



Tuia Te Ao Mārama: Lessons for transformative indigenous mental health services

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Abstract

Tuia Te Ao Mārama is an oral history project shaped in the recordings of Māori mental health nurses who practised from 1950 to 1990 in Aotearoa (New Zealand). Fifteen Māori mental health nurses¹ from various *imi* (tribes) in Aotearoa were video interviewed by a team of Māori mental health nurses from Te Ao Māramatanga, New Zealand College of Mental Health Nurses. Qualitative semi-structured oral interviews were completed with a range of participants. The data was abstracted, transcribed and analysed, utilising a *kaupapa* Māori methodology.

In this article we present five narratives from *Tuia Te Ao Mārama*, a snapshot of experiences of Māori mental health nurses. From these stories we identify cultural themes of importance to

Māori mental health nurses relevant to improving Māori mental health outcomes. These are *taonga tuku iho* (the treasures and teachings passed down from their ancestors), *pūkengatanga* (expertise), *te reo me ona tikanga* (Māori language and customary practise), *rangatiratanga* (leadership), and *kaitiakitanga* (preservation). We conclude with the key messages in these selected narratives, and consider the potential lessons for the transformation of mental health services that more aptly and effectively meet the needs of Māori.

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Keywords: Māori, Māori mental health, mental health nurse, oral history.

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¹ www.maorinursinghistory.com

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Background

Nursing is the largest regulated health workforce in Aotearoa with just over 50,000 practising nurses.² Māori registered nurses make up approximately seven percent of this workforce compared to 16 percent of the population who identify as Māori.³ In the mental health nursing sector Māori comprise approximately 11 percent of the workforce (Nursing Council of New Zealand, 2015). It is also noted that Māori tend to choose vocations in health and nursing because of their desire to work with *taba wairua* (spirituality), *taba whānau* (family) in addition to the typical elements of *taba binengaro* (mental) and *taba tinana* (physical) in health services (Te Rau Matatini, 2015).

The first Māori registered nurses were trained in the early 1900's to provide action from within Māori communities primarily in response to the impact of epidemics and poor living conditions (Lange, 1999). Akenehi Hei (Whakatōhea and Whānau ā Apanui) and Heni Whangapirita (Ngāti Porou) were the first Māori registered nurses (Lange, 1999). Much has improved since those times, with Māori registered nurses in significant roles, contributing to change in all areas of health and disability, in nursing practice, education, policy and leading health services (Nursing Council of New Zealand, 2015). In the 21st century, initiatives to increase Māori nursing have been progressive, with Māori nurses drawn to practising in communities of need, and in sectors where Māori health and disability needs are the highest. Yet, in order for health and disability services to better reflect the communities they

serve, the Māori nursing workforce will need a five-fold increase in size to meet the needs of its population, requiring a deliberate, targeted effort over the next decade. One of the issues in Aotearoa is that little is known of the experiences and successes of Māori nurses, and what potentially makes them different from non-Māori nurses that could illuminate better practice and aid in the further workforce development of Māori nurses more generally.

Te Ao Māramatanga

Te Ao Māramatanga: New Zealand College of Mental Health Nurses Inc.⁴ is the professional body for mental health and addiction nurses in Aotearoa. *The Māori Caucus* provides a forum for Māori membership of the college to meet, share information and to inform the college on matters that affect Māori, nursing practice and college policy. Māori Caucus members also provide representation to college subcommittees, working parties, and develop links with other indigenous health professional groups in Aotearoa and other countries (Te Ao Māramatanga: New Zealand Mental Health Nurses Inc., 2013).

A select group made up from the Māori Caucus worked to establish this project – Tuia Te Ao Mārama – an oral history study that sought to gather the life stories and experiences of Māori mental health nurses in practice between 1950 and 1990. This project was motivated by the paucity of evidence about Māori mental health nurses contributions to the profession, and a lack of their recognition in the significant transformation of health service models in Aotearoa. The primary objective of the project was to ensure that the history, knowledge, and experiences of Māori mental health nurses were preserved for future generations. In achieving this goal, the project team trained in, and developed, oral history skills, and in doing so engaged with the National Oral History Association (NOHANZ) to improve best practice methodologies for oral history recording, interpretation and practice. During this process

² 50,356 registered nurses in New Zealand as at 31 March 2015

³ 3510 Māori as at 31 March 2015

⁴ www.teaomaramatanga.co.nz

the group procured funding to gather interviews of Māori mental health nurses.

Methodology & Methods

Kaupapa Māori methodology and methods were used to foster an approach that would be led by Māori, conducted with Māori and for the benefit of Māori (Smith, 1999). This methodology supported methods of *kanohi kitea* (the seen face), *hui* (gathering together) *te reo me ona tikanga* (Māori language and customs), *whanaungatanga* (relationship building) and the sharing of *kai* (food).

In addition to kaupapa Māori, the team also employed an oral history interview method with the utility of a video camera used to record and present the identity of the interviewees, and more importantly to acknowledge the *mana* (sense of pride and integrity) of the participant telling their *kōrero* (story). The project team used qualitative semi structured in-depth interview techniques in *Pākehā* (English) and *te reo Māori* (Māori language). These methods were conducive to Māori participants, as it fostered *whitwhiti whakaaro me kōrero* (range of opinions and conversations) between interviewers and participants. The National Oral History Association of New Zealand (2001) *Code of ethical and Technical Practice* set out the professional responsibilities and issues of care relevant to oral history work within the community. Beyond this more generic template, an induction manual was then developed by the project team that served to explain interview, technical and ethical standards. This included a participant information sheet, the oral history recording agreement form (consent), an interview questionnaire and participant biological information form, and a data recording sheet and technical log. A *kaitiaki* (guardian) plan for the management of the oral histories was also developed to protect and preserve this oral history collection and to ensure the use was in line with the participants agreements (Māori Caucus, Te Ao Māramatanga: New Zealand College of Mental Health Nurses Inc., 2012).

Once interviews were completed, the video footage was copied for security backup and another copy was made available for each participant, the original was stored in a secure location, which was subsequently abstracted and

transcribed. These abstracts, transcripts and copies were shared with respective participants to check for accuracy and legitimacy. Once these were confirmed as an accurate representation of the conversation, a Kaupapa Māori approach underpinned the critical thinking processes and sense making discussions of the data. The key themes that emerged during this interpretive critical analysis were then placed into a working framework. Following this, records of all interviews were then deposited into the National Library for long term archiving.

Participants

All of the participants identified as Māori, with their tribal origins connecting widely from *imi* (tribes) across Aotearoa. This was a mixed gendered cohort, including seven men and eight women ranging in ages from 50 to 70 years old. Each had trained and worked in large psychiatric hospitals, and had practised during the period of deinstitutionalisation and the shift to community care and health service reforms. Most of the participants had long and enduring careers in the health sector (30 -50 years), and in various ways were recognised by their peers as leaders in the health field. Each of the participants also revealed poignant moments in their nursing careers, and in their own ways were considered to be significant agents of change in making contributions to the development and participation of Māori in mental health and addiction services over the period of their careers.

Outcome

Tuia Te Ao Mārama draws its base from a final cohort of nineteen video interviews which were completed with fifteen Māori mental health nurses. Thirteen of these interviews were conducted in English and six in *te reo Māori* (Māori language), with one group interview. Over 30 hours of narratives are digitally recorded in video of Māori mental health nurses' (1950-1990) recollections and experiences of mental health nursing. As a result, this significant collection of oral narratives was carefully arranged and compiled for dissemination within a live website (www.maorinursinghistory.com) to share both the broad ideas and personal accounts expressed within the recordings, and to better understand

the experiences of the lives of Māori mental health nurses.

Five Narratives

Here, we present five personal narratives drawn from this project, with the aim of sharing examples of Māori mental health nursing practices during the course of the mid to late twentieth century. These accounts are framed utilising Māori philosophies and values which provoke potential lessons for the indigenous transformation of mental health services to meet the aspirations of a Māori mental health workforce and the mental health needs of Māori.

Taonga tuku iho. It is common for Māori to trace their ancestors back in time (Mead, 2003) and to take on board *taonga tuku iho* (the treasures and teachings passed down from their ancestors) to guide them in their lives. In the first narrative, Timoti George shares his perspective of taonga tuku iho, and suggests that Māori who follow through with what ones ancestors have left behind, will indeed enhance Māori resiliency. He concluded by legitimising that what he does is spiritual, drawn from being Māori, and informed by Māori customary values and beliefs:

I think our people were so clever and intelligent they left us with taonga that if we listen and see we follow through. We're the most resilient people, and I think that our resilience lies inside us as Māori, with our whānau and also in our taha wairua. The taha wairua for me and for the people that I've been working with is very much to do with the taha Māori. It's about where our values/beliefs our whole way as Māori sits. (Timoti, Te Arawa)

Pūkengatanga. Realising there is a need to extend one's own cultural knowledge and expertise as a Māori mental health nurse (Baker & Levy, 2013) required some participants to first reflect upon what they were contributing to as nurses in psychiatric hospitals. Then to take stock, and realise a greater awareness of their unique identities as Māori and seek to deepen ones knowledge and skills with Māori ways of knowing. Expectations by whānau also meant that Māori mental health nurses would hold fast to a cultural worldview informed by Māori cultural values, beliefs and practices. In his narrative, Winston Maniapoto reflected on when

he was challenged by his father to make change in his life and in his practice to improve Māori health outcomes. Winston took heed of his father's advice and as a result, refocused his energies on Māori perspectives and in turn Winston realised the universal application of a cultural worldview to other peoples had the ability to enhance each person's *mana* (sense of pride and integrity). Of this turning point in his life, he recalled:

In 1994 I got a position with Auckland Health Care. I left the Mason Clinic as Manager of Māori Mental Health and from 1971 up until then the memory of my father's voice coming at me. Change your life! And I started looking very deeply into Māori things at looking into the world, Māori world views/attitudes Māori psychology.

I was able to show quite clearly in my writings that you can get better outcomes by attending and adhering to the cultural preferences/cultural background, the genealogical background, whether you are a Samoan, Niuean, Māori, Tongan or a German Jew. It doesn't matter what religion you are or what culture you maybe. By reinforcing those cultural things that you inherit it strengthens you it makes you feel, I'm me, you're ten feet tall, I got mana. They may not use the same words but they mean the same thing. (Winston, Ngāti Maniapoto)

Te Reo me ona tikanga. During the 1970s and 1980s in Aotearoa, the political and social context started to slowly change for Māori with te reo Māori acknowledged as an official language, and the establishment of the first kohanga reo, kura kaupapa, and wānanga (Calman, 2015). Yet for those Māori confident in te reo me ona tikanga who trained and worked in psychiatric hospitals, being Māori at times was frowned upon and discouraged in the institution and by the nursing profession. Being told to "leave their Māoriness at the door" was a common term to Māori mental health nurses, with customary practices such as karakia (prayer & customs) viewed within the workplace as unacceptable.

In Kath Mohi's narrative she reflects what it was like as a student nurse and a te reo Māori speaker prohibited from communicating in Māori to other Māori. Kath then compares the reflection to an example of recent nursing practice, with the overt appreciation of customary practice as a

Māori mental health nurse in the 21st century. She pointed out that:

As a Māori nursing student ...Well I felt devastated that we never kōrero Māori at all. I didn't because we went to the long stay ward and there were quite a few Māori there, but we never practised as Māori at all. That was a disappointment and I was dependant on coming home to my Māoriness I suppose [my] Marae gatherings and that.

As a Māori registered nurse ...We're more comfortable being Māori now ...we can do processes. Recently, they wanted their house blessed because they understood that the house was owned by Māori before them. So when we gathered the family together with XX who XX had engaged to help the process. They were comfortable in sharing their experiences of spirits in their home, their own experiences from their spirits and when XX was doing the karakia he used Pākehā language so they'd feel comfortable in what his prayers were about and he talked about the process all the way through as well as using karakia. (Kath, Ngāti Porou)

Rangatiratanga. Māori mental health nurses employed various strategies beyond the normative western institutional regimes within which they worked. Māori mental health nurses offered a depth of engagement that resulted in an organisation of Māori beliefs, experiences, and interpretations of mental unwellness. They exhibited leadership by example and recognised the relationship with each other and the environment, often revealing the Māori patients' experience of their world.

In the following narrative Moe Milne shares the experience of a *kaumātua* (Māori elder) who did not want the burden of his un-wellness to fall upon future generations. In talking with the *kaumātua* about his concern and perspective, Moe discovered through exploration of the man's tribal heritage that his experiences were associated with guardians of his traditional people and land. It was the cultural foundation of this elder's worldview that marked the difference in understanding his conceptions of un-wellness:

A man from XXX was constantly admitted here in XXX and he was always a problem to admit,

tall skinny man 6ft tall immaculately dressed, polished shoes extremely bizarre and the staff always had a problem because he was *kaumātua* and a number of things. I'm going, "Come on you people... You should actually know how to deal with this". And then I got hōhā (annoyed) with all the constant debate and discussions about this guy, so I said "Okay I'll just go and have a talk with him to see what's going on" [I was] not thinking that I was going to contribute, I'll just go and have a talk with him. I went to go and have a talk with him and you know what his problem was? He wanted to commit suicide because he didn't want his madness to be a taonga tuku iho (heritage to be passed down) to his mokopuna (future generations-grandchildren). Simple, ka mutu ia konei (he will stop it here). I'll kill myself and these spiders and everything that come around me won't go to my mokopuna (grandchildren) and I kept talking to him and he's from XXX which is down the road from XXX a lot of the kaitiaki (cultural guardians) in XXX are spiders so the manifestation of his delusions were spiders. So you know ...if you're ...going into mental health you're exposed to another world and another way of thinking and about understanding both our environment and our people. (Moe, Ngāti Hine)

Kaitiakitanga. What was most notable in the narratives was an underlying discourse at work relative to Māori people within psychiatric institutions. Of some significance here was the juxtaposed situation of cultural and spiritual beliefs of Māori patients and whānau members when it came to their interpersonal perspectives about the origin of illness versus the attempted indoctrination of the Māori mental health nurse in westernised institutions of mental illness and psychiatric treatment.

Ray Watson's narrative shows an example of how Māori mental health nurses responded to *mate Māori*.⁵ It was often posed as one reason for Māori feeling unwell, both mentally and physically, or for provoking uncharacteristic behaviour. The core of the problem was thought to have stemmed from an infringement of *tapu* (sacred conditions; Marsden, 2003). As a problem, *mate Māori* could not be accommodated by the western medical model let alone be well treated

⁵ *Mate Māori* is a condition caused by a spiritual source requiring the intervention of a *tobunga* or healer.

by psychiatric medication, even though Māori were in mental health services.

Ray talked about Māori presenting with mate Māori, and how no amount of western psychiatry was able to help them. But, by bringing *whānau* (family) into the hospital, the use of *karakia* (prayer & customs) and access to Māori *kaumātua* (elders) and *tohunga* (healers), he argues, Māori patients showed signs of improvement:

What I found was there were two memories that stick out of my mind. One of them was people talking about mate Māori and finding nothing that anyone tried in the way of European drugs worked. It wasn't working at all, and when we managed to bring in whānau down South it meant that getting people from up North to come down and be with their whānau then those processes of *karakia* and so forth would immediately [improve] the situation considerably. But an anti-depressant medication I would say would of worked for Māori just as anybody else. But for those issues the Māori men, particularly which would originate in mate Māori then they were never ever going to work. So connecting with *kaumātua* and ultimately *tohunga* up here, in some instances we were slow in our practice in getting to that answer, and when we did what a surprise things resolved positively. (Ray, Kai Tahu, Kati Mamoe)

Conclusion

This short article provides a snapshot of experiences from five Māori mental health nurses who practiced between 1950 and 1990. For these nurses, experiences with Māori, from a Māori perspective, revealed interesting insights for those working in the field. Using specific Māori philosophies and values, this article has highlighted a small set of cultural features that emerged in their accounts relevant to the interviewees' practices and experiences. These were *taonga tuku iho*, *pūkengatanga*, *te reo me ona tikanga*, *rangatiratanga* and *kaitiakitanga*.

Interviewing these Māori mental health nurses generated a further layer of understanding about Māori mental health nursing more generally, and how mental health services could transform to improve Māori mental health outcomes. We propose the following insights for further consideration in practice:

Taonga tuku iho. When a Māori mental health nurse draws upon the knowledge and lessons of their ancestors, it builds a foundation from which the nurse can address the spiritual and whānau needs of Māori.

Pūkengatanga. When a Māori mental health nurse advances their traditional knowledge, customary practices and skills, not only will these skills enhance the wellbeing of Māori. Their knowledge and practice can be applicable to all people of any culture.

Rangatiratanga. When the Māori mental health nurse takes into account the whole person and the traditional context from which they originate. They are able to relate to the inner experience of Māori, especially relevant to elders from a specifically tribal perspective. When this is possible, the patient's perspective is understood fully, their spiritual needs are addressed and potentially a life saved.

Te reo me ona tikanga. When health settings and health professional training contexts are not conducive to the use and application of Māori language, prayer and customary practice, the potential of a Māori person is impeded.

Kaitiakitanga. Discourse between Māori seeking healing of spiritual distress whilst located in a western medical health system that focuses on medication will persist. It is in the duty of care of the Māori mental health nurse to ensure the right type of healing is available for their people, even in mental health institution. Yet, it is the responsibility of mental health services to ensure there is easy access to a Māori mental health workforce, to Māori healers and spiritual healing is possible for Māori.

These findings offer insights to what is required to inform the development, education and ongoing practice and development of a Māori mental health nursing workforce. In accentuating indigenous transformative frames of practice, the interviewee reflections presented here offer important lessons for mental health services that might yet be more conducive to improved mental health and addiction services for both users and the Māori workforce providing care.

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