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

A SUMMARY REPORT

Kim Southey

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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

This article examines how policy language creates terms of agreement about what constitutes health and well-being, constructing frameworks from philosophical settings that shape health and mental health policy in Aotearoa. Drawing on findings from a two-year postdoctoral research project, in this article, we explore how Māori health ontologies are impacted by philosophies that embed mental health and wider health policy in dominant cultural and ontological commitments that emphasise individualism, rationality, and measurable outcomes. While health reform activities occurring from 2018 have led to health and mental health policy and planning that increasingly incorporate Māori language and concepts, in this article, we caution that inclusion does not necessarily signal a fundamental shift in how health and well-being are understood.

Through critical policy analysis and interviews with key informants, this postdoctoral project highlighted tensions between Māori and Western ontologies. Broadly, the research examined the holism apparent in Māori worldviews against dominant policy frameworks that continue to calibrate health and mental health services to implement interventions aimed at treating disease and disorder. The policy analysis conducted in this study 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.

In summarising findings from this postdoctoral research, we argue that the superficial use of Māori terms without grounding policy in Māori philosophical premises risks losing a term's deeper meaning that carries the potential for a more radical ontological shift. 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.

He rārangi upoko
Table of contents


Le Jour de la Rue

He kōrero wāwahi
Foreword

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 summary report, and full postdoctoral research 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

He horopaki
Background

Terms can be viewed as words in language and as a basis for relationships in the terms of agreements that language creates. It can be argued that health policy represents certain terms of agreement in what constitutes health and well-being and what systems are necessary to achieve good health and well-being outcomes (Came et al., 2020). However, the terms on which health and well-being are understood are diverse and, within Aotearoa, the importance of ensuring that Māori worldviews inform health policy and systems of care is apparent in attempts to modify and develop policy approaches across time (Ahuriri-Driscoll, 2016). The use of Māori language in policy is also significant as an indicator of a commitment to ensuring Māori knowledges influence and shape health and well-being frameworks, but caution is encouraged when examining how Māori terms are translated within policy (Mika, 2022). This article discusses findings from a two-year postdoctoral research project that aimed to examine the potential to change the philosophical, ontological premises and terms of understanding related to health policy in Aotearoa. Mental health and addictions policy was centred in this research, though the wider health system was also considered in relation to its newest iteration that followed multiple health system review and change activities between 2018 and 2020.

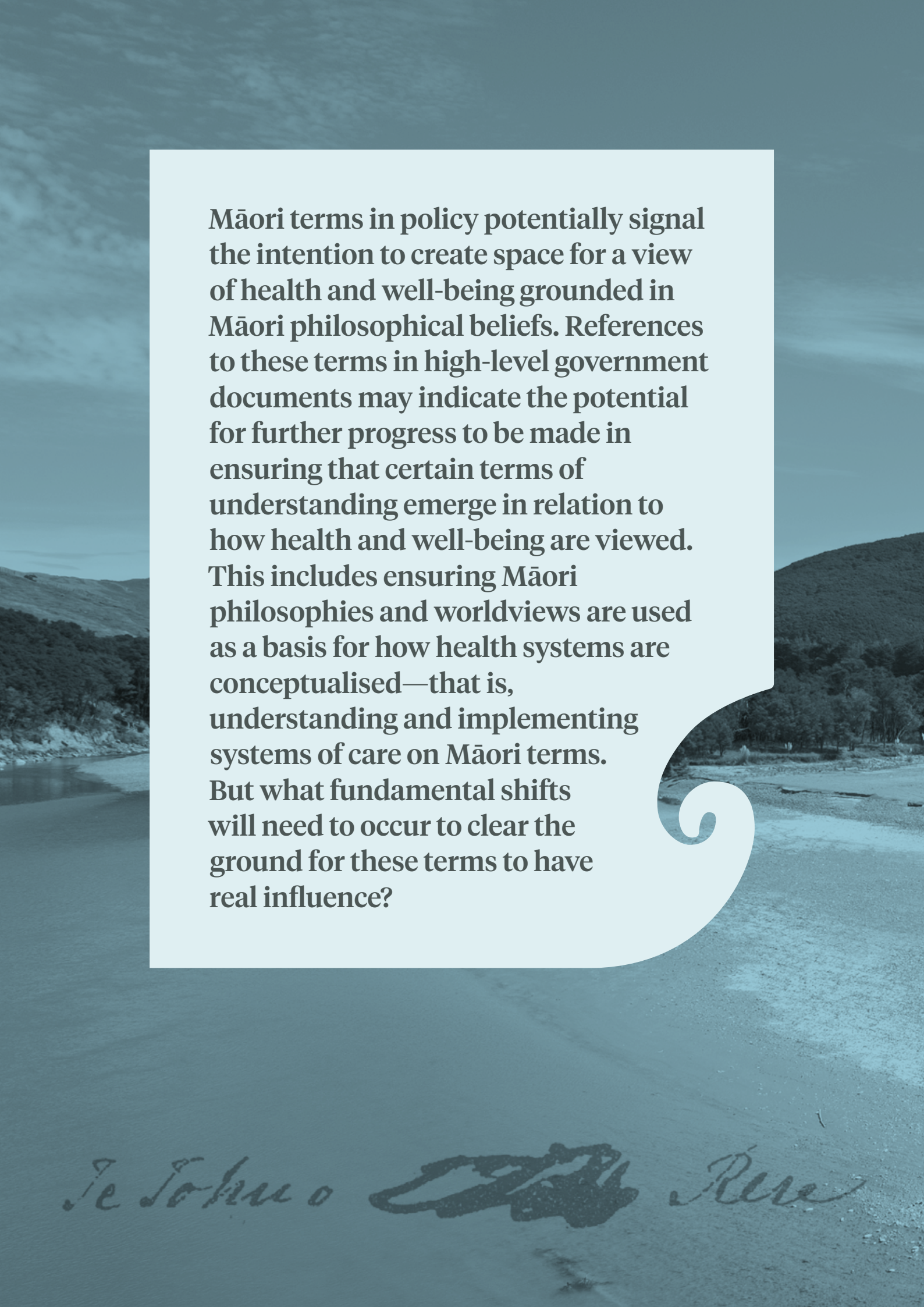
Policies are not neutral, and policy content can be viewed as a representation of cultural perspectives that shape systems according to certain philosophical premises and ontological commitments (Kramm, 2021). Mental health and addictions policy in Aotearoa has been subject to consistent processes of review and change, partly driven by a desire to address inequities through modifying the cultural component of policy and practice (Gassin, 2019). Changing the terms on which mental health and well-being are understood has featured as a significant factor in more recent mental health and addictions systems and policy review processes (for example, see Paterson et al., 2018; Inquiry into Mental Health and Addictions, 2019). Regardless, it has been noted that mental health and addictions policy and their systems of care have failed to adequately address Māori health and well-being needs (Gassin, 2019). In line with this, the philosophical premises that may support or act as a barrier to more radical fundamental change were explored in this research.

A critical stance is imperative when examining health policy in order to determine "who is claiming to make policy, whom are they making it for, and which philosophical aspirations and epistemological preferences are being used" (Came et al., 2020, p. 214). The most recent health system reforms have broadly been described as positive, at least in terms of the potential for achieving meaningful change, including in relation to Māori decision making (Ahuriri-Driscoll et al., 2022). A number of significant processes have provided a steer for systemic reform along with the potential to create change at a deeper level than that achieved by previous reforms, including in relation to Māori decision making. A health-focused Waitangi Tribunal claim—WAI 2575—saw its stage one hearing produce expert critical analysis of shortfalls within the health system and the subsequent impacts these shortfalls have had on Māori health outcomes and equity (Waitangi Tribunal, 2019). A substantial review of the health and disability system followed, identifying opportunities for change, including supporting decision-making models that favour localised planning and recommending the implementation of a new national health leadership structure inclusive of Te Aka Whai Ora: Māori Health Authority (Health and Disability System Review [HDSR], 2020). However, evidence of philosophical ruptures continued to emerge despite the apparent intent within reform activities to strengthen Māori leadership. This has included Māori experts warning of an entrenched structure that stagnates the health system, preventing innovation and, more widely, fundamental Māori decision making and design (see HDSR, 2020). Despite these ongoing challenges, new health policy legislation (Pae Ora [Healthy Futures] Act, 2022) has been created, solidifying some key principles and mechanisms developed from health system reform activities, including directly referencing Te Aka Whai Ora: Māori Health Authority and other high-level Māori health leadership forums. Māori communities remain hopeful, though Māori aspirations for change may carry more complex and radical reformation intent than what is currently demonstrated (Russell et al., 2022).

Terms, language, and policy: Raising ontological questions

The high-level documents created as part of a wider process of health system reform have included Māori terms as part of a discussion of systemic redesign, aiming to create a more effective health environment to enhance Māori health outcomes. The final report of the HDSR (2020), for example, discusses Māori health leadership and the potential for new models of care while referencing terms that include mātauranga Māori, rangatiratanga, and mana motuhake. The Pae Ora (Healthy Futures) Act 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). Māori terms in policy potentially signal the intention to create space for a view of health and well-being grounded in Māori philosophical beliefs. 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—that is, understanding and 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 terms examined in this article, discussed in multiple ways as literal terms, relational terms, and agreements made on different and often competing terms, represent ontological perspectives. Each act of naming using certain terms and language is a creative exercise that sets the boundaries for what is possible or probable, forming instructive influences that mark the edges of our thinking, including our view of health and well-being (Ahenakew et al., 2014). However, 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 cocreates and 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 naming them (for example, see Barbosa, 2015). Identifying any tendency to use language to represent terms through determinism and naming within health and mental health policy is, therefore, significant to an examination of the ontological bases of policy.



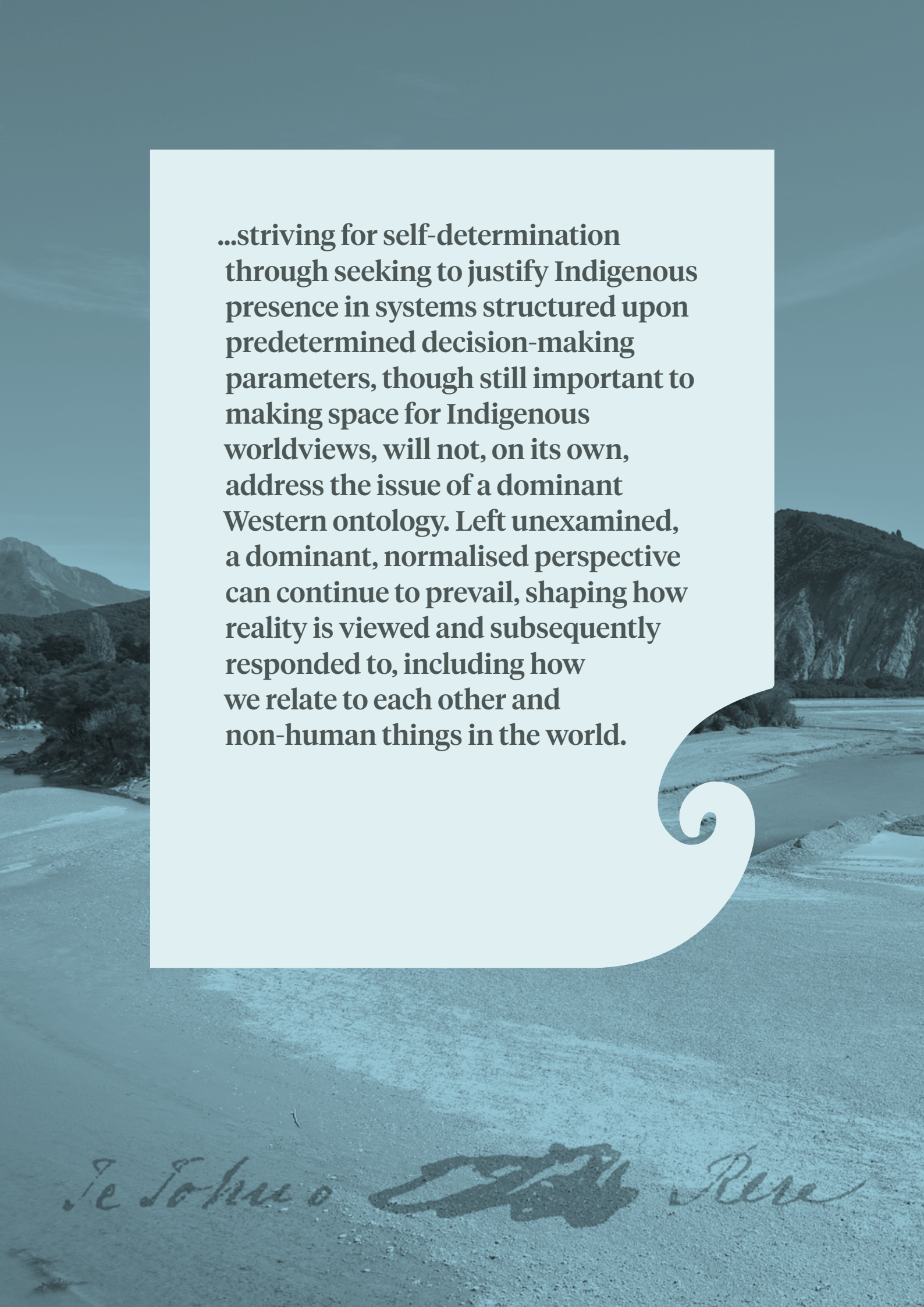
Māori terms in policy potentially signal the intention to create space for a view of health and well-being grounded in Māori philosophical beliefs. References to these terms in high-level government documents may indicate the potential for further progress to be made in ensuring that certain terms of 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—that is, understanding and 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?

Analysing policy along ontological lines allows for the examination of terms as words and agreements to how things are understood (including from different cultural perspectives), as well as the examination of its conceptual parameters. Questions about what we are permitted to think about and discuss when participating in policy development are raised in this context. The main questions posed at the conception of this research 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 also 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. (Kramm, 2021, pp. 1–2)

Kramm's 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 through seeking to justify Indigenous presence in systems structured upon predetermined decision-making parameters, though still important to making space for Indigenous worldviews, will not, on its own, address the issue of a dominant Western ontology. Left unexamined, a dominant, normalised perspective can continue to prevail, shaping how reality is viewed and subsequently responded to, including 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 providing different philosophical premises from which to develop health policy and systems of care. As they state,



...striving for self-determination through seeking to justify Indigenous presence in systems structured upon predetermined decision-making parameters, though still important to making space for Indigenous worldviews, will not, on its own, address the issue of a dominant Western ontology. Left unexamined, a dominant, normalised perspective can continue to prevail, shaping how reality is viewed and subsequently responded to, including how we relate to each other and non-human things in the world.

> 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 mātauranga Māori in relation to health and wellbeing. (p. 25)

So, while power structures are important to examine as part of the work being done to expand the space for Māori and Indigenous thinking in recreating systems of well-being, it is possible to also examine these same structures as a consequence of a more insidious influence and attitude. For example, Pihama (2019) discusses neoliberalism as a mechanism for maintaining ideas about the autonomous individual, which is a central feature of Western ontology. However, 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.[1] Going further, it is possible and necessary 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, therefore, be understood in terms of the ground that these ideologies emerge from, in order for these systems to not only be problematised but fundamentally deconstructed.

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)

This ontology, therefore, upholds the view that being-in-the-world is marked by the experience of the autonomous human agent, an independent rational thinker who presents the world in the framework of essential concepts. Further, the conceptualised world presented in essentialised terms requires that things exist according to a fundamental separation that enables us to treat things as objects of study (rather than, for example, relating to things as whanaunga when considering the world from a Māori perspective). This perspective of separation, therefore, sits in sharp contrast to Māori and Indigenous holism and the more complex ontological position of indivisibility.

1. The concept *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 relationship (McManus, 2021).

Ontology and policy

The role that ontology and metaphysics play in constructing policies has been 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 within health policy, explaining 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" (p. 213).

In terms of mental health and addictions policy, the call for a more holistic perspective that centres on ideas of health and well-being, rather than dysfunctional mental processing, was clearly apparent in submissions made during the Government's 2018 Inquiry into Mental Health and Addiction (for example, see Paterson et al., 2018; Inquiry into Mental Health and Addictions, 2019). Māori articulated a more complex view of people's experiences, bringing people back into context with the social systems that co-create conditions often expressed and discussed as pathology. Rather than discussing systemic influences in a limited determinants-of-health framework, Māori respondents provided the inquiry with the conceptual guidance that supported a return to a more holistic view of well-being. Understanding that social systems create conditions in which people are either well or unwell is critical to grasping the message given by those who shared their wisdom. Māori responses, along with submissions from the wider community, were described as a "paradigm shift" (Paterson et al., 2018, p. 7), however, from a Māori perspective, this more fundamental view can be said to represent an ontological challenge directly addressing the terms on which Māori health and well-being are understood that Mika et al. (2020) note have largely been conceptualised as personal dysfunction and function. It is also a view that has supported the concept and establishment of the Mental Health and Wellbeing Commission by calling for "policies to address the societal foundations of mental wellbeing as part of a strategy of promoting physical, social, cultural and spiritual wellbeing" (Paterson et al., 2018, p. 36). It should be noted, however, that the call to widen the context of well-being, looking beyond the confines of a "mental health as well-being" perspective, has been called for in many forms over time. What has proved elusive is a responsive set of policies that recalibrate approaches to address the impacts on those who are labelled as experiencing mental illness in ways that produce enhanced outcomes, including for Māori. As Gassin (2019) reports, despite numerous inquiries into mental health policy and practice that include the aim of identifying ways to enhance outcomes for Māori, necessitating a cultural responsiveness framework, there has been little real change in approach.

Exploring a deeper influence: Discussing Māori and Indigenous metaphysics, ontologies, and policy

Six key informants were interviewed for this research. 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.

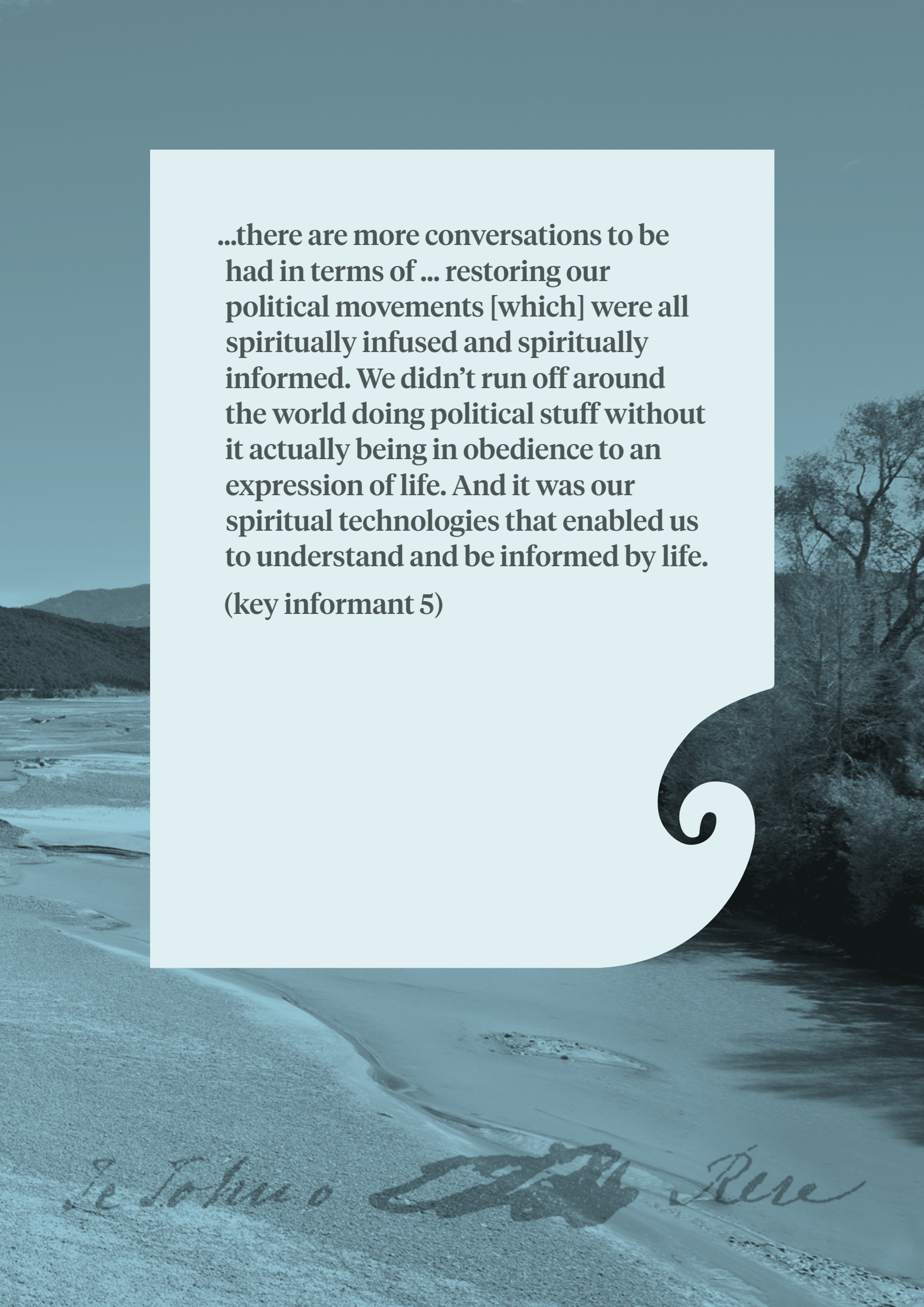
Each of the key informants discussed mental health and policy in unique ways, highlighting problems and possibilities from different viewpoints. However, these diverse views on how Māori and Indigenous ontologies are affected by policy have formed a necessarily complex yet complementary set of ideas 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 cemented at the structural level, where existing health systems are simply tweaked to include a Māori perspective. In total, six themes were developed from the key informant interviews. Key points from each theme are summarised here.

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

A difference in philosophical perspective was apparent in key informant descriptions of Māori and Indigenous views, which were often contrasted with Western worldviews. One key informant discussed the ontometaphysics that grounds Western perspectives as a method requiring detachment in order to observe and form knowledge about the world as an object or set of objects separate from the self:

> [from a Western worldview] the primary relationship is one where you are 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)

Māori and Indigenous ontometaphysics were discussed in relational terms, requiring relational engagements rather than methods of inquiry. The idea that we can have certainty about what things in the world are (that is, knowing things definitively) is less of a concern in Māori and Indigenous ontometaphysics than determining what our relational position is with those things. One key informant discussed relationality in the context of holistic policy development, stating that,



...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.

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Holistic understandings of health and well-being

Key informants described how Māori knowledges, including Māori terms, can be consistently included in policy without disrupting the fundamental ground of thinking that policy emerges from. One key informant explained that the structure of Western knowledge is pervasive, requiring that things are always categorised:

> 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 wellbeing 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)

Another key informant explained that, while Māori may seek to change systems to achieve holism, through, for example, Whānau Ora (Whānau Ora Commissioning Agency, 2019), Western ontometaphysics must maintain an opposite position in order to function in accordance with rationality:

> 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)

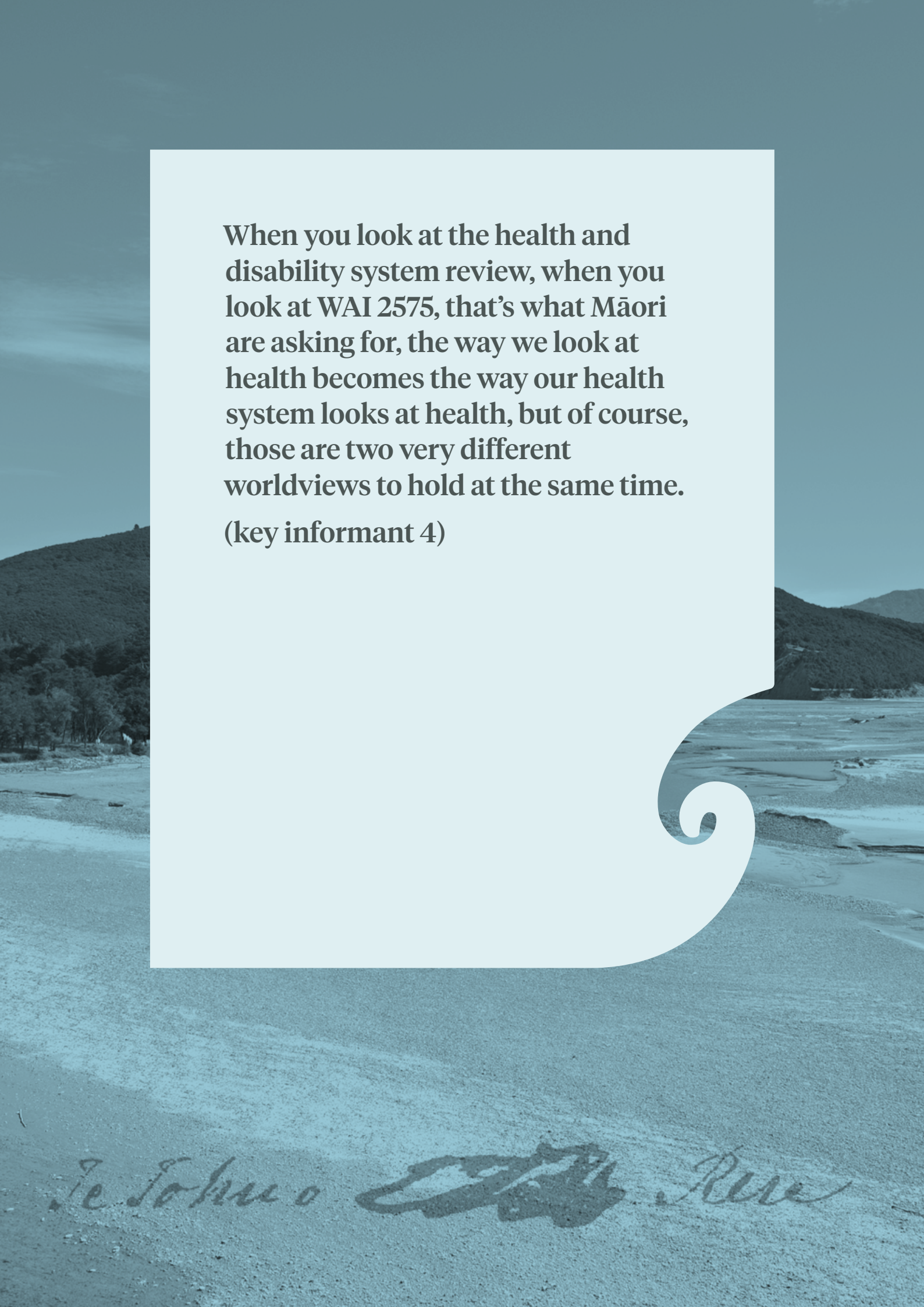
Capturing our imaginations

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:

> 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 colonization or we're in bicultural relationships where we are browning the

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 colonization 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)



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.

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Within this context, Māori and Indigenous thinking is limited to being a response to colonial ontologies rather than an expression of Māori and Indigenous ontologies.

Māori and Indigenous participation in policy development

The potential for Māori perspectives to shape a health system was discussed ontologically in the context of worldview tensions. The deeper level of change required to make space for a fundamentally distinct view of health and well-being was highlighted:

> 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 4)

One key informant discussed worldview tensions in relation to clinical practice and how change is limited and restricted by Western ontological dominance:

> 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 2)

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

All key informants raised concerns about how Māori worldviews were represented in policy, with an emphasis on the practice of translating Māori terms. As one key informant explained:

> 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 development of Māori criteria for assessing translation and meaning was also discussed by other key informants, one of whom has started to engage in a process of assessment by using Māori terms as a primary starting point when considering Māori knowledges within policy and practice.

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

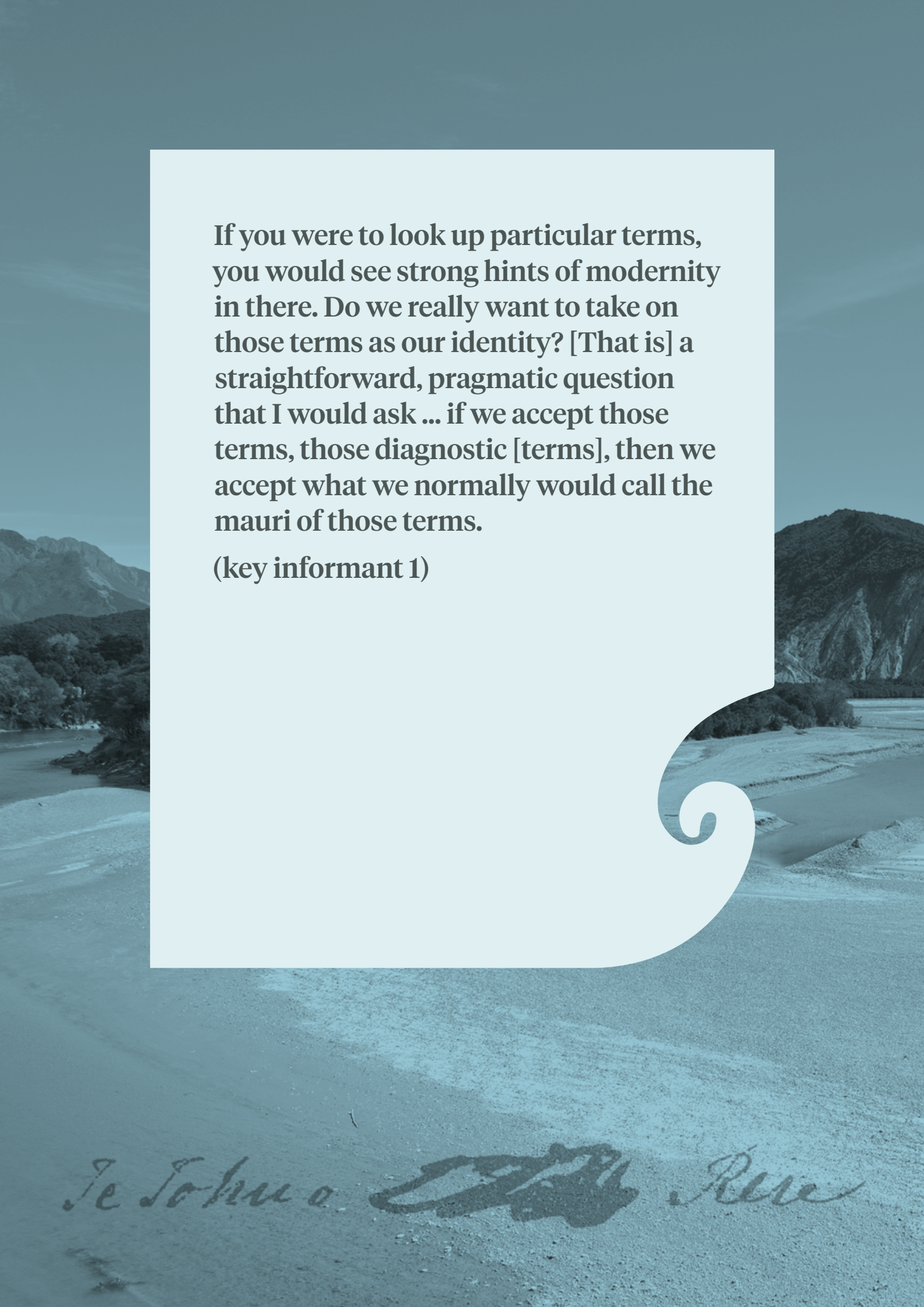
Examining the language and terms utilised in health policy and practice raised the question of cultural congruency in a mental health and addictions context. As one key informant explained, the language used carries strict cultural codes that are then translated into systems of care that capture and shape responses regardless of our apparent dissatisfaction and desire for change:

> [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)

Language in policy was also described in line with its ontological influence, which, from within a Māori and Indigenous worldview, was discussed as a thoroughly spiritual and material 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)

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.



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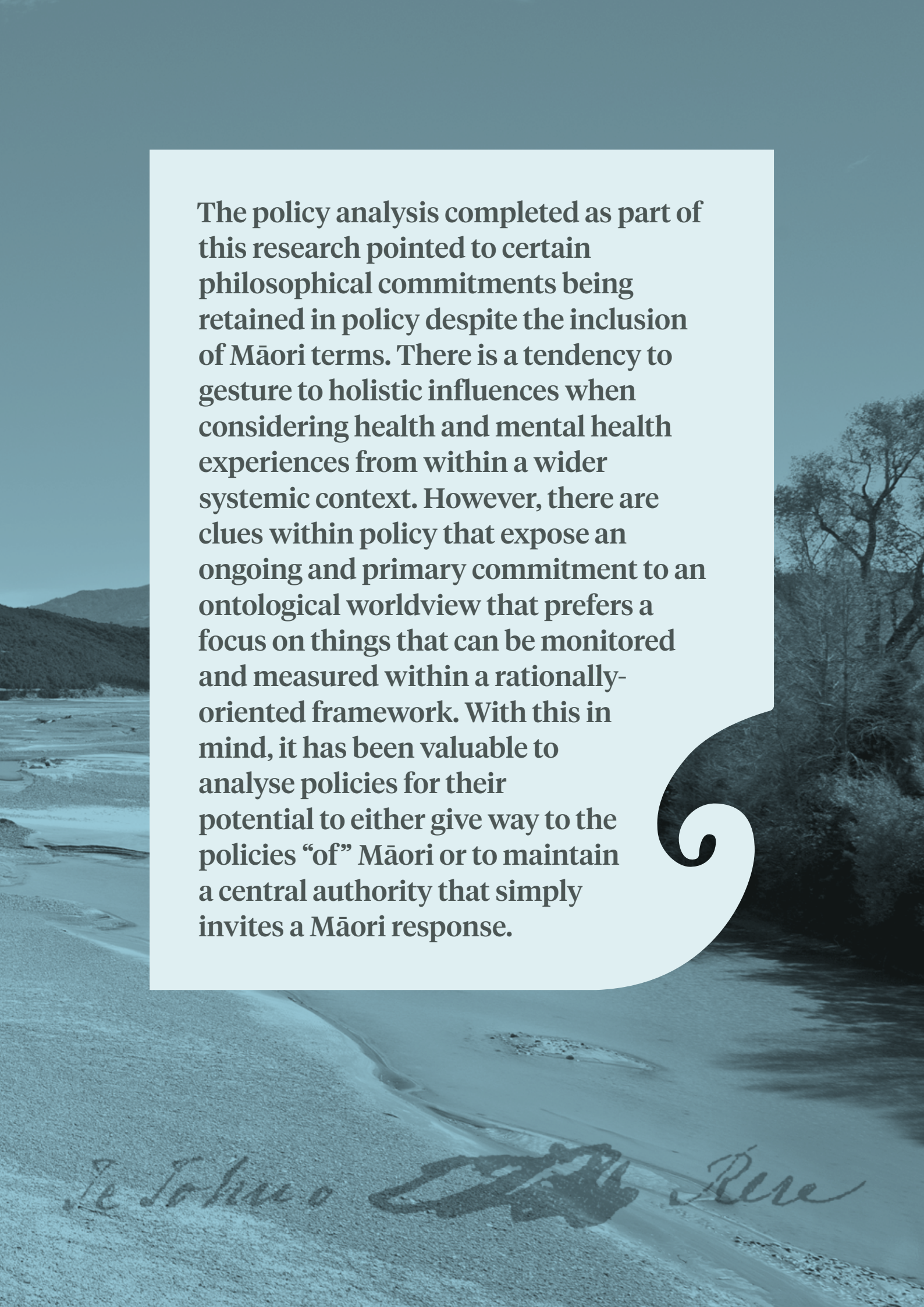
Policy analysis

As stated, health reform activities such as the HDSR have included Māori terms within a wider framework of cultural change. The need to ensure Māori terms in policy are more than simple translations of a prior English concept has been raised in critical analyses (Mika & Stewart, 2017). The same concern has guided this research and the interrogation of health and mental health policy. 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). The examination of normalised concepts constructed from Western philosophical premises of rationality and modernity has, therefore, guided the policy analysis completed here, aiming to identify where and how these concepts are included in health and mental health policy, along with identifying their general influence in how health and well-being continue to be framed and understood.

Generally, a complex view of Māori representation and decision making has evolved over time, with Māori leaders continuing to identify mechanisms of cultural suppression within seemingly sympathetic systems. As Jackson (2021) points out, participation in decision making must engage a certain creative agency that is less about responding to the ideas put forward within a dominant system and more about Māori knowledge as a fundamental driver of decision making and system design. As Jackson states,

> Nowadays, in one of the constant redefinitions of the treaty relationship, the Crown talks about developing programmes by Māori and for Māori. And there's a certain positive advance in that, I think. But what is missing from the "for" and "by" is the policies "of" Māori by Māori for Māori. Because if you recognise policies "of" Māori, then you recognise what the Treaty relationship is all about, the right of Māori to continue to self-determine their own future. (2021, 15:37)

The policy analysis completed as part of this research pointed to certain philosophical commitments being retained in policy despite the inclusion of Māori terms. There is a tendency to gesture to holistic influences when considering health and mental health experiences from within a wider systemic context. However, there are clues within policy that expose an ongoing and primary commitment to an ontological worldview that prefers a focus on things that can be monitored and measured within a rationally-oriented framework. With this in mind, it has been valuable to analyse policies for their potential to either give way to the policies "of" Māori or to maintain a central authority that simply invites a Māori response.



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Health reforms and ontological ground

While the most recent health reforms have been recognised as having the potential to uphold Te Tiriti obligations in relation to Māori decision making and design (Ahuriri-Driscoll et al., 2022), the language within the HDSR (2020) is arguably indicative of a limited invitation to participate in decision making. For example, the HDSR describes an intent to embed mātauranga Māori within the health system that, from a philosophical perspective, speaks to the retention of a fundamental ground of thinking in which mātauranga is then placed. A more radical intent would be to disrupt the ground, making way for mātauranga Māori to influence more fully to design "(k)new" pathways to well-being.[2] Embedding mātauranga Māori into a system that remains steadfast in its commitment to Western health ontologies risks embedding patterns of replication despite including the language of change, a risk that has been noted within existing critical policy analyses (for example, Came et al., 2021), demonstrating that a certain picture of repetition in health policy is already emerging within recent reform activities. Indeed, key informants in this research identified a pattern of repetition in policy discussed as a recycling of disjointed systems and language, upholding siloed approaches that resist real and more complex holism from taking hold.

Other analyses of the HDSR (2020) identify the role that language plays in moving to new ground to produce meaningful change and avoid the repetition of philosophical premises that remain in place despite the apparent desire to shift to new paradigms. Came et al. (2021) point out that the use of Māori terms has the potential to either open up or shut down 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. They refer to the terms *wairua* and *wairuatanga* to illustrate the impact of poor translation and of the relative exclusion of certain terms, explaining that, "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).

Their concerns address both the inclusion and exclusion of Māori terminology but in effect look into a deeper aperture of cultural suppression than what traditional discourse analysis will allow for with its focus on language as a rational human expression. A more radical concern takes hold when considering the relational terms represented by the way words and language are regarded as real entities that draw us into a playful, holistic presentation.

2. This play on words comes from Ahenakew et al. (2014).

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Mika (2017) describes this as language's role in highlighting the mysterious, intangible nature of the world that sits beneath what we are able to say, which will always be a partial expression of a more profound reality. The importance of privileging Māori premises as a framework for engaging with Māori terms is emphasised through this understanding and recalls Jackson's (2020) concern with Māori participation translating into creative agency rather than simply being invited to take part in driving a fundamentally non-Indigenous system. Wairuatanga, as discussed by Came et al. (2021), represents a relational premise that shifts the terms on which we understand health and well-being, raising different questions, which include, fundamentally, how to understand health and well-being in the first instance. Other questions that flow from this inquiry, when examined from within a Māori worldview, will no doubt concern the nature of relational being and how relationships and interconnection impact well-being. The intangible aspects of relational being reflected in references to wairuatanga are implicated here and allow for a focus on ontology as an essential first step in reviewing health policies.

Mental health policy and ontology

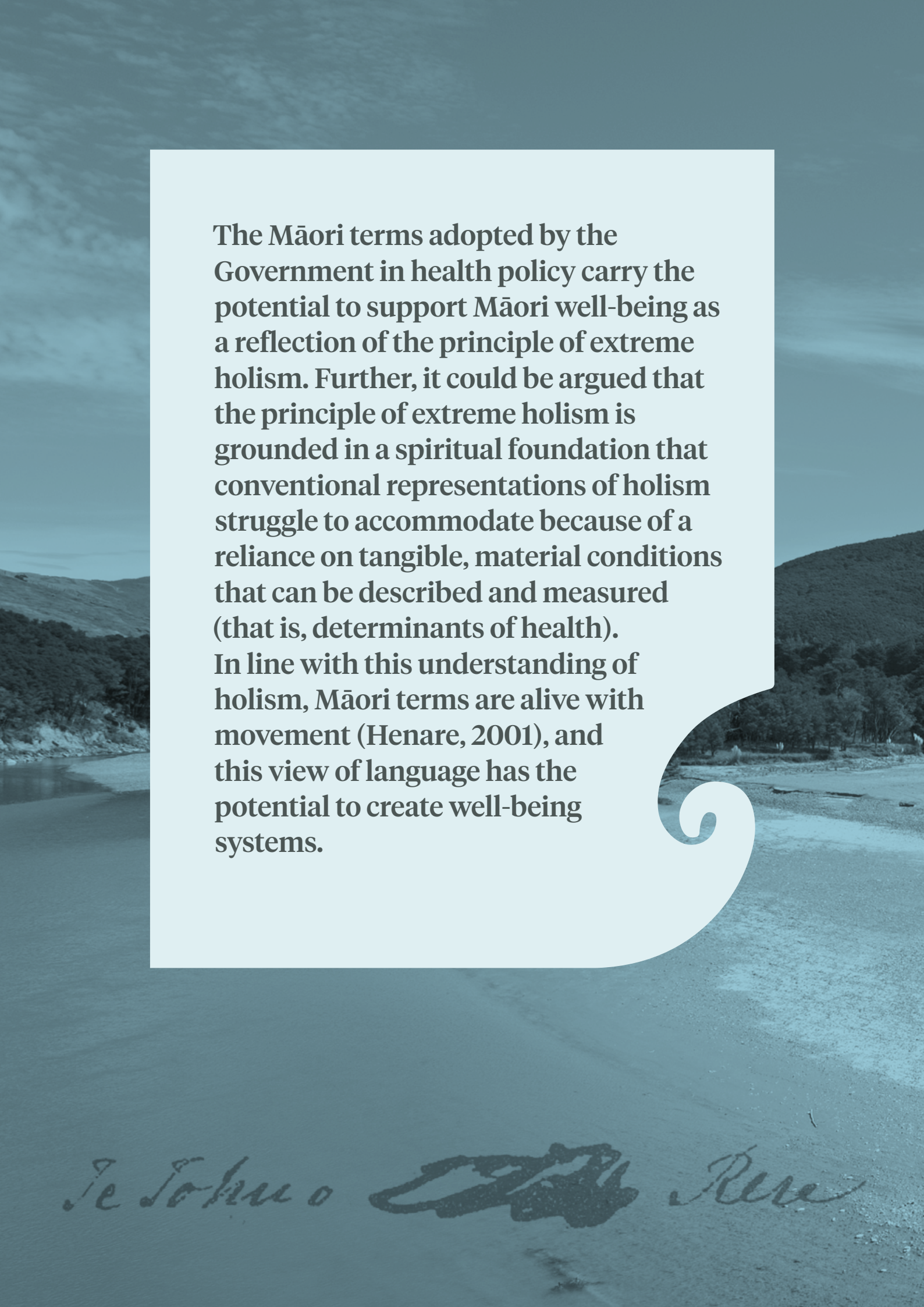
Mental health policy has recently developed to account for a relational perspective that draws from a wider viewpoint than what conventional frameworks allow. *He Ara Oranga te tarāwaho putanga toiora / He Ara Oranga wellbeing outcomes framework* (Mental Health and Wellbeing Commission, 2023), for example, describes well-being as a system of wellness represented in the type of environments that individuals and whānau experience and inhabit. The framework is promising and has the potential to shift the focus away from an overexamination of affected individuals and populations, and is partnered with a specific framework developed to examine the mental health and addiction system in accordance with tāngata-whaiora-identified indicators. In addition, the framework includes explicit statements regarding tino rangatiratanga, both for tāngata whaiora and whānau, and for Māori in relation to decision making and systemic design. However, vigilance is needed when viewing these frameworks, and it is helpful to consider their potential impact in relation to other documents emerging from within the mental health and addictions space.

Those who have tracked the progress of mental health and addictions policy since the government inquiry and publication of *He Ara Oranga: Report of the Government Inquiry into Mental Health and Addiction (He Ara Oranga)* (Paterson et al., 2018) will be familiar with the critical responses made, particularly by Māori who had provided guidance to the inquiry panel as part of the submission process. A sense of reductionism was noted, as was a tendency to continue framing people's experiences largely on individual terms, even when this was described as the individual being impacted by multiple social and cultural health and well-being determinants (McAllen, 2019). In fact, Waitoki (2018) explicitly criticised the tendency to frame mental health and well-being according to individualistic principles, highlighting how *He Ara Oranga* places emphasis on self-contained strategies for wellness (that is, mindfulness). Further, Waitoki noted that the document neglected to adequately acknowledge and address systemic injustices, asking how systems contribute to people's experiences of trauma, which can be observed and framed as individual criminal behaviour or mental illness. Others have addressed the ontological reductionism apparent in the tendency to frame holism as an increase in community-based mental health activities rather than creating a significant step change to address the social fabric of Aotearoa, asking more difficult social and systemic questions to target more fundamental causative factors (Allison et al., 2019). These criticisms demonstrate how a certain ontological perspective in relation to mental health and well-being can remain intact despite the presence of holistic discourse in health policy.

More recent policy writings on mental health and addictions can be examined to identify ontological premises. *Kia Manawanui Aotearoa: Long-term pathway to mental wellbeing (Kia Manawanui)* (Ministry of Health, 2021), is aligned with *He Ara Oranga* (Paterson et al., 2018) and *Whakamaua: Māori Health Action Plan 2020–2025* (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" (Ministry of Health, 2021, p. 16).

The language within *Kia Manawanui* 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 disease back into the world. However, regardless of the appeal to holistic language and concepts, a return to biological reductionism and to function and dysfunction perspectives haunts efforts to shift our focus. For example, *Kia Manawanui* outlines the "state of mental health and wellbeing we are seeking to address" (Ministry of Health, 2021, p. 17), which is presented in terms of dysfunction, disease, 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 assessment of risk and illness necessary (Foucault, 1988) also connects to the West's preference for surveillance and measurement (Mika & 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 of well-being (Moewaka Barnes et al., 2017). The potential for creating and perpetuating systems of care within communities (Te One & Clifford, 2021) is also at risk, particularly where aspects of those systems of care reflect intangible connectors, creating wellness through social movements that are not easily explained.

The idea of extreme holism and all things in the world being part of an integrated whole 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 has the potential to create well-being systems. For example, Te One and Clifford (2021) explain how tino rangatiratanga is an active term



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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 primarily as Māori participation in developing health-system responsiveness. When directly applied to a mental health context, the ontometaphysics that ground Māori terms has been highlighted through work that, therefore, aims to return to Māori understandings of being to influence how Māori experiences of health and well-being are discussed (for example, see Milne, 2005; Randal et al., 2008; Taitimu, 2007; Waitoki & Levy, 2016).

Concluding thoughts: 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 their position, grounding health and well-being narratives despite appeals to holism, community agency, and autonomy. 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 limited style of translation are considered as having the potential to disrupt our original instructions (Nelson, 2008) and ways of being, then our caution for translation would go beyond language as discourse, acknowledging that accepting inadequate translation means that we are doing what one key informant in this research described as accepting the mauri of those terms. 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 been with them in their experiences, engaging with recollections that enable 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 holistic 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). 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 (Whānau Ora Commissioning Agency, 2019).

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 telling a single story, 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 … I implore readers, policy makers, practitioners, academics, iwi, hapū and whānau alike … 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 policy making. This is particularly so in cases 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, is 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). Therefore, it is rich with the potential of innovation, which is a quality desired by the Government in seeking answers to the mental health crisis in Aotearoa (New Zealand Government, 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.

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He kuputaka
Glossary

Unless otherwise noted, definitions within this glossary are sourced from Te Aka Māori Dictionary.[3]

Aotearoa	1. (location) North Island, land of the long white cloud – now used as the Māori name for New Zealand.
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).
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.
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.

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

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.
pō	1. (verb) (-ngia) to set (of the sun). 2. (noun) darkness, night.
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.
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.
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.[4]
tino rangatiratanga	1. (noun) self-determination, sovereignty, autonomy, self-government, domination, rule, control, power.
Te Tiriti; 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.

4. 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

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.
whanaunga	1.	(noun) relative, relation, kin, blood relation.
whānau ora	1.	(noun) holistic, culturally-based, and family-centred approach to well-being.[5]
whare tapa whā	1.	(noun) holistic health and well-being philosophy and model, developed by Sir Mason Durie in 1982.

5. 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 summary 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.[6]

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.

6. 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

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