



## Maea te toi ora: Māori health transformations

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*Te Rau Matatini*

**Book Title:** Maea te Toi Ora: Māori Health Transformations **Author:** Te Kani Kingi, Mason Durie, Hinemoa Elder, Rees Tapsell, Mark Lawrence, Simon Bennet **Year of Publication:** 2018 **Publisher:** Huia **Number of Pages:** 333 **ISBN:** 978-1-77550-297-5

*Ka nui te mihi ki ngā reo rangatira kei roto i tēnei o Maea te Toi Ora: Māori Health Transformations. E hikobiko ana te ngākau ki te pānui te reo Māori me ngā whakamaramatanga hoki e pā ana ki te katoa o ona nei hua!*

There is so much beneficial commentary and advice in *Maea te Toi Ora: Māori Health Transformations* to support Māori which I believe will also resonate with other indigenous people. The narrative in this book, where each chapter is written by one of the listed authors, commences with observed notions of Māori as *healthy and strong of physical stature*. However post the 1840 signing of the Treaty of Waitangi with the British, Māori experienced a rapid decline in health, similar to all colonised Indigenous people around

the world. We know this brought grief and trauma associated with the theft of land, denial of language, and denigration of culture. The inclusion of data from the 2006 *Te Rau Hinengaro: The New Zealand Mental Health Survey* offers a more current picture of decline. It highlighted the Māori population disproportionately represented in areas such as substance abuse, anxiety, depression, and other diagnosed psychiatric disorders.

But our history of colonisation and decline should not be allowed to define us nor should it be permitted to predict our future. Before 1840, only 178 years ago, a short space of time really, Māori had robust constructs, values, and beliefs that worked for people *healthy and strong of physical stature*. In the early 1930s these constructs, values, and beliefs continued to be presented by the likes of Sir Apirana Ngata, Sir Māui Pōmare, and Sir Peter Buck. As mentioned in *Maea te Toi Ora: Māori Health Transformations*, by the late 1970s we had *mātauranga Māori* (Māori knowledge) presented in health service delivery by the likes of Bob Elliot<sup>1</sup>, Winstone Maniapoto<sup>2</sup>, and Dr Henry Rongomau Bennett. In current times we have the ilk of Ron Baker and Maria Baker of Te Rau Matatini (National Centre for Māori Health, Māori Workforce Development and Excellence) and all the authors of *Maea te Toi Ora: Māori Health Transformations*. They offer the depth and breadth

<sup>1</sup> <http://www.maorinursinghistory.com/interviews/robert-bob-mingi-elliott>

<sup>2</sup> <http://www.maorinursinghistory.com/interviews/te-wiritana-tupotahi-winston-maniapoto>

of mātauranga Māori relevant for Māori presenting in the health system.

The active inclusion of mātauranga Māori is encouraging and raises mātauranga Māori to a deserved level. All the authors in *Maea te Toi Ora: Māori Health Transformations* favour integration of traditional Māori constructs and understandings into their practice alongside and in some instances in place of their clinical knowledge. The successful utilisation of mātauranga Māori reported through the authors' case studies provides a must-read book. The Māori values and beliefs particularly noted as essential by the authors are *whanaungatanga* (engagement and relationship building), *wairua* (spiritual connections with land, water, and mountains), and *mauri ora* (life essence) to name a few.

The construct of *whānau* (family) has undergone scrutiny and defined and redefined, and is a focus in the narrative. Also mentioned throughout *Maea te Toi Ora: Māori Health Transformations*, is *hapū* (subtribes) and *iwi* (tribes). However, there is little discussion on the benefits of hapū and iwi involvement and when these constructs should be involved in health and wellbeing development. I believe if we do not appreciate hapū or in the least iwi then we narrow the healing effect for our clients. The connection to hapū and iwi in a post-Treaty of Waitangi settlement environment offers many benefits including long-term health, wellbeing, social, and economic opportunities; so the time is right.

I am somewhat disturbed to read about the lack of understanding and lack of cultural processes exercised by the government department Child, Youth and Family, who was responsible for child protection (now replaced by the Ministry for Children, Oranga Tamariki), when seeking court reports on a Māori child. I always wondered why a government department who had statutory obligations continued to fail to keep our *tamariki* (children) safe when in their service, now I know! The cultural processes offered in *Maea te Toi Ora: Māori Health Transformations*, should be embraced as routine, open for every Māori child and their whānau who present as a case to child protection in Aotearoa. This Māori approach would meet aspirations within the construct of whānau, hapū, and iwi; and ensure a better health outcome. The name change to Oranga Tamariki (healthy children) and a focus on health and wellbeing

must surely signal the much needed relevant adjustment.

The authors of *Maea Te Toi Ora: Māori Health Transformations*, mainly trained psychiatrists and psychologists, I know hold significant influence in their roles and organisations regionally, nationally and internationally. They are also part, even if they do not know it, of building critical mass contributing to Te Ao Māori. Case studies that have been shared by the authors should be highlighted and integrated through the curriculums of psychiatrists and psychologists or given to organisations like Te Rau Matatini to operationalise. This makes sense, placed in the undergraduate, postgraduate, and professional development spaces so that the understandings, knowledge, and beliefs as profiled by the case studies; become a valued part of Best Practice for these disciplines and all other roles when working with Māori.

The outcome and wellness measures chapter is of high interest to me because it provides an essential pathway, the evidence that the *mahi* (work) is making a difference. Most importantly that we can track positive benefits for those who we serve. A collaborative indigenous wellness measure is worthy of pursuit given our shared indigenous understandings, knowledge, and beliefs with our indigenous brothers and sisters.

I am proud to read of the Battle of Orakau, Iron Māori, and Te Matatini; inspiring innovative Māori developments. To learn more about Orakau, read the book review of *Sleeps Standing Moetū* in this same issue of *Journal of Indigenous Wellbeing: Te Mauri-Pimatisimin*, and appreciate the story from a descendant's lens. Iron Māori was a challenge for myself, my older sister, and nephew as we competed as a whānau unit. No one knows that more than our extended whānau of our collective encouragement and determination. Te Matatini a celebration not to be missed, it is an event held every two years where on and off stage our culture and our *reo* (language) is at its best – *Te Toi Ora*. My tribal affiliation to Tainui allows me to boast of six teams travelling to *Pōneke* (Wellington) in 2019 to represent us *healthy and strong of physical stature!*

Finally the publication of *Maea te toi ora: Māori Health Transformations* is timely given the current developments being pursued in Aotearoa:

- Wai 2575 claim three priority themes proposed by the Waitangi Tribunal: mental health (including suicide and self-harm), alcohol and substance abuse, and Māori with disabilities.
- The New Zealand Government Inquiry into Mental Health and Addiction: <https://www.mentalhealth.inquiry.govt.nz/>
- Updating *Te Puawaiwhero*, the second Māori Mental Health and Addiction National Strategic Framework 2008 – 2015 by Te Rau Matatini. <https://www.health.govt.nz/publication/te-puawaiwhero-second-maori-mental-health-and-addiction-national-strategic-framework-2008-2015>

I encourage you to read, be informed, and utilise the mātauranga Māori contained within *Maea te Toi Ora: Māori Health Transformations* to continue the legacy of Māori as *healthy and strong of physical stature*.

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