relocates the potential for change to reside within communities that he describes as "community-led recalibration [that] enables the necessary social integration and connection required to more effectively and humanely promote mental health and well-being" (p. 4). Despite the work that has been done to expand an understanding of mental health and well-being, however, Pūras notes that biomedical explanations of mental health are pervasive and maintain a dominant explanatory position.

Blaser (2013) describes the difficulty of shifting a dominant, explanatory position as a "politicoconceptual problem" (p. 548), highlighting the importance of examining the cultural space that grounds policies in what is often a heterogeneous sameness that must have a certain view of the world reinforced regardless of the different terms used to describe things. Blaser (2013) points to a fundamental monoculturalism that, while generous in its allowance of some cultural variance, maintains at its core "the assumptions that we are all modern and that the differences that exist are between cultural *perspectives* on one single reality 'out there'" (p. 547). Moreover, the universalism described here is not always readily apparent, and this may be paradoxically reinforced by the inclusion of cultural perspectives supporting the view that there are things that are so fundamentally true that they "engulf cultural differences" (p. 548). Blaser's problematising of an embedded, deep-seated, and dominant ontology is one that enables the possibility of other ontologies—a challenge evident in the critical thinking that characterises a number of disciplines, including Indigenous studies.

In general, health policies can be viewed as ontological stories. In accordance with a dominant ontometaphysics, these stories tell us what things essentially are, drawing lines of definition around things, creating frameworks that contain meaning while also containing things by limiting their meaning (that is, what we can possibly say about things in the world [Walsh & Common Strategies Group, 2019]). For Māori, this limitation and containment has been demonstrated and experienced through the enforcement of many frameworks that set the parameters of understanding (for example, see Smith, 2012; Smith et al., 2016). In line with this, divergent views about mental health can be described as ontological challenges, demanding that we rethink what can be considered as being real and not real (Randal et al., 2008; Taitimu, 2007). Ontological statements are often represented as objective, scientific, and factual observations, hiding the cultural component of knowledge systems whose prominence relies more so on dominance and power. However, as Smith (2012) explains, "what makes ideas 'real' is the system of knowledge, the formations of culture and the relations of power in which these concepts are located" (p. 50). How policies frame the concepts of mental health, mental illness, and well-being should be considered in this context.

Mental health, well-being, and policy: Considering the intangible

The view of behaviour and, more generally, being-in-the-world, which is cognisant of the influence of the intangible, is important to the question of mental health and illness because it expands beyond the explanations offered through biological and sociological narratives while also including those aspects of experience (Moewaka Barnes et al., 2017). The importance of spiritual intangibility isn't related to its singularity and separateness; however, the tendency to describe the spiritual and intangible as something other than, and different from, the material should be resisted (Jahnke, 2006). Likewise, a view of spirituality as a marker of an unusual and alternate Indigenous worldview should be avoided (Aluli-Meyer, 2006). Instead, the spiritual and intangible can be appreciated for the metaphysical and ontological ground presented through an expanded consideration of reality, an opening of understanding that complicates and reassembles ideas about the world. This way of thinking about the world represents a holism that cannot be fully described, but one that collapses the imagined space between tangible and intangible things, where all things in the world are co-constitutive. Doran (as cited in Walsh & Common Strategies Group, 2019) describes this complex constitution as a mutual causality where "what happens to one thing happens to the entire universe" (p. 7). It is also, according to Māori and Indigenous ontology, a philosophical position that recognises that all things in the world have agency and autonomy, negating the Western tendency to conceptualise things as objects (Arola, 2007).

Breaking down the influence that Western ontometaphysics can have on how things in the world are viewed can seem complex, particularly given how the different components of Western thinking interrupt Māori and Indigenous understandings of being-in-the-world at multiple levels. Introducing a discussion of the intangible to the wider discussion about reductionist tendencies in mental health and other health systems necessarily implicates non-human (or more than human) things that, from a Māori perspective, are considered real entities with influence and agency (Smith, 2000). This ethical stance (Arola, 2011) further reinforces the understanding that we cannot fully know with certainty what types of relational dynamics resonate in our lived realities, which frame being-in-the-world in terms of potentiality (Marsden, 2003; Nepia, 2012; Rifkin, 2017). Within this context, Hokowhitu (2016) questions the tendency to overdetermine Māori and Indigenous realities, subjecting the experience of being-in-the-world to rigid descriptions that make Indigenous identities into formal ontologies, sacrificing the type of togetherness that cannot be fully described or captured through rationality's discursive representation. As Hokowhitu warns, "an ontological blunder occurs, divorcing what it means to be Indigenous from the *present*, where Indigenous people lose their existential self, the immediacy of just being, of living, of doing" (p. 91). Further, the tendency to formalise identities in policy can be linked to an essentialist worldview more generally, and this has, in turn, been linked to dominant Western metaphysics that prefers transcendent, enduring identification of the world and its objects (Reiss & Sprenger, 2017).

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It should be noted that although more extreme examples of essentialism are no longer employed, such as blood quantum identification applied to validate and measure Māori identities (Edwards, 2020), other seemingly less insidious markers are markers nonetheless. Health policies can be analysed to highlight where rigidity and formalisation of Māori and Indigenous identities exist and to discuss the implications and underlying ontology of this practice. An ontological analysis of the practice of formalising and essentialising identities in policy would consider how essentialism contrasts with the more emergent nature of just being, pointed to in Hokowhitu's aforementioned warning.

Amos (2018) discusses the multiple possibilities that lie ready to manifest in people's lived realities as an experience of embeddedness and the location we occupy within the world. As Amos explains,

> we are not hostages to the past, the systems we live in, the market-forces that we are told dictate our lives, or the unconscious self-centred whims that are said to define our nature. We are a potential and as this we can change, but we must remember (and remind each other as needed) that we can be more than what we have become in any given moment. But … we must figure this out together, otherwise we may just inadvertently lead ourselves from one unhelpful corner (or state of domination) into another where instead of helping, we close one another down. (pp. 73–74)

While Amos (2018) does not intend to describe an Indigenous worldview, referring to the potential apparent in less rigid views of being-in-the-world resonates with Māori and Indigenous ontometaphysical perspectives. References to collective helping point to an attitude of openness that seeks to bring people together without demanding conformity and speaks to an unfolding of creativity in relationships. These perspectives reflect an understanding of an indefinable characteristic of community cohesion where life happens in ways that cannot be easily defined, measured, or observed (for example, Ahmed, 2006).

Within this frame of understanding, the ability to know things and people (to observe them, listing their qualities and characteristics) loses importance against the spectre of a more dynamic process leading us to consider how things and people affect each other (Ferreira da Silva, 2013). Paying attention to collective impacts and relational understandings of being-in-the-world in this way raises the possibility of focusing on something other than tangible markers of mental health and well-being. While the idea of health and well-being coming from a less-than-tangible, more intuitive community connectedness (Smith, 2022) might challenge the logic and positivist grammar of current health and mental health policies, it aligns nicely with Indigenous relational logic (Salmond, 1978). Māori understandings of being, therefore, have the potential to create a view of mental health and well-being that is less focused on definitions of individual behaviour, which tend to lead us back to predetermined points. The conditions for thriving relationships are, therefore, embedded in the conditions for creativity—the complex changing rhythms created within communities (Rifkin, 2017).

Māori terms in health and mental health policy: Ontological questions

As mentioned in the previous section, recent references to Māori terms within high-level health documents (as part of significant health system review processes) may present an opening for the potential that is apparent in the Māori language. The ontometaphysical potential of Māori terms is significant and concerns the ability to perceive health and well-being more holistically. In relation to mental health policy, what is at stake is more than just the chance to engage in the development of alternative cultural descriptions of mental health. As argued in prior research, the notion of mental health stems from a philosophical worldview that resists radical and fundamental change, ensuring that attempts to introduce new perspectives simply become new iterations of the same dominant cultural understanding of human nature (Southey, 2020). Further, the tendency to ignore deeper actions that would lead to fundamental changes in systems links to attitudes about the universal applicability of Western ideas about the world (Blaser, 2013; Kramm, 2021). In relation to health policy, Moewaka Barnes and McCreanor (2019) discuss this tendency as a part of systemic injustice, stating that "the assumed universality of entrenched health systems, [leaves] injustice entrenched in the system" (p. 26).

Natividad (2014) discusses the issue of cultural dominance in relation to Indigenous narratives of resistance, explaining that these narratives are often subsumed by dominant frameworks that limit Indigenous responses, forming reactive stances that suppress more creative expressions. Referring to Irwin (1992), Natividad illustrates the power of creativity through Irwin's statement about fundamental development, noting that "Real power lies with those who design the tools—it always has" (p. 5). What is at stake, then, is more than simply having an opportunity to participate in decision making, which underscores the importance of ensuring that Māori terms are represented in health policy with particular philosophical questions and concerns in mind.

Mika (2022) discusses the use of Māori terms using philosophical inquiry to problematise the idea that, while subjecting Māori terms to translation, we can retain the intangible, complex nature that rests beneath language's more obvious presentation. As Mika states, the instrumentalist, functionally focused language of policy and law sits at odds with the spiritual abstractness of the Māori language and an understanding of te reo Māori as "a spiritual taonga, gifted by human and non-human ancestors, and imbued with their presence … [that] registers the more-than-human realm—Te Po, Te Kore, and so on—while talking about a single thing" (para. 4). Already in this report, Mika's philosophical analysis of language has warned about the colonisation of Māori terms when included in political and other text (for example, see Mika & Stewart, 2016). Extending this analysis, Mika's more recent commentary clarifies that there is an ethical problem presented by language reductionism that implicates philosophical premises and how these differ between worldviews (that is, generally Indigenous and Western).

Māori understandings of being, therefore, have the potential to create a view of mental health and well-being that is less focused on definitions of individual behaviour, which tend to lead us back to predetermined points. The conditions for thriving relationships are, therefore, embedded in the conditions for creativity—the complex changing rhythms created within communities.

For Māori, interconnectedness is a complete relationship that means all things in the world are regarded with respect and it is understood that all things have agency (Marsden, 2003). The term *mauri*, as an example, could be used to signify this view of interconnectedness (Mika, 2007), as could the term *whakapapa,* which is used to refer to both human and more-than-human phenomena (Smith, 2000). In contrast, Mika (2022) explains that dominant Western philosophical premises render things in the world in accordance with a hierarchical ethics that place human beings at the pinnacle:

> this worldview is isolating. It separates out things in the world, it actively rejects their togetherness and their relationship with the more-than-human, and it inhibits te reo Māori's ability to transcend human existence. (para. 13)

The inclusion of te reo Māori in policy cannot, therefore, be taken for granted as a signal that Māori ontologies are being taken seriously by those who continue to hold an overwhelming power of decision making.

Conclusion

In terms of mental health policy, the implications of insisting that aspects of culture are represented as visible qualities and concepts must be considered when analysing how policy sets up Māori terms as tools to reinforce formalised patterns of being-in-the-world. We might instead consider the positive implications of engaging Māori terms in ways that support relational ontologies—ones that stem from taking Māori and Indigenous ontologies seriously. Doing so requires that different questions are asked that are less about describing what something is and more about asking how an experience of a relational being is formed. The answers may be as complex as the worldview that seeks to question formalised frameworks in the first instance, and this fact highlights the diversity of health and well-being responses when these are broadly framed by a principle of being-in-the-world: “the immediacy of just being, of living, of doing” (Hokowhitu, 2016, p. 91). The policies that give way to that reality are therefore critical to making space for Māori and Indigenous ontologies.


Te Tohu o
Rere

Section 3

Kaupapa Māori and radical change

Methodology

Policy analysis requires an appreciation of the role that ideas play in the construction of a policy and, more broadly, the construction of the social framework in which the policy sits, responding to a problem set out through the stories that are told about people's experiences. One common policy framework has seen Māori lived experiences become crisis stories created from ideas about how populations deviate from normative standards, often justified by methods of measurement otherwise known as crisis statistics (O'Sullivan, 2022). This tendency was called out during the first stage of the WAI 2575 inquiry; the State's persistent focus on disparities as opposed to its own systemic failings was highlighted through comparisons with international ideas about equity and systemic responsibilities (that is, World Health Organisation's definition of equity). The current research includes the objective of further deconstructing and problematising policy frameworks that continuously seek to decontextualise people's experiences and the world as a whole.

Kaupapa Māori methodologies can reveal the power relations that support certain frames of understanding, such as those observed in relation to government responsiveness and broader policy narratives. However, kaupapa Māori methodologies also provide a pathway to a broader liberation, as Mahuika (2008) states,

> While its clearly resistant positioning against the status quo has been an essential component in facilitating opportunities and 'space' for Māori research and researchers (both figuratively and literally), perhaps kaupapa Māori's greatest potential lies in its ability to both challenge and uncover the accepted but un-examined thoughts and practices that are advocated as kaupapa Māori theory and practice. Perhaps more important than a clear answer to whether or not kaupapa Māori theory is critical and anti-colonial, is the potential to move beyond what is currently known as kaupapa Māori. (pp. 37–38)

Following Mahuika's statement, the current research aims to examine policy with a critical kaupapa Māori perspective in mind—one that questions the full potential of policy for Māori health and well-being while also remaining mindful of the full potential of kaupapa Māori as an ever-evolving approach to clearing new ground for Māori thinking.

In a policy brief summarising the findings of research that focused on Māori views of transformative systems change in health, Russell et al. (2022) describe kaupapa Māori theory as "a disruptive approach to radical change", adding that, "Essential to this [is] the freeing of Indigenous imaginations; an Indigenised State sustained by belief in Indigenous knowledge and solutions; and the development of Indigenised workforce of disruptive innovators" (p. 2). Mikaere (2015) shares a similar framing of kaupapa Māori when discussing mātauranga Māori and a radical departure from non-Māori methods in research, methods that we may "unwittingly" (p. 78) reproduce if we are not vigilant about recognising their sometimes silent yet pervasive presence in our work. For example, research continues to be predominantly shaped by positivist methods (Kincheloe & Tobin, 2009), and policy development often adopts evidence from research that can tell policymakers about the essential features of a social issue (Pomeroy & Sanfilippo, 2015). While the value of evidence-based research and policy rests on the perception of rigour (Mika & Stewart, 2017), the potential for reductionism is rife, as is the potential to "over-determine" (Smith et al., 2016, p. 132) and essentialise Māori identities and lived realities. The current research has been completed with these concerns in mind, seeking to avoid the urge to provide a definition of Māori understanding of being, generally and within a policy context. The aims of the research, therefore, are explorative both when considering the research as an exercise in questioning policy context and when examining "being" from a Māori perspective. Within this context, the research seeks to unwind frameworks rather than develop alternative definitional frames.

Research aims

Examining how Māori understandings of being are represented in current health and mental health policy

The research aims to contribute to policy development in Aotearoa, specifically in relation to recent recommendations, targeting a shift in how health and well-being are conceptualised. Part of this overall aim is to identify the barriers that have so far limited the degree to which Māori views on health and well-being fundamentally influence policy. Initially, the position taken in this research was that Māori knowledges have so far been integrated into mainstream structures as a way of gesturing to Māori worldviews rather than altering the essential health policy framework. For example, in mental health, Kopua et al. (2019) ask why whānau Māori and the wider Māori community are still waiting for the health policy—Whānau Ora—to be actualised in the mental health system as a way of escaping an overpowering focus on individual and internal pathology. This research examines the philosophical settings that may be preventing fundamental change in how health and well-being are understood and supported despite the positive language change being employed in policy over time.

Exploring innovation in health policy development: How do Māori understandings of being change the terms through which we understand health and well-being, and what are the implications for how health (and other systems) operate?

A further research aim relates to the development of knowledge that can support integrated health and well-being systems grounded in Māori principles, including whānau ora. Stage one of the WAI 2575 health inquiry saw Māori health and community providers ask for a redevelopment of health policy that enables Māori to exercise tino rangatiratanga in the design and delivery of services. One of the findings from the stage one hearing highlighted how Māori providers were often impeded in being able to create service environments based on Māori values, as the ability to do so relied on decision makers (for example, at that time, District Health Board staff making funding decisions) having shared knowledge of Māori worldviews. For providers who aim to support communities based on the principle of whānau ora, negotiating contracts for integrated services based on holistic health and well-being principles can be particularly difficult in a health policy environment that describes and values health based on biomedical, clinical terms. In addition to this, more complex understandings of well-being, implicating intangible aspects of health, are not normalised in health policy and service delivery (Waitangi Tribunal, 2019). It is intended that knowledge developed from this research would benefit Māori providers, funding agencies in partnership with Māori providers, and the wider Māori community.

Key informant interviews

Six key informants were interviewed using a semi-structured interview schedule that included three main question areas, including: a) policy language and mental health terms (ideology); b) examining how mātauranga Māori is represented in current health and mental health policy (Māori and Indigenous ontologies); and, c) exploring innovation in health policy development (implications for service provision and support systems).[7] The key informants are from diverse professional backgrounds, each working in different areas related to health, mental health or Māori and Indigenous philosophy. Each key informant has also written extensively in relevant areas discussing the mechanisms (both structural and philosophical) that support change and the inclusion of Māori and Indigenous ontologies in research and policy.

Conclusion

Māori and Indigenous policy analysis, while inclusive of a critical inquiry of the discursive construction of Māori and Indigenous peoples, must also address the ontological ground that pushes forward ideas about Māori and Indigenous realities. The story told about Māori and Indigenous realities draws from ideas that ultimately reside in rationality's frame of thinking, interning worldviews to perspectives of objectivity, individualism, and essential determinism—that is, what is the essential feature of the social issue and how can Māori and Indigenous peoples be defined in policy? There is a tendency to decontextualise people's lived realities which runs with the tendency to overvalue tangible explanations for health and well-being outcomes, culminating in the most visible biomedical explanations. A kaupapa Māori approach to analysing these tendencies in policy must lean towards a more radical deconstruction of the philosophical premises that create certain stories about health and well-being.

7. See *Appendix A: Ethics approval statement.*

Section 4

Exploring a deeper influence

Discussing Māori and Indigenous metaphysics, ontologies, and policy

The main ideas drawn from key informant interviews are presented in this section and are grouped into themes related to both Māori and non-Māori/Western worldviews and mental health policy.

Each of the key informants discussed mental health and policy in unique ways, highlighting problems and possibilities from different viewpoints. However, these diverse views about how Māori and Indigenous ontologies are affected within policy have formed a necessarily complex yet complementary set of ideas aimed at exposing a deeper influence. This deeper influence resides at the philosophical level, taking the analysis of policy to an ontological level rather than being fixated at the structural level where existing health systems are simply tweaked to include a Māori perspective.

Explaining the research themes: A picture of philosophy and mental health policy

The first two themes set the scene for considering ontology and mental health policy. The first theme is important because it includes discussions about the philosophical basis for worldviews. As de Leeuw (2014) states in relation to the notion of grounding and policy, "policies and practices are always and also material, grounded, and embodied, which means they are always in a tensioned relationship with differing ontologies" (p. 73). The ontological ground that key informants discuss, therefore, highlights the existence of a non-neutral policy landscape (Came et al., 2020) that is consistently problematised by Māori and Indigenous thought and theory (for example, Pihama, 2015). The second theme continues a presentation of Māori and Indigenous worldviews through an exploration of a holistic perspective of health and well-being: a view of being-in-the-world that surpasses the health system but also informs how Māori intend to shape health and well-being concepts and systems of care. Theme three discusses how a desire for a holistic view of health and well-being is being impacted by dominant non-Indigenous health concepts.

The remaining three themes are more directly concerned with health and mental health policy, examining views on Māori input into policy and the way in which Māori philosophies and Māori terms are utilised in policy. Theme four presents the nature of policy development and Māori participation in health and mental health policy development, which rests on the idea of cultural space or the degree to which Māori can design and shape how health is conceptualised. The fifth theme in this section presents key informant views on how Māori philosophies would shape health and mental health policy and includes a view on language: how Māori terms can be understood on Māori conditions (for example, the term *pōrangi* within a mental health context). The sixth and final theme presents ideas about how the concept of health and well-being can represent terms of understanding and agreement in relation to the question, "What is health and well-being?", when Māori understandings of being form the ground from which this question is examined and answered.

Metaphysics and ontology: Māori understandings of being-in-the-world

As an initial introduction to discussing the major differences that can be drawn between Māori and Western philosophies (ontology and metaphysics), one of the key informants described how relationships are shaped by the different methods used to engage with things in the world. In describing Western philosophy and the methods of engagement it encourages, the key informant explained that,

> those [methods] still fit the overall idea that the human being is an observer. That they're dispassionate, objective observers of the environment, that you start from looking at a problem that needs to be resolved. (key informant 1)

The key informant further explained how the methods of rationality and modernity affect relational being, impacting how we perceive or locate ourselves in relation to other things in the world. They discussed this as a shift in ontological perspectives that, in turn, affects how we live in the world (that is, being-in-the-world). From a Māori perspective, however, they described an immersive experience of being *with* things in the world along with describing the agency of all things, thereby negating the idea of human-centred observation:

> [from a Western worldview,] the primary relationship is one where you are [an] observer … the primary relationship is no longer that … you are part of it, or that it is part of you. It's now something to be observed and watched. That's one of the key components of science. Whereas, one of the key components of a Māori worldview is that you don't do that. You actually see yourself as immediately part of it, and … even your … ability to observe is given to you by the thing being observed as well as everything else [in the world]. (key informant 1)

Applying this perspective to the concepts of mental health and well-being, the key informant spoke of seeing language as another tool or method employed as part of rationality and modernity. They examined language through a deeper metaphysical lens rather than simply a discursive tool that constructs meaning. The key informant also explained how language can be understood metaphysically in reference to terms commonly associated with notions of mental health and mental illness. One of the metaphysical impacts of language they described was taking people out of their lived contexts:

> what does a language assume mental health to be? It definitely assumes that there is no kind of invisible world, that there is no spiritual realm. I think that's fairly clear … and although it tries to do this [identify determinants of mental health and well-being], I think it doesn't really accommodate the idea that the human being is affected by the environment, and it certainly doesn't allow for the fact that the human being is one with everything else in the world.
>
> What does it positively propose through its language? The opposite of that … that the human being is central, that the human being is compartmentalisable, that they can be observed and watched by someone who has no relationship to them apart from some sort of professional relationship. And also, that the human being is removable from their context. (key informant 1)

This view was supported by another key informant who observed that,

> mental health … is one of those examples where it's not seen as something that is connected to all the other parts of a person, but it's seen as a disease. (key informant 3)

Bringing this view of Western philosophy into a policy context, the key informant added that the tendency to separate things out had been observed in policy, which maintains the structure of fragmentation (that is, a siloed approach) despite including some references to well-being from a Māori perspective:

> whether it be mental health or any other type of policy at the moment, it's still quite compartmentalised. I don't think we have done well yet. … We give some lip service to it, but I don't think the health system, per se, or health policy, has managed to overcome the siloed approach that it takes to health and well-being. Often, [holistic] well-being is 'tagged on' … but it's not seen as one integrated whole, which … from a Māori perspective, it completely is. (key informant 3)

Achieving holistic policy development was discussed as a more complete integration than what is currently demonstrated, even when a policy is framed as a cross-sector approach. Wairuatanga was discussed as a guiding influence in returning to holistic policy development, described by one key informant as spiritual technologies,

> there are more conversations to be had in terms of … restoring our political movements, [which] were all spiritually infused and spiritually informed. We didn't run off around the world doing political stuff without it actually being in obedience to an expression of life. And it was our spiritual technologies that enabled us to understand and be informed by life. (key informant 5)

Holistic understandings of health and well-being

Widening perspectives to expand outside of a mental health context, one of the key informants described how a Māori and Indigenous ontometaphysics would view wellness without disciplinary or sectorial boundaries. The discussion of wellness based on a more expansive, non-disciplinary perspective linked to an overall commentary about the Mental Health and Wellbeing Commission, established following the latest review of the mental health and addictions system in Aotearoa (Inquiry into Mental Health and Addictions, 2019). The inclusion of Māori terms and worldviews within policy structured by separate sectors was discussed as a way of adding Māori knowledges without bringing in a fundamentally different and holistic structure. The overall policy is, therefore, one of managing the world through separation, and ordering things into different categories:

> in terms of the West as a project, I think the West doesn't want to disestablish itself … and it doesn't want to be complicit … because what you're talking about [The Mental Health and Wellbeing Commission] doesn't go far enough. I mean, you wouldn't have divisions between well-being and education and law and so on … But you're not going to get the West wanting to deconstruct itself that fundamentally. You'll get them where they want to add those little band-aids here and there, but not completely undo themselves. (key informant 1)

In a similar vein, another key informant commented that,

> if we are unbundling and deconstructing and building from the ground up, there's so much that we have to do. We have to convince everyone that the holistic way of looking at things is the right way. And then we have to construct all our systems and processes to allow us to operate in the way that Māori providers naturally want to operate, which is across those silos, and because we do work in this Western system, the constructs and the tools and the mechanisms, which we use to achieve health, are not built for that. So, we end up kind of getting stuck. (key informant 2)

One other key informant described how separating different aspects of people's social and cultural lives compartmentalised things that, when considered together, were all implicated in people's ability to live well and experience good health and well-being:

> It's one and the same thing. We wouldn't be thinking that looking after our land has got nothing to do with our health and well-being as a people, you know, it's all completely and utterly intertwined and interrelated, and it's a complex web of how we exist in the world, with our world. (key informant 3)

Echoing this view, another key informant commented that,

> when I think of policy, I see it as interconnected … it's interconnected to the relationships that we have both in terms of our kin and our extended kin, including community, but also … the interconnections of land and water and how the well-being of the land impacts the well-being of the people. (key informant 4)

Capturing our imaginations

While a holistic worldview was discussed as the philosophical ground from which Māori and Indigenous perspectives of health and well-being emerged, key informants also cautioned that dominant Western worldviews have had a significant impact on Māori and Indigenous thinking. One key informant described this influence as the capturing of Indigenous imaginations.

In using the term *capture* to describe how they saw Māori and Indigenous imaginations being limited, the key informant was attempting to highlight how dominant Western ideas have become most prominent in shaping how people think about the world. In terms of mental health, they described how they believed Western thinking had infiltrated the worldviews of Māori and non-Māori practitioners they had worked with, including when they had taught practitioners about what they called wairua-centred healing. As they stated, the practitioners were,

> attracted and drawn to wairua but couldn't really see it seriously in terms of clinical efficacy. (key informant 5)

Another key informant talked in terms of the capturing of Indigenous imaginations, describing how Indigenous knowledges are often constructed as, and limited to being, responses to colonisation, even when those knowledges are framed as resistance and decolonisation:

> I think even "decolonization" is an entrapment that pivots on a colonial centre.
>
> I think our imaginations are entrapped, and I think we are caught in a colonial-centric universe. It's bigger than a worldview. We're blind in just perpetuating colonisation, or we're in bicultural relationships where we are browning the colonial, or we're hating on it, or we are critiquing it. And that's the centre of our expertise. But actually, all of those are pivoting on an axis that is colonial, and it is perpetuating who we are *not* over and over and over again. (key informant 3)

Discussing the term decolonisation as being symbolic of the entrapment of imagination, they further explained how,

> we keep talking about what I know to be [what] I would name as Indigenous revitalisation, but we're calling it decolonisation…
>
> the depths of the capture … hijacking of our imagination … I'll hear people actually say, "we need to re-emerge our original teachings and our original healing ways, and we need to decolonise". And I'm like … they're not the same. To me, colonisation is the imposition of conditions that disallow Indigenous life. Decolonisation is the identification and the starting to alter and change the imposition of the conditions that disallow Indigenous life. And Indigenous revitalisation is just exactly that, so to me, there [are] three categories. (key informant 3)

The key informant also described what they referred to as *entrapment,* discussed within the context of ontology, pointing to the deeper ontometaphysical and epistemological aspects that have impacted Māori and Indigenous ways of thinking about the world. One of the central aspects of this ontometaphysical and epistemological entrapment was described as a tendency to rely on and seek certainty. Māori and Indigenous ontometaphysics and epistemologies were discussed in terms of the potential to disrupt certainty:

> I think this goes back to the captured imaginations … at a deep, deep ontological level, not even really being aware that more exists … and [questioning this] … ruptures that certainty, an implicit unconscious certainty, that all we can do is replicate or argue against. There is no third position.
>
> …while we are trapped in that Western mainstream universe—ontologically trapped—and we can't even consider, it's just impossible to consider that we exist outside of that—that's our minds. Our bodies and our hearts and our ancestors and our spirits [represent] a different knowing. (key informant 3)

The key informant went on to describe what they saw as a situation where Māori and Indigenous people are disconnecting from wairua-centred ways of being, particularly in relation to things that are considered intangible. To convey a sense of the intangible, they used the term *unknown* and that,

> we've become fearful of the unknown. (key informant 3)

To illustrate how Indigenous ways of thinking and being can be brought into view and revitalised, the key informant referred to the work of a well-known Māori philosopher and writer and their description of being from a Māori perspective:

> [Charles Royal] talks about Indigenous revitalisation, and he does it from a Māori Indigenous perspective … I won't say this exactly right, but he talks about really our task is to bring ourselves back into conditions and spaces and life ways where we can allow the universe and life to speak into and through us. We were living in expressive alignment with the movement and the flow of goodness vitalities, life justice. That's creativity … to restore a fullness of creativity where … our personal sense of who we are is ignited, and our purpose is [too]. (key informant 3)

Māori and Indigenous participation in policy development

One key informant spoke about their role in policy development within a large health service organisation. Their view was that policy is an important tool for changing the way an organisation and its staff operate. They cautioned, however, that the potential for policies to influence change was dependent on how policies were framed and the degree to which policies include a focus on Māori realities:

> I realise the importance of the written word and I work to change the written word, because policies can change people's behaviour … policies are important … it's like, s[o]wing a seed … So, when I critiqued the policies … I reframed words and reframed the documents … I rewrote the contracts to reflect Māori realities. (key informant 4)

The key informant went on to explain how this type of activity can be linked to the work of Foucault, who describes alternative discourses as a crucial part of the process of change. They explained how introducing alternate terms and frames of understanding alongside dominant discourse can create resistance and tension that potentially leads to change.

Another key informant described their view of the policy development process and how this maintained a particular type of ontology. As they explained, the type of ontology that grounds policy can exclude other worldviews and limit what is considered and included as part of how health is conceptualised:

> I think it starts with who is the originator of the policy and what was the intent of the policies to begin with … Here [Canada], the policies are really dictated by

> government who tend to be Western in thinking about things … a lot of health policy … is very much grounded in an individual, arms-length, almost legal approach to thinking about health. There's very little policy that actually thinks about the interconnected whole—the whole of an individual to the whole of the community. (key informant 6)

Using education policy as an example, the key informant described the ontological orientation of policy in their local and national Indigenous context:

> One of the limitations of education policy is that it focuses on the student, but not necessarily the familial context or the extended kin context that a student is in … it still drives that as an individual act [however] we know that Indigenous education … it's interconnected to … the elders and community. (key informant 6)

All of the key informants discussed the importance of Māori and Indigenous involvement in policy development. Regarding mental health-focused policy, one key informant described how mental health can be considered from within a holistic Māori worldview and wider Māori policy initiatives, stating that,

> mental health is almost like a subset of whānau ora (key informant 2)

adding that,

> Whānau Ora is the closest we've got to a point where we are operating in a way that approximates a Māori worldview of health.

The key informant went on to describe how Māori perspectives can shape a health system. This point echoes the description of policy development shared earlier within this, where the framing and reframing of policy was discussed as a strategy for ensuring Māori realities and ontologies are reflected in policy language:

> when you look at the health and disability system review, when you look at WAI 2575, that's what Māori are asking for. The way we look at health becomes the way our health system looks at health, but of course, those are two very different worldviews to hold at the same time. (key informant 2)

The key informant's reference to holding two different worldviews simultaneously also reinforces the idea discussed in a different interview where discourse was described as a tool that can affect change (that is, creating tensions that form part of the process of change discussed earlier in relation to Foucault's analysis of discourse and the process of change). However, the key informant also spoke about the lack of shared understanding regarding Māori worldviews and Māori-led policy, particularly with reference to Whānau Ora, which has been a cornerstone of formalised Māori health policy since 2002:

> Whānau Ora, for example, has now been around for 20 years, and people are still confused about what Whānau Ora is and how they can do it and what it looks like, how we fund it and what the outcomes are. There's a twenty-year history, including an outcomes framework. … it's actually very frustrating that twenty years on we are still having to explain what Whānau Ora is and that people aren't grasping it. (key informant 2)

Another key informant spoke about policy formation processes emerging from within their Indigenous communities in Canada (First Nations). Referring to their experience in reading educational policy, they explained, the level of local Indigenous community involvement in the development of policy can be gauged by the level of inclusion of Indigenous concepts, practices, and protocols. Despite this, however, the key informant described how policy retained certain premises in relation to student achievement, including consistently including a deficit framework describing student success in terms of dispositional traits:

> we have these mechanisms called the Aboriginal enhancement agreements that districts have signed on to with local First Nations within the school district that they're in, and those policies tend to be … more inclusive of Indigenous ways or, in other instances, are totally immersive of Indigenous ways. It depends on how active the community was … in writing those documents, but even then, you see some problematising of the student … deficit thinking about a student—it's a student's fault that they're not getting to succeed [rather than] seeing it as a systemic or societal problem.
>
> [they are] thinking about literacy and numeracy, not as … the lack of the curriculum or the lack of the appropriate teaching styles or the impact of racism on a student's learning … to me, those things, I think still happen within health very much in terms of—; it's the individual deficit blaming. (key informant 6)

The ontological statement related to framing things in individual terms was also discussed in the context of treatment philosophies and how these affect the behaviour of practitioners within treatment settings. One key informant explained how these ontological positions can be difficult to shift from, despite the introduction of cultural competency:

> if you are a clinician or you want to be a clinician and you are training to be a clinician … everything is centralised. Everything is deconstructed down to the *n*th degree because … they're training you to identify a disease or a problem that needs fixing … [it's] the complete opposite to how we look at things from a Māori perspective … because you're not taking into account that person, the whānau, that space, that context, that connection that they have.

> I [the practitioner] understand that you've got these four sides [whare tapa whā] which I have to deal with … that you are part of a wider whānau. But at the end of the day, I'm going to prescribe you a pill because that's my default position. (key informant 3)

Comparable to this discussion, another key informant described how the inclusion of Māori knowledges, practices and protocols within mental health had done little to fundamentally change the dominant approach to treatment. The term *trivialized* was used to describe how Māori knowledges have been taken up within the mental health system, denoting a sense of tokenism rather than reflecting a model where each approach is equally valued.

> I think tikanga Māori has become quite trivialised within the mental health system. They might have their Māori team, but we know that most Māori come in through a mainstream team. So, if you're coming into the mental health system now … there's two models; there's the crisis team … and a community team and, while you're in crisis, they might bring a cultural advisor around, somebody who's going to sit down and … they go, oh, you know, shall we start the day with a karakia? And while [that happens], the nurses and the psychiatrist are all gathering around with their trays of pills and their DSM tests and their diagnosis that they're going [to] put you through. And then the cultural worker might say, oh, you know, can we bring in your whānau? Their roles are subordinate to the medical model. (key informant 3)

The concept of ensuring there is adequate cultural space for Māori and Indigenous worldviews to shape the health and well-being philosophies that ground health systems and policy development was also discussed in relation to the potential of new Māori health entities (that is, Te Aka Whai Ora, Māori Health Authority).

> we are, by virtue of those who have power, given permission to have this tiny little bit of space compared to if we were the people in power, if we were driving our own health and well-being goals and aspirations, how that might look … [we had] huge expectations around the Māori Health Authority, hoping that is what that organisation was going to be about … that finally, we get to determine from a Māori philosophical point of view what health and well-being looked like and how it was going to be delivered. (key informant 2)

However, key informants were also aware of the history of health policy and various attempts to make changes to the health system and to enhance Māori health outcomes through ensuring Māori participation in decision making and design. As one key informant cautioned in relation to the HDSR:

> I worry that it's lip service … I do think the review panel would really think they were genuine. I think there was a genuine desire to disrupt the system because we can't carry on as we are … to do something quite different because that's the

> only way we're going to kick inequity. … I think the intent and the statements and the vision that is outlined in [the HDSR] document is admirable … [but it] comes down to how we give effect to those intentions … and the problem becomes, again, that the system we have isn't being disrupted. (key informant 2)

One other key informant added to a cautious view of the health reforms, again commenting on Te Aka Whai Ora (Māori Health Authority) and the potential for the entity to influence change (that is, to disrupt the system). As they explained,

> we have had a Māori Health Commission before … and I was worried about it [Māori Health Authority] being siloed out to the side and really all the business happens within the mainstream Ministry of Health space. And it's a way of [saying] "throw the money over here, distract the Māori with this, and we'll get on doing what we normally do anyway". (key informant 4)

Further, concerns were raised about the fundamental structure that may be left in place, representing a lack of change and a lack of opportunity to reshape the health system:

> we still have the same policy analyst, Ministry of Health. We still have the same lack of an understanding of what it means to be a true Treaty partner at an individual and a systems level. We still have the same accountability frameworks. We're probably still going to have the same contracts unless they change the entire contracting system.
>
> … the Māori Health Authority is one thing, but what sits underneath it, it's like an iceberg. That's the one seventh or whatever it is that you see, but … whatever proportion that sits under the water, that's where it will stand and fail … It's nothing to do with the passion and the drive and the willingness and the resource up here. It's all about those systems … that aren't getting disrupted, that aren't getting unbundled. (key informant 2)

When discussing the ability of Māori communities and providers to exercise tino rangatiratanga, another key informant pointed directly to the aspect of policy and contracting that is overly rigid in its description of what systems of care will include and how these will operate:

> my conversations with Māori who work in that space, it's evident to me that [they're] under pressure, they're not being looked after … they fight to have their tikanga Māori recognised and implemented. They fight for space. (key informant 4)

In line with this, key informants also talked about how structures could change to allow for a different way of assessing performance that would support providers to work more holistically:

> we do have to be accountable for that public purse that we are using. But I think there are ways of demonstrating accountability which are above and beyond … current mechanisms … I think Covid, and the Māori response to Covid, particularly during the lockdown last year where money was thrown at Māori providers, we were able to demonstrate how we could use that money … and there was very little accountability tagged to that money because the Crown knew that the people who would have the most impact on Māori whānau were Māori. (key informant 4)

Overall, having the ability to measure health and well-being from a Māori perspective was an ongoing concern.

> I was disappointed to realise that there were [only] health indicators based on Western measurements. I do know from [research] I did many years ago, that when you asked Māori about it, then as far as they are concerned, they're 80% healthy using their own indicators and not using Western indicators … what we're [still] trying to do is measure health based on these other people's values. (key informant 3)

Māori and Indigenous philosophies within policy: Language, meaning and translation

The ontological and metaphysical basis of policy and ensuring cultural space was made available for Māori and Indigenous philosophies was also discussed more directly in relation to policy language, particularly when examining how Māori terms are translated within different institutions and disciplines, including academic and health settings. All key informants raised concerns about how Māori worldviews were represented in policy, with emphasis on the practice of translating Māori terms. As one key informant explained in relation to the Ministry of Health's representation of the term *pae ora*,

> when you start using our kupu and then policy gets to define our kupu … it's not like we haven't seen examples of that because it's in … that language in legislation. The minute it was in legislation, the whole meaning changed, and we didn't own the kupu anymore … even the concept of whānau ora, even the concept of pae ora … Talk to anyone in the Ministry of Health and ask them what they understand pae ora to be and what they would see if they saw pae ora in a community, what would that look like to them. And good luck is all I can say because I know people can't explain whānau ora, let alone pae ora. (key informant 2)

The wariness conveyed about how Māori terms are defined in policy, and subsequently how these terms are understood, was also voiced by another key informant who viewed the practice of translating Māori terms into Pākehā concepts as highly problematic. They discussed the value of reversing this process to take account of Māori terms first, retaining Māori terms in their fullness without reverting to simple translation:

> [We] tend to, in my opinion … take a Māori concept and we wrap a Pākehā definition around it. And the only way that we can move that into mātauranga Māori is to shift it into te reo Māori, so we have to find a way to do that … At one point I was looking at te reo Pākehā definitions of concepts compared to te reo Māori, one just to see whether there were differences in the way that people understood what concepts were. (key informant 4)

The need to be vigilant about translation overall was also pointed to by other key informants, with one informant calling for a deeper examination of how terms are used, given that,

> We don't have Māori criteria for assessing whether things line up with our metaphysics … We rely on the terms that are used and do not explore deeper ontological levels. (key informant 1)

The idea of Māori terms carrying a more fluid meaning was also raised and demonstrated in how Māori terms are dynamic, carrying meaning that shifts with communities across generations:

> how we think about self-determination now, I hope it would change in, you know, another hundred and 200 years, right. We think about those young ones yet to come. (key informant 4)

In relation to terms that are commonly utilised and translated within a mental health framework, one key informant spoke at length about the term pōrangi and its translation, along with the term's potential when it is no longer subject to translation:

> From within a Māori criteria, I would say that if it doesn't fully embed within the word the full texture of the world that's being referred to, then it simply is not the same thing. The meaning might have slight overlaps, but the "being" is not the same … we currently allow ourselves to just be comforted by the fact that they mean the same, that words generally mean the same across English and Māori. But we haven't developed a criteria … which allows us to say they are not the same. And this is what happens with the word *pōrangi*. If you look beneath what [meaning is] commonly given to us about the term, which is that it means *madness*, [and] that it automatically invokes what is commonly called *night* and *day*, which are themselves bad translations of *pō* and *rangi*. (key informant 1)

The key informant went on to explain how the word pōrangi, when viewed based on a Māori philosophical perspective, changes terms of understanding based on Māori metaphysics:

> it is more like you are in a state of euphoria and despondency at the same time … not one then the other. They're at the same time; they constitute you and each other. (key informant 1)

The key informant then related the understanding of pōrangi as a simultaneous state of being to a Māori perspective about the nature of being in the world in general and the agency of all things in the world, including non-human things. As they explained,

> [for] other things in the world [it] might be simply that they obscure themselves from you, but then reveal themselves at the same time. (key informant 1)

In concluding their examination of the term pōrangi, the key informant applied the term's more complex meaning (when considered from within a Māori metaphysics) directly to the notion of mental health. Interestingly, the key informant discussed how the idea of pōrangi, as occupying two states of being at the same time (that is, euphoria and despondency), may be understood within a mental health setting in terms of clinical diagnosis. However, as they explained, the complexity of simultaneous emotions and states of being can be normalised from within a Māori frame of understanding:

> if we referred pōrangi back to mental health, you could simply say that it's okay to be in both states at the same time … it's okay to be in a state of despondency and also elation at the same time … it sounds like bipolar, but actually the translations make it seem that way, but I don't think it is just that. I think whatever the condition is, the so-called condition *pōrangi* simply means that it's almost a normal state to be in. (key informant 1)

Saming of Indigenous knowledge: Making Indigenous knowledges manageable and intelligible

A subtheme that emerged from the overarching theme highlighting how Māori and Indigenous philosophies are included within policy is the tendency for policy to reduce the complexity of Māori and Indigenous knowledges to simplify what are, in reality, very diverse perspectives. For example, as one key informant explained when discussing the need to understand and include diverse perspectives in policy, it is important to contextualise diversity through a focus on local ontologies and teachings. However, as they pointed out, there is a preference for Indigenous ideas and identities to be presented to highlight similarities rather than uniqueness or diversity:

> when you are Indigenous centred, and you are based on the lands of the people … then it's their cultural teachings that guide that work … how could a Cree perspective based in Alberta be influenced and support … Mohawk in Ontario or whoever else. And that [diversity] really ruffles folks' feathers because they want us all to be same so that they can just treat us carte blanche as Indigenous. (key informant 6)

Another key informant raised concerns about how the practice of simplifying Māori knowledges and identities has impacted Māori expressions. The key informant believed that discussions about being Māori were often based on positivist descriptions in order to provide a type of cultural legitimacy they described as an attempt to "credential ourselves as being entitled to be Māori". Concerns raised in relation to formalising or credentialing Māori and Indigenous knowledges and identities also linked to a general concern among key informants about the dominant Western knowledge systems' preference for essentialised concepts that sought to reduce differences while seeking to identify a prominent, singular characteristic or set of characteristics.

Terms of understanding health and well-being: Exploring language and ontology in policy

Key informants were asked directly to consider specific Māori terms and the meanings of those terms from a Māori perspective. Of course, Māori terms will primarily carry meaning from within te ao Māori. However, the interviews also included a focus on how Māori terms have been translated within policy and other government planning and inquiry documentation, necessitating a direct investigation of Māori meaning in the first instance. Examining terms in this context connects to a discussion presented earlier in this section, where one key informant shared their analysis of the term *pōrangi* and their view of how this term had been reduced to fit a mental health framework. A similar perspective on reductionism and essentialism emerged when other key informants reflected on their experience of discussing the meaning of Māori terms.

It was apparent from the overall discussion of Māori terminology and the concept of definition that Māori meanings are diverse. This was reflected in a response from one key informant who had completed research examining the use of the term tino rangatiratanga in health policy. As they explained, the meaning of the term tino rangatiratanga exists along a,

> continuum because some people [think it] no longer exists and it wasn't even a real Māori word, whereas at the other extreme, you've got people saying it's Māori control of everything. And I'm leaning towards the other, which is Māori control of everything for us to have true tino rangatiratanga. (key informant 4)

While recalling conversations with colleagues who were discussing health-related research, another key informant described how clinical terms, and the ontology the terms are attached to, are often retained and accepted even while those seeking change discuss the marginalisation of Māori worldviews. To this key informant, once we employ Western terms that emerge out of a Western scientific framework, the intangible elements of being-in-the-world will be affected by a dominant Western ontology.[8] Further, as they explained, Western scientific methods and terminology set up the expectation that certain processes will be followed—ones drawn from a focus on tangible elements of health and well-being (that is, physical, biological, and therefore biomedical):

> [we may be] lamenting the fact that Western science doesn't account for Māori spirituality, but [then be] okay with the diagnostic tools and the names … once you draw on that [Western diagnostic framework] you have to go to its conclusion through the treatment process and through an outcome, because you've already invoked the ontology there. (key informant 1)

8. Western ontology is described elsewhere in this section as an ontology that prefers to deal with things in the world as sets of tangible objects.

Further illustrating the impact of Western clinical terms from an ontological perspective, the key informant referred to the etymology of scientific terms and the subsequent potential for scientific terms to shape worldviews (that is, a worldview based on the values of modernity). Rather than describing the potential constructive influence of scientific terms as a sociological phenomenon, however, the key informant related the potential to construct and influence Māori and Indigenous views about being-in-the-world to a deeper ontometaphysical influence:

> if you were to look up particular terms you would see strong hints of modernity in there. Do we really want to take on those terms as our identity? [That is] a straightforward, pragmatic question that I would ask … if we accept those terms, those diagnostic [terms] then we accept what we normally would call the mauri of those terms. (key informant 1)

In discussing the term *mātauranga Māori*, this same key informant cautioned that the translation of *mātauranga as knowledge* can encourage people to simplify complex meaning, searching for exact descriptions of things to mirror a Western understanding of knowledge and the belief that we can definitively know what things are. In reference to their participation in developing proposals for National Science Challenges,[9] the key informant explained that,

> We need to … decide what needs to be protected and start to explore that and to give it its vitality … give it its full place in the world. Māori might have been able to do that at one stage if it had been dealt with in terms of Māori notions of unity and oneness and so on and if there had been ways of viewing the world that developed from notions of kore and pō, but … it's too late to do that now. I think with that term [mātauranga Māori], I think it's been so firmly entrenched within science.
>
> … the overall project here is rationality, and science really is just one arm of that. It's one half of that. The other one is simply Western logic … That's the rationality and science comes off that. I think, that's what it [mātauranga Māori] is now and that's what we're dealing with despite the fact that we use Māori terminology within that—we talk about taniwha, we talk about ngahere, we talk about kaitiaki and so on. (key informant 1)

Māori meaning as a prior and primary starting point is, therefore, significant to the terms on which we understand being-in-the-world, materially and spiritually.

9. See https://www.mbie.govt.nz/science-and-technology/science-and-innovation/funding-information-and-opportunities/investment-funds/national-science-challenges/

Conclusion

The presence of Māori terms and gestures to cultural principles can often belie the fact that a dominant philosophy maintains certain premises, examples of which include those discussed by key informants as deficit views and ideas about individual disease and dysfunction. The key informants' discussions of Māori and Indigenous perspectives related to health and well-being illustrate the difference between Māori terms as components of a policy framework and the existence and movement of these terms as relationships in whānau and the wider community. These more complex holistic understandings of being raise the question of what types of terms (and policies) can capture the potential in Māori whānau and community relationships, turning toward descriptions that are grounded in Māori ontologies and go beyond simple translations. The idea of freeing Māori and Indigenous imaginations discussed in this section is an idea full of implications. These implications are ones that raise possibilities about what is still to come when ontological boundaries are pushed further outwards, reaching the point of ontological autonomy—the freedom of expressing Māori thinking on Māori terms.


Te Tohu o
Rere

Section 5

Mental health policy

The potential of Māori ontologies

The policy analysis presented in this section has been completed with key questions in mind related to the philosophical problems discussed in the previous sections. By now it should be apparent that the Western knowledge system is structured in a particular way and that, in turn, this structure creates a particular view of the world (Grosfoguel, 2013). Certain declarations about reality and common-sense ontological notions are accepted and become normalised concepts which are then used to construct policies (for example, de Lueew, 2014). Normalised concepts constructed from Western philosophical premises of rationality and modernity are therefore examined in this section to identify where and how they are included in health and mental health policy along with their general influence in how health and well-being continue to be conceptualised. This examination of policy ultimately supports the potential apparent in Māori understandings of being-in-the-world which are explored as part of the policy analysis presented in this section as a way of imagining new policy pathways.

As discussed in *Section One*, the ground of thought influential to the construction of the notion of mental illness can be viewed as an anchor that keeps ideas about mental health fixed within the personal function and dysfunction dichotomy (for example, Seeskin, 2008). What is at stake, therefore, is the ability to move away from a fundamental, recurring focus on individual, internal conditions, a pervasive focus that shapes views about mental health and well-being even when the determinants of health that impact on the individual's function and dysfunction are described. The ground of thought that constructs ideas about the rational cognitive agent must therefore be disrupted to expand cultural space for holistic Māori and Indigenous ideas about being-in-the-world to flourish. These include ideas that directly challenge the view of the self-contained individual through expanding past a human-centred perspective, grounding an understanding of being in a more-than-human experience.

The pre-existing impoverishment (Mika, 2017) noted to have an ongoing effect, impacting how communities are supported to engage dynamic, intuitive, and fluid lived realities (Ferreira da Silva, 2013), provides a helpful framework for identifying how philosophical premises influence policy. The tendency is for the West to focus on objective knowledge and the ability to formally name and define things rather than allowing for the conditions that are grounded in a community's ability to be together: an evolving condition that carries an ever-changing set of actions.

That is not to say that an analysis of mental health policy should be predominantly geared towards discussing negative influences or focusing more so on identifying Western values in policy. However, identifying how policies retain harmful philosophies can have the effect of clearing ontometaphysical ground to make space for ontologies of well-being (the aforementioned dynamic movements within communities). This includes making space for Māori philosophies to shape policy in more fundamental ways.

The points discussed by the key informants in *Section Four* will be used to support the policy analysis within the current section. Excerpts from quotes included in *Section Four* are repeated where necessary and directly used to support policy analysis.

Health and mental health policy: Health reforms and Māori

The health system reforms and the philosophical premises that may support or act as a barrier to more radical fundamental change are explored in this section. This approach to examining health policy aligns with the approach to critical policy analysis advocated by Came et al. (2020) who call for transparent policy development that shows "who is claiming to make policy, whom are they making it for, and which philosophical aspirations and epistemological preferences are being used" (p. 214). In order to lay a foundation for understanding the problem of philosophical premises that stay rigidly in place despite our attempts to do things differently (Derrida, 1982), it is helpful to initially examine the most recent changes that have taken place in health in Aotearoa.

The New Zealand Government's Health Reform: White Paper Summary (DPMC, 2021), released in 2021, signalled the formalisation of the most recent health system reforms and also provided a view of the intended strategies and actions that would be put in place to progress health system changes. The principles of healthcare that support the intended changes were also clarified and show that while there is a desire to provide consistency at a national level through a more coordinated leadership structure, there is also a desire to enable and support localised approaches to health service delivery.

The report emerges from a number of significant projects forming part of a broader process of change. The vision outlined in the white paper is generally consistent with themes emerging from the different types of health-reform-focused work that preceded its publication. The prominence of the Treaty of Waitangi within the health system reforms and new health legislation (for example, Pae Ora Act 2022) solidifies the importance of the work undertaken by Māori health leaders who provided much-needed and detailed insight into ongoing Treaty breaches as part of stage one of the WAI 2575 inquiry. Further, the first stage of the inquiry and the resulting recommendations have helped reframe health equity in terms of systemic responsibility, problematising the common practice of surveilling populations to highlight poor health status and outcomes (Waitangi Tribunal, 2019).

Following on from the Waitangi Tribunal findings and recommendations, the review of the health and disability system in Aotearoa reinforced the view that Māori health and well-being must be grounded in guarantees of rangatiratanga and self-determination (HDSR, 2020). As mentioned in *Section One*, the HDSR explicitly discusses rangatiratanga and mana motuhake stating that there is an overall aim to,

> enhance rangatiratanga and mana motuhake opportunities within the health and disability system. Achieving this includes the formation and operation of an independent Māori Health Authority, changes to governance arrangements, and ensuring that equitable funding allocations and expenditure properly reflect the higher needs of Māori communities. (p. 26)

There is also a strong focus on mātauranga Māori in the health system, largely discussed in the context of integration and the development of complementary tools though mātauranga Māori would also be crucial to supporting the development of innovative health service responses. As mentioned in *Section One*, the HDSR review panel described the importance of ensuring mātauranga Māori is embedded in the health system—a phrase that arguably solidifies a conventional health system as the standard ground of health and well-being that mātauranga is then placed into. The fundamental ontology underpinning the health system, therefore, appears to be retained, restricting innovation and the ability to shape health and well-being from the point of conceptualisation or, more fundamentally, from the point of ontology. There is, however, a protection framework set out to ensure that mātauranga Māori is not exploited or commercialised, and mātauranga will be effectively and competently utilised. Taking the opportunity to embed and ground health and well-being in mātauranga Māori, essentially reversing the language used within the HDSR, may, however, bring about a more radical change within the health system and the aligning of Māori understandings of holistic principles and being-in-the-world in all other systems.

While the proposed changes are seen as positive in general, it should be noted that the Māori Expert Advisory Group (Māori EAG) formed to support the HDSR voiced concerns about the structure that may continue to limit Māori autonomy within the health system including where contracts and funding are concerned. The Māori EAG 's dissatisfaction was significant enough to motivate the writing of a separate section within the HDSR report to provide guidance to the panel regarding an Indigenous commissioning framework reflecting a more thoroughly holistic approach. As the Māori EAG stated,

> a Mātauranga Māori commissioning frame, which builds on the Whānau Ora Commissioning model and recognises the inseparability of health, education, housing, income, and civic responsibilities, warrants further consideration, and would enable Mātauranga Māori to be prioritised and led by Māori experts. (p. 174)

The dissatisfaction voiced by the Māori EAG can be understood as an ontological statement, questioning and attempting to disrupt the ground of thought that perpetuates a particular view of health (that is, encouraging a more complex, holistic view of health). Further, the inseparability described by the Māori EAG recalls the indivisibility that characterises Māori and Indigenous philosophies (for example, see Deloria, 2001), presenting a deeper ontological alternative through dismantling the boundaries that keep Māori approaches suppressed within the framework of health system responsiveness.

New health legislation emerging as part of the health system reforms, the Pae Ora Act 2022, lays out the expectation that Treaty principles will be given effect in health institutions. These principles are listed in documents such as the WAI 2575 stage one inquiry report, *Hauora: Report on Stage One of the Health Services and Outcomes Kaupapa Inquiry* (Waitangi Tribunal, 2019), and the Ministry of Health's *Whakamaua* (2020) and include: tino rangatiratanga (self-determination and mana motuhake in the design and delivery of services), equity (Crown commitment to achieve equitable health outcomes for Māori), active protection (awareness of inequities and ensuring resources are committed to addressing inequities and achieving equity), options (proper support for kaupapa Māori services and ensuring cultural effectiveness in health and disability service delivery generally), and partnership (Māori are positioned as codesigners of the health system). The action plan, *Whakamaua*, also describes the concept of pae ora that sits across the various areas of health policy and legislation, stating that,

> Pae ora encourages everyone in the health and disability system, as contributors to Māori wellbeing, to work collaboratively, to think beyond narrow definitions of health and to provide high-quality and effective health services. Pae ora affirms holistic Māori approaches – strongly supporting Māori led solutions and Māori models of health and wellness. Pae ora recognises the desire for Māori to have control over their future health and wellbeing. (Ministry of Health, 2020, p. 18)

The expression of Māori self-determination and codesign of the health system is embodied in new institutions that include Te Aka Whai Ora (Māori Health Authority), iwi Māori partnership boards, and a Hauora Māori Ministerial Advisory Committee. Te Aka Whai Ora (launched 1 July 2022) first appeared conceptually as part of the overall view of a reformed health system within the HDSR report (HDSR, 2020). While the establishment of Te Aka Whai Ora is broadly viewed as a significant and positive step towards realising Māori self-determination in shaping systems that support health and well-being (Ahuriri-Driscoll et al., 2022), others warn that without a radical shift, the Western health paradigm will simply be replicated. For example, in a policy brief describing pathways to indigenise health and well-being, Russell et al. (2022) explain that,

> the fundamental importance [is] creating optimal conditions for genuine relationship re-sets. This includes tikanga informed, "rangatira ki te rangatira", relationships across the health sector. The importance of Te Aka Whai Ora not simply replicating the status quo and going beyond existing Crown-defined mechanisms and structures which have tended to exclude the mana which endures outside iwi–Crown relationships, specifically within hapū who are more closely connected to communities on the ground, is stressed. (p. 9)

This statement recalls the Māori EAG's concern with Māori having a fundamental role in the design of health approaches rather than positioning Māori knowledge as a tool to give a different cultural shape to largely biomedically focused, universal health services. Both the Māori EAG and the Māori leaders involved in developing the aforementioned policy brief seek to disrupt the ground of thinking from which ideas about health and well-being emerge. Current policy language does not appear to support this deeper perspective (for example, Rae et al., 2022), and future innovative work in the health sector should be examined with these concerns in mind.

Mental health policy reforms

The government describes *He Ara Oranga* (Paterson et al., 2018) as a blueprint for change within the broader health system reforms. The language of reform within the government's mental health factsheet (DPMC, 2021) carries a clear focus on effective and efficient service delivery, an important focus that mirrors part of the aspirations voiced by Māori and non-Māori tāngata whaiora and whānau who made submissions as part of the Government Inquiry into Mental Health and Addiction preceding the development of *He Ara Oranga*. The way that Māori access services, including increasing access, and the types of experiences that Māori have after entering a service are, therefore, at the centre of government concerns.

He Ara Oranga was supported by a dedicated Māori submissions report, *Oranga Tāngata, Oranga Whānau: A Kaupapa Māori Analysis of Consultation with Māori for the Government Inquiry into Mental Health and Addiction (Oranga Tāngata, Oranga Whānau)* (Inquiry into Mental Health and Addiction, 2019). While the Māori submissions report has been critiqued post release due to being significantly summarised, sacrificing important details from discussions with Māori respondents (McAllen, 2019), the published report provides some indication of the level of change Māori are seeking in relation to mental health and well-being.

The level of change sought by Māori (and non-Māori) tāngata whaiora and whānau has been described as a paradigm shift and this language was also adopted and used within *He Ara Oranga* (Paterson et al., 2018) report. Broadly, the paradigm shift described by Māori respondents reflects the desire to move away from views on mental health and well-being that are rigidly tied to ideas about individual and biological dysfunction, views commonly associated with dominant treatment methods and psychiatry. For example, the *Oranga Tāngata, Oranga Whānau* report describes health and well-being as being achieved through "Effective healing … found outside the biomedical model of care and through activities such as art, craft, music therapy, rongoā clinics, community gardens, diving, sharing of kai, gathering kaimoana, digital storytelling and activism" (Inquiry into Mental Health and Addiction, 2019, p. 23). Bargh (2013) similarly uses the term "micro-oriented practices" (p. 453) to illustrate the creative power of Māori ways of being that exist as natural systems. Further, Te One and Clifford (2021) relate Māori ways of being to tino rangatiratanga that is more than Māori claiming rights from the Crown. Systems of healing as Māori ways of being-in-the-world are, therefore, a significant factor in how Māori articulate aspirations for change, which is perhaps reflected in the adoption of the more holistic concept of well-being within *He Ara Oranga* and the subsequent development of the Mental Health and Wellbeing Commission.

The *Oranga Tāngata, Oranga Whānau* inquiry report included descriptions of mental health as an inseparable component of being, calling for "a paradigm shift … towards a system grounded in tikanga Māori values; one that is holistic, whānau-centred and decolonising, and which takes a life-course approach to wellness" (Inquiry into Mental Health and Addiction, 2019, p. 2). However, translating these ideas into policy (including in terms of how these ideas are included in *He Ara Oranga* [Paterson et al., 2018]) can result in an ontological clash when the dominant premises that support the notion of mental health and mental illness are maintained. For example, despite the holistic systems of care and community described by Māori that attempted to shift the focus away from individual dysfunction to see the potential in collective well-being and responsibility, risk-based frameworks are still described, such as when the document includes a discussion on prevention.

An excerpt from chapter seven—*Wellbeing, Promotion and Prevention*—of *He Ara Oranga* (Paterson et al., 2018), demonstrates a focus on dysfunction and behavioural modification despite the chapter using language that also describes social determinants of health, holistic responses, and well-being:

> In focusing on the social determinants of mental health and addiction and opportunities for prevention and promotion, it quickly becomes apparent that the same factors and responses have a role across multiple aspects of wellbeing and poor social outcomes, such as child abuse and neglect, offending and reoffending, family violence, educational underachievement, unemployment, and homelessness. (Paterson et al., 2018, p. 143)

> The interventions needed to prevent poor outcomes and promote wellbeing are often similar across many social problems and sectors. For example, access to affordable, secure, and stable housing contributes to child development and learning outcomes, improved management of chronic medical conditions, increased worker productivity, and better mental health. Similarly, the kinds of issues typically addressed through health promotion activity, such as a healthy diet, getting enough sleep, and responsible use of alcohol, contribute to better physical health, but they are also important for mental health, healthy child development, stable and loving homes and relationships, concentration and productivity in schools and workplaces, and reduction in behaviours that lead to poor decision-making, trauma, violence and crime. (p. 164)

While not negating the importance of healthy behaviours, the "causes of the causes" (Hawe, 2009, p. 292) that bring in a view of more complex systems of care, relational responses, and attitudes of modernity that support inequities (Andreotti, 2018) are not foregrounded in this description of issues related to well-being, promotion, and prevention within *He Ara Oranga* (Paterson et al., 2018).

One response to *He Ara Oranga* (Paterson et al., 2018) that provides some valuable insight in the context of expanding a view on what causes issues faced by tāngata whaiora and whānau was presented by Allison et al. (2019) who point out that calls to shift from an overinvestment in psychiatric approaches to increase a focus on community-based support are not new and that the de-institutionalisation movement beginning around the 1960s attests to that fact. While the authors are not opposed to increasing the level of resources available in the community, they describe a lack of hospital-based resources and capacity as being part of the mental health crisis and seek to reframe the potential response by offering the following insight:

> The rising tide of psychological distress and suicide in many English-speaking countries is probably mostly socially determined and hence is not amenable to simple mental health interventions. The [He Ara Oranga] Report summarises the social determinants of poor mental health in New Zealand as 'poverty, lack of affordable housing, unemployment and low-paid work, abuse and neglect, family violence and other trauma, loneliness and social isolation (especially in the elderly and rural populations) and, for Māori, deprivation and cultural alienation' (New Zealand Government, 2018: 8). It is evident that short courses of cognitive behavioural therapy or antidepressant medication will be unable to fully address these major social adversities. If cultural and social problems are causing the rise of psychological distress in New Zealand, solutions surely need to be sought at the societal level, in addition to the level of individual psychology. The New Zealand Government should explore policies that address the social determinants of poor mental health, an approach that could be termed 'Big Social'. (p. 725)

The discussion of social processes as the central factor in the mental health crisis and the call for policies that reframe mental health and well-being potentially exposes *He Ara Oranga* (Paterson et al., 2018) as a policy that seeks to simply move the same kind of mental health treatment resources from one location to another. While Allison et al. (2019) present a view anchored by a concern about taking mental health funding from hospital treatment settings, there are parallels between their critique and those voiced by Māori, both during the submissions process and after the publication of inquiry-related documentation. Namely, both expose the deeper causes of the mental health crisis.

Other relevant publications add to the idea of a shared vision being held by a number of groups who hope to see a holistic understanding of mental health and well-being show up in systems planning and implementation. This includes the *Wellbeing Manifesto for Aotearoa New Zealand: A submission to the Government Inquiry into Mental Health and Addiction* (O'Hagan, 2017), which uses the term *Big Community* to capture the spirit of change, moving away from ideas about fixing illness and moving towards building environments of support. Again, however, the question remains about how fundamental the proposed changes are. The question is whether the idea of Big Community is being suppressed to fit within a framework of health system responsiveness rather than acting as a catalyst for more radical change that breaks apart the silos presented by the disciplinary categorisation of different sectors. The work of "…unbundling and deconstructing and building from the ground up … to convince everyone that the holistic way of looking at things is the right way … to construct all our systems and processes to allow us to operate in the way that Māori providers naturally want to operate, which is across those silos" (key informant 2) remains incomplete, creating tension between two different ontological viewpoints, "because we do work in this Western system, the constructs and the tools and the mechanisms, which we use to achieve health are not built for that. So, we end up kind of getting stuck" (key informant 2).

The ontological ground from which health systems' changes have emerged, in this sense, does not manage to shift even while the philosophy of healthcare, represented in holistic language, appears to change. Our focus does not shift, for example, to how systems construct responsibility and relationship in a broader context, which requires a critical appraisal of modernity's influence on our ability to see the world in holistic terms (Andreotti, 2018). This includes taking Māori views on spiritual, intangible influences seriously as an ontological base for health and mental health policy. For example, we might again reflect on Bargh's reference to micro-oriented practices (as mentioned earlier in this section) and what needs to give way for these practices to flourish (for example, discarding overly prescriptive frameworks and funding contracts).

The Mental Health and Wellbeing Commission has now been established, describing their role as contributing to "better and equitable mental health and wellbeing outcomes for people in Aotearoa New Zealand" (Te Hiringa Mahara: Mental Health and Wellbeing Commission, n.d., para. 2). The group also describes themselves as the "kaitiaki of mental health and wellbeing in Aotearoa" (para. 2). *Kia Manawanui Aotearoa* (Ministry of Health, 2021), a new mental health and addictions action plan, has also been released and is partly a response to the COVID-19 pandemic and the specific challenges faced as a result. *Kia Manawanui Aotearoa* is aligned with *He Ara Oranga* (Paterson et al., 2018) and *Whakamaua* (Ministry of Health, 2020) (among other government plans), and also aligns with the idea of change contained in prior reports, describing the need to shift to a more holistic way of working, stating that "We are starting with a system that has not holistically addressed people's multi-faceted mental health and addiction needs and has not integrated these with responses to physical health and wider social, cultural and economic needs" (p. 16).

The language within *Kia Manawanui Aotearoa* (Ministry of Health, 2021) would, therefore seem, to support a fundamental shift in concept in terms of how mental health is understood, bringing a more complex view of people's experiences into focus, relocating people and dis-ease back into the world. However, regardless of the appeal to holistic language and concepts, a return to biological reductionism and the function and dysfunction perspective haunts efforts to shift our focus. For example, *Kia Manawanui Aotearoa* outlines the "state of mental health and wellbeing we are seeking to address" (p. 17), which is presented in terms of dysfunction and disease, such as substance abuse, hazardous drinking, children's behavioural problems, psychological distress, and depression. While this frame of understanding can be critiqued for its relationship to ideas that reduce views of health and well-being to personal dysfunction (for example, see Durie, 1985; Morison et al., 2018), the tendency to frame health in ways that make an assessment of risk and illness necessary (Foucault, 1988) also connects to the West's preference for surveillance and measurement (Mika and Stewart, 2016). This framework has the potential to prevent more complex views of well-being from taking hold and shaping mental health and well-being systems and, from a Māori perspective, discards the intangible and unseen contributors to well-being (Moewaka Barnes et al., 2017). The potential for creating and perpetuating systems of care within communities (Te One & Clifford, 2022) is also at risk, particularly where aspects of those systems of care reflect intangible connectors, creating wellness through community movements that are not easily explained.

Māori terms in policy: Language and translation

The nature of language and its role in constructing meaning has been discussed in this report, along with the potential for language to reflect a metaphysical viewpoint where terms that denote a visible, tangible, and universal reality are preferred (for example, Arola, 2007; Mika et al., 2020). Historically, in relation to policy in Aotearoa, the translation of Māori terms and the prioritising of English translation have been linked to structural inequities. For example, in discussing translation, language, and Te Tiriti o Waitangi, Came et al. (2020) describe what is at stake when the English language and the terms of agreement associated with the English language text of the Treaty of Waitangi are privileged.

> Privileging the English text over the Māori text justifies a diminished regard for substantive Māori presence and leadership in the policy process, despite most rangatira signing the Māori text and the international legal doctrine of

> *contra proferentem*.[10] It also justifies diminished space for Māori to exercise independent authority over their own affairs. If, however, the Māori text is privileged and the instrument is not upheld as a cession of sovereignty, a different political dynamic is created in which Māori, as citizens, are shareholders in public sovereignty and, at the same time, holders of an independent authority that should be recognised in public policy (p. 213).

This historical act of translation echoes across generations, manifesting in subsequent acts of translation that have arguably rendered Māori terms as renditions of Western concepts when these terms have been included in health policy (for example, Mika, 2022). This is not to say that the English version, the Treaty of Waitangi, offers no pathway to create structures that would support Māori-defined health and well-being systems; however, it is important to remain mindful and vigilant about maintaining an awareness of the dominance in play when it comes to Māori terms and cultural understandings within policy. This dominance is such that it has rendered not only the Māori text, Te Tiriti o Waitangi, relatively silent, but has historically rendered the Treaty of Waitangi invisible altogether as part of past policy directions (Waitangi Tribunal, 2019). The power to make terms and treaties invisible, however, need not be as overt and other examples of types of silencing are apparent.

Most recently, Pae Ora Act 2022 has demonstrated how Māori terms and their inclusion are subject to an interpretation that shifts meaning. For example, the WAI 2575 stage one claim resulted in recommendations that include a direct discussion of tino rangatiratanga, describing a "guarantee of tino rangatiratanga which provides for Māori self-determination and mana motuhake in the design, delivery and monitoring of primary health care" (Waitangi Tribunal, 2019, p. 163). As Rae et al. (2022) point out, however, Pae Ora Act 2022 has reinterpreted this recommendation, preferring instead to speak of "opportunities for Māori to exercise decision-making authority on matters of importance to Māori and for that purpose, have regard to both (i) the strength or nature of Māori interests in a matter; and (ii) the interests of other health consumers and the Crown in the matter" (p. 9). The potential for Māori to create new and innovative approaches appears to have been reduced to being an invitation to participate in decision-making authority in the form of response rather than design. The tendency to reduce the potential of tino rangatiratanga by effectively reducing its meaning in action to consultation has also been identified in past research (Wihongi, 2010).

As Came et al. (2021) point out in their analysis of the HDSR, the use of Māori terms has the potential to either open or shut down the cultural space for Māori views of health and well-being to flourish, and we cannot assume that the presence of Māori terms is commensurate with the codesign of a health system. Referring to the terms *wairua* and *wairuatanga* to illustrate the impact of poor translation and of the relative exclusion of certain terms, they explain that,

10. *Contra proferentem* maintains that, under ambiguity, the instrument should be interpreted against the drafting party.

> The use of te reo throughout the document seems a hopeful initial sign that Māori values are woven through it. However, reading closely shows that Māori values are subsumed by conventional colonial approaches. The word 'wairua' is used only once, in a summary of interim work addressing governance, to note the need for a holistic perspective in health care. And yet wairuatanga is an imperative value for without it there *is* no care. (p. 80)

Similarly, Mika (2021) describes the loss of creative potential of the Māori language when a dominant philosophical framework apprehends Māori expressions, stating that, "We are entangled in, and appropriated by, a colonial fixation on clarity, visibility and enlightenment – and this obsession does not treat obscurity, invisibility and endarkenment benevolently" (p. 719). The potential to limit and suppress cultural expression is significant, recalling a warning presented earlier in this report in relation to cultural dominance and Indigenous resistance being subsumed by dominant frameworks (Natividad, 2014). The real power that lies with those who have the tools to create (Irwin, 1992) the terms on which we understand health and well-being extends concerns past questions of mere participation in a system (Watene, 2020).

The independent authority of Māori within the health system need not only be considered in a structural sense when language is examined, through, for example, the term tino rangatiratanga and participation in decision making (though this is a significant element of grounding health and well-being in Māori philosophies). It is also possible to examine language as a more complex influence that constructs lived realities both discursively and spiritually, enforcing methods of detachment and objectivity to turn people and place (Deloria, 2001) into concepts. These concepts were described in *Section Four* as being part of a broader method of engagement that cannot "allow for the fact that the human being is one with everything else in the world", instead preferring descriptions that project a view that "the human being is central, that the human being is compartmentalisable" (key informant 1).

The idea of extreme holism and all things in the world being part of an "integrated whole" (key informant 3) has, throughout this research, been strongly associated with Māori and Indigenous understandings of being-in-the-world and views about health and well-being. The language of holism within health policy is important in this context. The Māori terms adopted by the government in health policy carry the potential to support Māori well-being as a reflection of the principle of extreme holism. Further, it could be argued that the principle of extreme holism is grounded in a spiritual foundation that conventional representations of holism struggle to accommodate because of a reliance on tangible, material conditions that can be described and measured (that is, determinants of health). In line with this understanding of holism, Māori terms are alive with movement (Henare, 2001), and this view of language, grounded in Māori spiritual terms as an expression of being rather than a tool for defining things in the world, has the potential to create well-being systems. For example, Te One and Clifford (2021) explain how tino rangatiratanga is an active term demonstrated by relationships within communities and the systems of care and support that emerge in and through different groupings. As they explain, "tino rangatiratanga, and indeed Indigenous self-determination can be exercised through diverse and multiple avenues" (p. 2). Te One and Clifford describe tino rangatiratanga as something more than a reaction to government actions, instead locating tino rangatiratanga within Māori ways of being. Māori self-determination in relation to health and mental health policy is, therefore, inclusive of the potential to describe health and well-being as Māori understandings of being-in-the-world, rather than being conceptualised as Māori participation and decision making within the current health system.

When directly applied to a mental health context, the ontometaphysics that ground Māori terms have been highlighted through work that aims to return to Māori understandings of being to influence how people's experiences are discussed (for example, see Milne, 2005; Randal et al., 2008; Taitimu, 2007; Waitoki & Levy, 2016). A similar analysis presented through a discussion of pōrangi has surfaced in the current research. While pōrangi is often translated as madness (Mika, 2021), within this research, pōrangi has been returned to a Māori ground of thinking, moving past the translation of pōrangi as madness and the tendency to return to translations that are too simplistic, invoking "what is commonly called *night* and *day*, which are themselves bad translations of *pō* and *rangi"* (key informant 1). Pōrangi, within a Māori ontometaphysics, was described in this research more so as a representative of the world in its fullness and a simultaneous nature of being-in-the-world reflected in Māori perspectives on states of being. The fullness of being, where all things are completely integrated and subsequently co-constructed, is echoed in a description of pōrangi as "a state of euphoria and despondency at the same time … not one then the other. They are at the same time; they constitute you and each other" (key informant 1). This approach to seeking a deeper translation of pōrangi offers potential in relation to shifting views and attitudes about what is labelled as mental illness while also raising the possibility of having Māori criteria in place to assess the value of translations and their associated cultural moorings. In this sense, a discussion of pōrangi and other Māori terms presents a platform for foregrounding more complex and profound terms of understanding that have the potential to reshape concepts such as mental health and well-being to realign with Māori understandings of being-in-the-world.

Conclusion: Māori understandings of being as a policy's ontological ground

While there are many positive aspects of the health reforms, including the use of language that signals the potential for the reformation of the ontologies that shape policy, it is apparent when analysing health policy that dominant ontometaphysical settings have maintained dominant ontologies that ground health and well-being narratives despite appeals to holism, community agency, and autonomy. The new health reforms repeated messaging about Treaty obligations and Māori decision making appear to solidify and make room for long-standing Māori aspirations to lead health system change in ways that manifest in more fundamental decision-making roles and control in relation to health system design, including conceptualising health and well-being in the first instance. However, there has been consistent disappointment in government (and at times the review panel) decisions to opt for softer implementation pathways that reduce Māori decision making and the scope of change (for example, Came et al., 2021; Rae et al., 2022; Waitoki, 2018). Further, while outside the main analytical timeframe of this research, the disestablishment of Te Aka Whaiora (Māori Health Authority), also signals a dismantling of the tentative ground for Māori decision making that any messaging regarding Treaty obligations appeared to introduce as part of the reform activities discussed in this report.

Māori decision-making power that extends beyond "universalist approaches that have not worked for Māori" (HDSR, 2020, p. 173) requires that the philosophy that creates a universalist attitude be exposed within health and mental health policy to unwind its influence, enabling an understanding of tino rangatiratanga as Māori ways of being (Te One & Clifford, 2022). High-trust contracting can also be considered here as it is a form of recognition about how Māori providers are being with whānau within communities in ways that are more intuitive and complex than what strict contracting frameworks can accommodate (Smith, 2022). Without this deeper examination, the terms on which we understand health and well-being may not change despite references to Māori concepts. Further, when the impacts of this style of translation are considered as having the potential to disrupt our original instructions (Nelson, 2008) and ways of being, then our caution about translation would go beyond language as discourse, acknowledging that accepting inadequate translation means that we then "accept what we normally would call the mauri of those terms" (key informant 1). Our ways of being-in-the-world with all other things are affected. People labelled as experiencing mental illness are materially and spiritually cut off from recalling those things, people, and events that they believe have affected them—recollections that enable the storytelling that brings "solace" (Russell, 2006, p. 266), despite not fitting the diagnostic framework that dominant mental health discourses are grounded in. Māori as a whole are similarly deterred from a sense of the world and a thoroughly relational orientation that may support well-being (Mika, 2015).

The desire to measure bodies and behaviours is reflected in the story that continues to be told about why change is needed (Morison et al., 2018), returning a hyperfocus back to those who are impacted (for example, see Ministry of Health, 2021, p. 8). The opportunity for a paradigm shift, however, is still present in structures that may support Māori to decide what holism looks like in different settings, including in relation to Whānau Ora. Watene (2016) makes this point when discussing the concept of justice. Using Whānau Ora as an example, Watene argues that justice for Indigenous peoples goes well beyond including Indigenous terms and ideas within preexisting frameworks, instead implicating the space that is made for Indigenous peoples to utilise intergenerational, Indigenous ways of being as action. Doing so means addressing something more fundamental—that is, ontological—when attempting to carve out space for Indigenous thinking reflected in the ontological settings of, for example, the Whānau Ora policy framework. According to Watene, Whānau Ora represents more than Māori cultural preferences for collective well-being, offering a deeper ground of thought that invites Indigenous participation into a space that questions the very concepts of justice, democracy, and the formative values that give shape to these concepts in their common, familiar, and well-worn forms.

One expression of this deeper formative inquiry, demonstrated in Whānau Ora, is described by Watene (2016) as,

> capacities [that] … provide an account of what a just society (and just policies) ought to nurture, and what well-being (at least in part) looks like. Such an approach takes the lives of collective members to be improved by environments that are enabling, and that broaden the range of opportunities for living well. The approach takes well-being and positive transformation to depend on relationships, and the broader connections and networks that people have available to them. Improving the lives of collective members requires creating conditions in which lives can be improved and transformed, and where that transformation can be intergenerational. (pp. 145–146)

Whānau Ora, therefore, is the system of well-being that, as Watene explains, provides a different view of what justice requires—having the cultural space to design society as a system of health and well-being rather than simply having input into health system reforms.

The view of justice and well-being as Māori ways of being has the potential to collapse common sense ideas about health and mental health. It asks, for example, that we consider ideas about concepts such as social contracts as culprits and co-conspirators in the creation of a mental health crisis. It asks that we push out from individual constructs and concepts of well-being that seem to haunt our policies, drawing us instead towards responsibility—the "Big Social" advocated by Allison et al. (2019) in their call for ontological accuracy within mental health policy narratives. But it is also a statement about the creative impulse that exists in lived Māori ontologies described by Māori respondents to *Oranga Tāngata, Oranga Whānau* (Inquiry into Mental Health and Addiction, 2019) as being more than a model of service delivery.

Pushing past the rigid models that encase Māori and Indigenous thinking within predetermined and universal frameworks that seek to describe Māori ways of being as health service delivery models also supports other principles of creative expression that are directly relevant to Māori health and mental health policies. Simmonds (2014), for example, describes the dangers of a single story in relation to Māori birthing and Māori maternities, explaining that,

> The single story fails to account for new and alternate possibilities. There is incredible power in a single story both in its ability to define someone else's story but also to be the definitive story (Adichie 2009). I implore readers, policy makers, practitioners, academics, iwi, hapū and whānau alike to reimagine the single story that is presented through colonialism about Māori birthing, and Māori maternities more generally. It is important to ask what this story does to

> undermine the individual and collective experiences of Māori women and whānau, to ask what and who is missing, and to ask what their own locations, judgements, assumptions and prejudice do to either affirm and support or challenge and resist this story. (pp. 259–260)

Within this context, Māori understandings of being-in-the-world present multiple possibilities but in ways that may irritate conventional policymaking, particularly where those who construct policy expect to be able to draw up familiar patterns and structures (the precise identification of what will be achieved and how). Tino rangatiratanga for Māori, understood "in terms of basically looking after their own families in their own way … so tino rangatiratanga allows Māori people to practise their own culture" (Wihongi, 2010, p. 141), is full with the potential of innovation—a quality desired by government in seeking answers to the mental health crisis in Aotearoa (DPMC, 2021). Through this, what is viewed within the comparatively limited frame of mental health service responsiveness becomes a more radical opening—mātauranga Māori as an opening of Indigenous imagination and Indigenous "vitalities" (key informant 5).


Te Tohu o

He rārangi rauemi
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Appendix A:
Ethics approval statement

Approval granted in June 2021 by the Te Atawhai o te Ao, Tikanga Rangahau Committee (approval reference TRC202101).

Appendix B: Information sheet and consent form

Participant Information Sheet

Study Title: Mātauranga Māori and Mental Health Policy in Aotearoa New Zealand.

Researcher: Dr Kim Southey (Post-doctoral Research Fellow, Te Atawhai o te Ao – Independent Māori Institute for Environment and Health)

Supervisor: Dr Rāwiri Tinirau (Director, Te Atawhai o te Ao – Independent Māori Institute for Environment and Health)

About this study

This is a Postdoctoral research project that will examine how dominant cultural norms form the ideological structure of mental health policy in Aotearoa New Zealand. This aspect of health policy will be examined within the context of the Government's stated aim of making Māori knowledges foundational within the health system; a significant statement included in the Health and Disability System Review (2020) describing the goal of embedding "mātauranga Maori across the health and disability system [to] achieve improved health outcomes for Maori." (HDSR, 2020, p. 43).[11] The position taken in this research is that mātauranga Māori has so far been integrated into mainstream structures as a way of gesturing to Māori worldviews rather than altering fundamental health policy settings. Taking account of Māori health leaders' critical analysis of Government efforts to ensure Māori rights to good health are reflected in the health system (including Māori responses within the WAI 2575 Services and Outcomes Inquiry), the research aims to examine how mātauranga Māori is represented in current health and mental health policy. The research also aims to explore innovation in health policy development asking how does mātauranga Māori change the terms on which we understand health and wellbeing and what are the implications for how the health system (and other systems) operate.

11. Health and Disability System Review. (2020). *Health and Disability System Review: Final report Pūrongo Whakamutunga*. Ministry of Health. ISBN 978-0473-52333-6

What will we use this information for?

The information collected in this research may be used to contribute to a knowledge base that supports mental health policy development in Aotearoa New Zealand and specifically in relation to recent recommendations targeting a shift in how health and wellbeing is conceptualised (i.e. HDSR, 2020). From this, it is intended that the research will produce knowledge that can be used to support mental health policy, planning, funding, and service delivery. Mātauranga Maori will be explored through an examination of Māori and non-Māori terms, philosophy, and metaphysics, demonstrating how Māori understandings of being in the world can be presented in health policy to effect the change in health systems described (generally) by the current government as a type of health system re-set. The researcher will produce a research report and may also write and seek to publish academic articles.

Your Participation

You are being invited to participate in an interview to discuss your views on mātauranga Māori and health policy.

Individual interviews will last up to 90 minutes. The interview will be transcribed, and a draft copy will be sent to you to check for accuracy. You are welcome to add or delete information from the draft copy before it is finalised and will have two weeks from the time you receive a copy of the transcript to advise of any necessary changes. You can also request to receive a copy of the audio recording of your interview. If you do not want to review a copy of the transcript, please indicate this by ticking the relevant box in the checklist below (see page 4).

Any amendments to interview transcripts should be returned to the researcher within one month of the participant receiving their copy. If you have not contacted the researcher within a month of receiving the transcript, the researcher will contact you for confirmation that the interview can be utilised for data analysis and report and academic paper writing.

If you would like to view a copy of the interview questions before deciding whether or not you want to participate, please ask the researcher to provide you with a copy.

Your Rights

It is important that you understand your rights, including:

- You do not have to agree to be interviewed,
- If you do agree to be interviewed, you can decline to answer any questions that the researcher might ask,
- You can decline to have the interview audio-recorded or for the recorder to be turned off at any time,
- You have the right to review your interview transcript and make amendments,
- You can withdraw from the interview process at any time.

Confidentiality

Your signed consent form and hardcopies of your interview transcripts will be stored in a locked cabinet. Electronic copies of interview transcripts will be stored in a password protected online electronic filing system. You will not be named as part of this research. The final research report will not include any information that can be used to identify you.

What will happen to the information I provide?

The researcher will store all interview data from the research in a secure location for a period of 5 years following the completion of the research.

The information you provide will also be used to support the completion of a research report and presentations of research findings to be given at various forums. The researcher may also write and seek to publish academic articles.

Other information

This research is funded by the Lotteries Commission (Health Research).

Who do I contact if I have any questions or concerns?

If you have any questions, please contact the researcher or research supervisor:

Researcher: Dr Kim Southey

Email: kimarie781@gmail.com.

Phone: 022 037 6792

Research Supervisor: Dr Rāwiri Tinirau

Email: rawiri@teatawhai.maori.nz

Phone: 06 345 2680

Ethics questions or concerns:

This research has been given ethical approval by the Te Atawhai o te Ao Tikanga Rangahau Committee. If you have any questions or concerns related to ethics, please contact the Committee at: info@teatawhai.maori.nz, Phone: 06 345 2680.

Consent Form

Please tick to indicate you consent to the following *(Add or delete as appropriate)*

	Yes	No
I have read and I understand the Participant Information Sheet.		
I have been given sufficient time to consider whether to participate in this research.		
I am satisfied with the answers I have been given regarding the research and I have a copy of this consent form and information sheet.		
I understand that taking part in this research is voluntary (my choice) and that I may withdraw from the study at any time.		
I know who to contact if I have any questions about the study in general.		
I wish to receive a copy of my interview transcript to review and amend.		

Declaration by participant:

I consent to take part in this study.

Participant's name:

Signature: Date:

Declaration by researcher:

I have given a verbal explanation of the research project to the participant and have answered the participant's questions about it.

I believe that the participant understands the research and has given informed consent to participate.

Researcher's name:

Signature: Date:

Appendix C: Interview schedule and research themes

Research theme one: Policy language and mental health terms (ideology)

1. How does current mental health policy language describe mental health and mental illness?
   - How does current mental health policy construct a view of illness versus well-being?
   - How does current mental health policy support different cultural views on mental health, mental illness, and well-being?
2. In what ways do you think current mental health policy language constructs identities?
   - How does current mental health policy language label or describe tāngata whaiora and whānau?
   - How does it frame their experiences?

Research theme two: Examining how mātauranga Māori is represented in current health and mental health policy (Māori and Indigenous ontologies)

3. How does mātauranga Māori change the terms on which we understand health and well-being?
4. In what ways does mental health policy currently support a mental health system being grounded in mātauranga Māori?
5. How can Māori and Indigenous worldviews influence mental health policy?
   - Prompt discussion by referring to the Health and Disability System Review discussing the need to embed mātauranga Māori throughout the health system.
   - Ask specifically about the implications of officially embedding the terms tino rangatiratanga and mana motuhake into health policy. What are the potential impacts of this for things like decision making, creating systems of well-being, and support?

Research theme three: Exploring innovation in health policy development (implications for service provision and support systems)

6. How does current mental health policy (including contracting systems) support innovation in service provision?
7. How can mental health policy be recreated to support innovation?

- Ask specifically about the concept of "high trust" contracting (context: tino rangatiratanga and mana motuhake).

He kuputaka
Glossary

Unless otherwise noted, definitions within this glossary are sourced from Te Aka Māori Dictionary.[12]

Use of tuhutō (macrons): The introduction of macrons over some Māori vowels has (1) clarified definitions and (2) made it easier to pronounce Māori words (that is, knowing where to place the emphasis as you say the words). When we quote sources where macrons have not been used, we have not included the macron to remain true to the original text. In the glossary, we have included both versions of the word (with and without macrons).

ao	1. (verb) to dawn. 2. (modifier) bright. 3. (noun) world, globe, global. 4. (noun) Earth. 5. (noun) day, daytime—as opposed to night. 6. (noun) cloud. 7. (verb) (-hia,-tia) to scoop up with both hands. 8. (verb) (-hia,-whia) to take in quantities, transfer (gravel, etc.).
Aotearoa	1. (location) North Island, land of the long white cloud—now used as the Māori name for New Zealand.
atua	1. (noun) ancestor with continuing influence, god, demon, supernatural being, deity, ghost, object of superstitious regard, strange being—although often translated as "god" and now also used for the Christian God, this is a misconception of the real meaning. Many Māori trace their ancestry from atua in their whakapapa and they are regarded as ancestors with influence over particular domains. These atua also were a way of rationalising and perceiving the world. Normally invisible, atua may have visible representations. 2. (noun) God.

12. Te Aka Māori Dictionary. (n.d.). *Te Aka Māori Dictionary.* https://maoridictionary.co.nz/

hapū	1.	(verb) to be pregnant, conceived in the womb.
	2.	(modifier) pregnant, expectant, with child.
	3.	(noun) kinship group, clan, tribe, subtribe—section of a large kinship group and the primary political unit in traditional Māori society. It consisted of a number of whānau sharing descent from a common ancestor. A number of related hapū usually shared adjacent territories forming a looser tribal federation (iwi).
hinengaro	1.	(noun) mind, thought, intellect, consciousness, awareness.
	2.	(stative) psychological.
	3.	(personal name) Hinengaro—sometimes considered as an atua.[13]
iwi	1.	(noun) extended kinship group, tribe, nation, people, nationality, race—often refers to a large group of people descended from a common ancestor and associated with a distinct territory.
	2.	(noun) strength, bone.
kai	1.	(verb) (-nga,-ngia) to eat, consume, feed (oneself), partake, devour.
	2.	(verb) (-nga,-ngia) to drink—used for any liquid other than water.
	3.	(noun) food, meal.
	4.	(verb) to fulfil its proper function, have full play, have full effect.
	5.	(noun) riddle, puzzle, toy.
kaimoana	1.	(noun) seafood, shellfish.
kaitiaki	1.	(noun) trustee, minder, guard, custodian, guardian, caregiver, keeper, steward.
karakia	1.	(verb) (-tia) to recite ritual chants, say grace, pray, recite a prayer, chant.
	2.	(noun) incantation, ritual chant, chant, intoned incantation, charm, spell—a set form of words to state or make effective a ritual activity. Karakia are recited rapidly using traditional language, symbols and structures. These enabled people to carry out their daily activities in union with the ancestors and the spiritual powers.
	3.	(noun) prayer, grace, blessing, service, church service—an extension of the traditional term for introduced religions, especially Christianity.

13. Definition derived from research participant discussion.

kaupapa Māori	1.	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.
kore	1.	(intransitive verb) (terminated) shut down.
	2.	(negative) nil, none, nothing, not, no longer, zero, zilch, nought—used in negatives after verbal particles, for example, *e, ka, kei, kua, me, i* or *ki te*.
	3.	(negative) Used following a reason or asking why something has not taken place or will not take place.
	4.	(negative) without, less, lacking—used before or after nouns to indicate the absence or lack of that thing.
	5.	(negative) no longer—used after *kua* as a verb to express the loss, absence, destruction or departure of something. It is usually used to mean that something is no longer the case.
	6.	(negative) Used with *kia* to say "so that something would not happen".
	7.	(negative) might not, may not, mightn't—when used after *kei* it indicates that an action might not happen.
	8.	(noun) oblivion, annihilation, destruction, nothingness.
Te Kore	1.	(noun) realm of potential being, The Void.
kupu	1.	(verb) to speak.
	2.	(noun) word, vocabulary, saying, talk, message, statement, utterance, lyric.
mana	1.	(verb) to be legal, effectual, binding, authoritative, valid.
	2.	(noun) prestige, authority, control, power, influence, status, spiritual power, charisma—mana is a supernatural force in a person, place or object. Mana goes hand in hand with tapu, one affecting the other. The more prestigious the event, person or object, the more it is surrounded by tapu and mana. Mana is the enduring, indestructible power of the atua and is inherited/bestowed. Almost every activity has a link with the maintenance and enhancement of mana and tapu.
	3.	(noun) jurisdiction, mandate, freedom.
mana motuhake	1.	(noun) separate identity, autonomy, self-government, self-determination, independence, sovereignty, authority—mana through self-determination and control over one's own destiny.

māori	1.	(modifier) normal, usual, natural, common, ordinary.
	2.	(modifier) native, indigenous, aborigine, belonging to Aotearoa.
	3.	(modifier) fresh (of water).
	4.	(modifier) clear, intelligible.
	5.	(modifier) freely, without restraint, without ceremony, without object, unannounced.
Māori	1.	(verb) to be Māori, apply in a Māori way.
	2.	(modifier) Māori.
	3.	(noun) Māori, indigenous New Zealander, indigenous person of Aotearoa—a new use of the word resulting from Pākehā contact in order to distinguish between people of Māori descent and the colonisers.
mātauranga	1.	(noun) knowledge, wisdom, understanding, skill.
	2.	(noun) education—an extension of the original meaning and commonly used in modern Māori with this meaning.
	3.	(noun) knowledgeable person, sage, scholar, intellectual, academic.
matauranga Māori; mātauranga Māori	1.	(noun) Māori knowledge—the body of knowledge originating from Māori ancestors, including the Māori world view and perspectives, Māori creativity and cultural practices.
mauri	1.	(noun) life principle, life force, vital essence, special nature, a material symbol of a life principle, source of emotions—the essential quality and vitality of a being or entity. Also used for a physical object, individual, ecosystem or social group in which this essence is located.
ngāhere	1.	(noun) bush, forest.
pae ora	1.	holistic, culturally based concept of health and well-being—it includes interconnected elements of: mauri ora (healthy individuals), whānau ora (healthy families), and wai ora (healthy environments).[14]

14. Midwifery Council. (n.d.). *Te Tatau o te Whare Kahu ki Hine Pae Ora Aotearoa Midwifery Project*. https://midwiferycouncil.health.nz/common/Uploaded%20files/Aotearoa%20Midwifery%20Project/Te%20Tatau%20o%20te%20Whare%20Kahu%20ki%20Hine%20Pae%20Ora.pdf

Pākehā	1. (verb) (-tia) to become Pākehā—see definition 3. 2. (modifier) English, foreign, European, exotic—introduced from or originating in a foreign country. 3. (noun) New Zealander of European descent—likely originally applied to English-speaking Europeans living in Aotearoa. 4. (noun) foreigner, alien.
Papatūānuku	1. (personal name) Earth, Earth mother and wife of Rangi-nui—all living things originate from them.
pō	1. (verb) (-ngia) to set (of the sun). 2. (noun) darkness, night.
Te Po; Te Pō	1. (noun) place of departed spirits, underworld—the abode of the dead.
pōrangi	1. (verb) (-a) to search for, seek. 2. (adjective) be insane, mad, crazy, mentally ill, deranged, beside oneself, headstrong, hurried, stupid. 3. (noun) stupidity, silliness, lunatic, insanity, madness.
rangatahi	1. (verb) to be young. 2. (noun) younger generation, youth. 3. (noun) fishing net about 20 m long, smaller than a kaharoa.
rangatira	1. (noun) landlord. 2. (noun) employer. 3. (verb) to be of high rank, become of high rank, enobled, rich, well off, noble, esteemed, revered. 4. (modifier) high ranking, chiefly, noble, esteemed. 5. (noun) chief (male or female), chieftain, chieftainess, master, mistress, boss, supervisor, employer, landlord, owner, proprietor—qualities of a leader is a concern for the integrity and prosperity of the people, the land, the language, and other cultural treasures.
rangatira ki te rangatira	1. rangatira to rangatira—see rangatira.

rangatiratanga	1. (noun) chieftainship, right to exercise authority, chiefly autonomy, chiefly authority, ownership, leadership of a social group, domain of the rangatira, noble birth, attributes of a chief. 2. (noun) kingdom, realm, sovereignty, principality, self-determination, self-management—connotations extending the original meaning of the word resulting from Bible and Treaty of Waitangi translations.
rangi	1. (noun) day, sky. 2. (noun) weather. 3. (noun) heavens, heavenly realm—there are believed to be twelve heavens, the highest of which is te toi o ngā rangi. 4. (noun) heaven (Christianity). 5. (noun) tune, air, melody, tenor, drift.
reo	1. (noun) voice, sound. 2. (noun) language, dialect, tongue, speech. 3. (noun) speech, utterance, statement, remark.
rongoā	1. (verb) (-tia) to treat, apply medicines. 2. (verb) (-tia) to preserve. 3. (noun) remedy, medicine, drug, cure, medication, treatment, solution (to a problem), tonic. 4. (noun) medicinal plant.
tāngata whaiora	1. (noun) person seeking wellness—generated from the 1996 Māori Health Summit. At the time, Arana Pearson was part of the Mental Health Commission, and requested a term be developed to better identify Māori with lived experience.[15]
taniwha	1. (noun) water spirit, monster, dangerous water creature, powerful creature, chief, powerful leader, something or someone awesome—taniwha take many forms from logs to reptiles and whales and often live in lakes, rivers or the sea. They are often regarded as guardians by the people who live in their territory, but may also have a malign influence on human beings. 2. (noun) variety of harakeke from Waiomatatini, East Coast. Characterised by bronze and deep brown tones, crimson margins and markings along centre of blades, and purply-blue bloom on the underside of the leaves and on the kōrari.

15. Te Rau Ora. (2016). *Tangata Whaiora, Tangata Motuhake, Tangata Hiwaora* (Hui Report – January) (p. 2). https://terauora.com/wp-content/uploads/2022/04/Tangata-whaiora-tangata-motuhake-tangata-hiwiora.pdf

taonga

1. (noun) property, goods, possession, effects, object.
2. (noun) treasure, anything prized—applied to anything considered to be of value including socially or culturally valuable objects, resources, phenomenon, ideas and techniques. Examples of the word's use in early texts show that this broad range of meanings is not recent.

tapu

1. (stative) be sacred, prohibited, restricted, set apart, forbidden, under atua protection—see definition 4 for further explanations.
2. (modifier) sacred, prohibited, restricted, set apart, forbidden, under atua protection—see definition 4 for further explanations.
3. (modifier) holy—an adaptation of the original meaning for the Christian concept of holiness and sanctity.
4. (noun) restriction, prohibition—a supernatural condition. A person, place or thing is dedicated to an atua and is thus removed from the sphere of the profane and put into the sphere of the sacred. It is untouchable, no longer to be put to common use. The violation of tapu would result in retribution. Tapu was used as a way to control how people behaved towards each other and the environment, placing restrictions upon society to ensure that society flourished. Making an object tapu was achieved through rangatira or tohunga acting as channels for the atua in applying the tapu. Intrinsic, or primary, tapu are those things which are tapu in themselves. A person is imbued with mana and tapu by reason of his or her birth. Under certain situations people become more tapu, including women giving birth, warriors travelling to battle, men carving (and their materials) and people when they die. Because resources from the environment originate from one of the atua, they need to be appeased with karakia before and after harvesting. When tapu is removed, things become noa, the process being called whakanoa.

te

1. (determiner) the (singular)—used when referring to a particular individual or thing.
2. (determiner) the—when referring to a whole class of things or people designated by the noun that follows.

tikanga

1. (noun) correct procedure, custom, habit, lore, method, manner, rule, way, code, meaning, plan, practice, convention, protocol—the customary system of values and practices that have developed over time and are deeply embedded in the social context.
2. (noun) correct, right.
3. (noun) reason, purpose, motive.
4. (noun) meaning, method, technique.

tino rangatiratanga	1.	(noun) self-determination, sovereignty, autonomy, self-government, domination, rule, control, power.
Te Tiriti o Waitangi	1.	(noun) the Treaty of Waitangi in the Māori language
wairua	1.	(noun) spirit, soul—spirit of a person which exists beyond death. It is the non-physical spirit, distinct from the body and the mauri. Some believe that all animate and inanimate things have a whakapapa and a wairua. Some believe that atua Māori, or Io-matua-kore, can instil wairua into something. Tohunga, the agents of the atua, are able to activate or instil a wairua into something, such as a new wharenui, through karakia. During life, the wairua has the power to warn the individual of impending danger through visions and dreams. On death the wairua becomes tapu. Eventually the wairua departs to join other wairua in Te Pō, the world of the departed spirits, or to Hawaiki, the ancestral homeland.
	2.	(noun) attitude, quintessence, feel, mood, feeling, nature, essence, atmosphere.
	3.	(noun) bonfire moss, common cord-moss, *Funaria hygrometrica*—a moss that grows in profusion on moist, shady, and damp bare soil, especially on sites of old fires, and in plant pots in glasshouses and shadehouses. Found throughout Aotearoa/New Zealand.
wairuatanga	1.	(noun) spirituality, things pertaining to wairua—see wairua.
whakapapa	1.	(transitive verb) give history.
	2.	(verb) (-hia,-tia) to lie flat, lay flat.
	3.	(verb) (-hia,-tia) to place in layers, lay one upon another, stack flat.
	4.	(verb) (-hia,-tia) to recite in proper order (for example, genealogies, legends, months), recite genealogies.
	5.	(noun) genealogy, genealogical table, lineage, descent—central to all Māori institutions. There are different terms for the types of whakapapa and the different ways of reciting them including: tāhū (recite a direct line of ancestry through only the senior line); whakamoe (recite a genealogy including males and their spouses); taotahi (recite genealogy in a single line of descent); hikohiko (recite genealogy in a selective way by not following a single line of descent); ure tārewa (male line of descent through the first-born male in each generation).

whānau	1.	(verb) (-a) to be born, give birth.
	2.	(noun) extended family, family group, a familiar term of address to a number of people—the primary economic unit of traditional Māori society. In the modern context the term is sometimes used to include friends who may not have any kinship ties to other members.
whānau ora	1.	(noun) holistic, culturally based, and family centred approach to well-being.[16]
whare tapa whā	1.	(noun) holistic health and well-being philosophy and model, developed by Sir Mason Durie in 1982.

16. Whānau Ora. (n.d.). *ABOUT US* (para. 1). https://whanauora.nz/about-us

Ngā āhuatanga toi
Conceptual design

The design for this publication centres on the Waiapu. As this publication dissects the modern health-system landscape, the design looks to awa as a key element of our traditional health and well-being environment. In this report, Kim challenges us to examine the language we use and recognise the underlying philosophies it carries. Thus, this publication is set amongst imagery of the awa and awa-inspired palette in a tacit declaration of what the author and publishers agree to be the language and underlying worldview of this publication, and, hopefully, the traditional worldview through which this publication shall be read.

The Waiapu, specifically, is home to Ngāti Porou, of which the author is a descendant. As the source of Ngāti Porou spiritual and physical sustenance and carrier of Ngāti Porou mātauranga (Te Runanganui O Ngati Porou, 2019), the Waiapu is the very real ancestral landscape for Ngāti Porou well-being and locale of both their practices and underlying values.[17]

Additionally, the specific image of the Waiapu is taken from an earlier publication by Kim in which she addresses the suppression of Māori cultural expression in mental health. Kim's postdoctoral research here builds on that same kaupapa, further contributing to the same body of work.

Finally, the Waiapu, as the ancestral mātāpuna of Ngāti Porou, reflects the intergenerationality of He Pounga Waihoe Nā ō Mātua research programme and "te wai tuku kiri o te iwi kua ngaro" kōrero of the Waipuna research priority, both to which this publication aligns.

The secondary element of this publication is the UV-printed signature of Rere-ō-maki featured in all Waipuna research priority publications. Rere-ō-maki is a tupuna of Te Āti Haunui-a-Pāpārangi where Te Atawhai o Te Ao is based, was a matriarch of her whānau and a wahine rangatira, and signed her tohu on Te Tiriti o Waitangi at Pākaitore. Rere-ō-maki was laid to rest at Pīaea, near Waipuna or Wāhipuna, for which this research priority is named.

17. Te Runanganui O Ngati Porou. (2019). *Te mana o te wai: The Waiapu freshwater catchment plan.* https://www.ngatiporou.com/news/te-mana-o-te-wai-the-waiapu-freshwater-catchment-plan

Te Atawhai o Te Ao
Independent Māori Institute for Environment & Health

ISBN 978-0-473-78870-4 (print)
ISBN 978-0-473-78871-1 (digital)