MĀORI HEALTH, MĀORI RESEARCH, AND MĀORI MENTAL HEALTH OUTCOMES

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INTRODUCTION AND BACKGROUND

The role of Māori within the health research field has changed considerably over the last two decades. Prior to this, and with the exception of a few notable studies, "Māori research" was likely to describe "research on Māori". Typically, these studies were illness orientated, initiated and conducted by non-Māori, and almost always reflected non-Māori priorities and interests. As far as Māori involvement was concerned, participation was largely confined to the role of consumer or respondent with little expectation that information would be shared or used to inform Māori development.[1]

At this time health research was often conducted by those medically trained or within academic institutions. Māori researchers we few in number, and research findings were more often than not disseminated within academic journals or periodicals. Māori critique of results, methods, and process, was therefore limited.[2] As a consequence, some concerns were raised as to the overall accuracy of the research produced and the capacity of non-Māori researchers to fully understand or interpret what was being gathered. Evelyn Stokes notes:

> There are some inherent conflicts in attitudes to knowledge between Māori and Pākehā. There is an attitude among many Pākehā academics that in the social sciences the individual researcher has some sort of divine right to investigate whatever topic he or she chooses, provided that the usual methodological and ethical restraints of the particular discipline are adhered to…However, too many Pākehā researchers fail to see or understand that there are other dimensions to the value of knowledge; that the perceived purpose of the research may

1 M.H.Durie, (1996), *Characteristics of Māori Health Research,* A Paper Presented at the Hui Whakapiripiri: Hongoeka, 1 February 1996, Department of Māori Studies, Massey University, Palmerston North.

2 Ibid.

> be irrelevant in Māori terms; that the Māori "guinea pigs" provide answers (if they co-operate at all), which they think the researchers want, out of politeness and hospitality; or may even occasionally deliberately distort responses according to Māori logic not be perceived or understood by the researcher. [3]

Although some Māori had successfully conducted research in Māori health, it was not until 1993 that a major catalyst for change occurred and with the establishment of two Māori health research units. Te Pumanawa Hauora ki Manawatu was based within the Department of Māori Studies at Massey University in Palmerston North. While Te Pumanawa Hauora ki Te Whanganui-a-Tara was located in Wellington and situated within the Wellington School of Medicine.[4]

Both units were funded by the Health Research Council and were effective in creating a more directed and structured approach to Māori health research. Whereas in the past research by Māori (in Māori health) was sporadic, reactive, or isolated, an infrastructure was now created through which a more strategic and long-term approach to research could be facilitated. In this regard the units were critical to the development of Māori research capacity and collectively have made measurable contributions to the training and development of Māori health researchers.

Since 1993 other units and centres have emerged and have likewise created opportunities for Māori health researchers.[5] In addition, these units (collectively) have been successful in creating partnerships with the Māori community, introducing iwi to health research, and providing opportunities for training and joint venture research.

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3 E. Stokes, (1985), *Māori Research and Development: A Discussion Paper,* University of Waikato, Hamilton. p. 6.

4 This unit is now know as "Te Roopu Rangahau Hauora a Eru Pomare".

5 For example: The Ngai Tahu Māori Health Research Unit, Tomaiora Māori Health Research Unit, and Whariki. The Centre for Public Health Research (located within Massey University) has also provided mentoring and training to many Māori health researchers.

Quite apart from these contributions, these units, and other individuals, have provided much in terms of academic debate and in considering the nature and characteristics of Māori health research. In this regard, part of the thrust behind the development of Māori research capacity, and more broadly the drive toward Māori directed research, was the desire to ensure that Māori focused research was in fact conducted in the right way and was able to contribute to Māori health development. [6]

These types of issues were not new, nor were they confined to the health field. Experience from a range of sectors had highlighted the need to more carefully consider the research process. How research was prioritised, consultation, information gathering, data analysis, and dissemination of findings were all important considerations. These factors, and more, could impact on the outcomes of any research study and likewise have implications for the quality of information produced.[7] While some have questioned the need for a Māori specific approach to health research, considering it more separatist than scientific, the rationale behind the desire to include and develop Māori research methods has little to do with separatism, political or even Treaty related objectives. More fundamentally it is about good research practice, the desire to collect accurate information, in the right way, with the right methods, and with the right objectives in mind.

Therefore, and if research is conducted, on, by, with, or for the benefit of Māori, then Māori research methods or approaches will necessarily form part of what quality measures are introduced.

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6 Te Pumanawa Hauora, (1995), *Annual Report: 1995,* Department of Māori Studies, Massey University, Wellington.

7 L. T. Smith, (1999), *Decolonizing Methodologies: Research and Indigenous Peoples,* University of Otago Press, Dunedin.

MĀORI RESEARCH METHODS

Given the wide range of research interests, and potential areas of inquiry, rigid or overly descriptive discussions on Māori health research and methods are perhaps best avoided. There have of course been a number of useful frameworks developed, however, these have typically been used to construct or define research parameters, issues for consideration, fundamental outcomes, or key requirements. In many ways these are an acknowledgement of the fact that Māori health research is not limited to any single field of inquiry, nor is it limited to the application of any one research method, approach, tool, system, or technology.

Often, a range of methods or instruments will be applied and as long as these are consistent with Māori research philosophies they can be utilised without conflict or compromise.[8] In fact, it is important that new methods or approaches are utilised and that Māori researchers are able to take full advantage of what developments have been made. More than this, it also provides researchers with the opportunity to broaden their field of expertise and to apply Māori research philosophies to fields such as epidemiology, genetics, psychometrics, or even biostatistics.

RESEARCH CHALLENGES

While Māori researchers and research activity has developed considerably over the past decade or so, numerous challenges remain. Finite resources and the availability of research funding continues to be an issue, for Māori and non-Māori researchers alike, and has obvious implications for the type and range of research possible. Prioritisation has been an obvious consequence of this, however, and given the range of Māori health problems, it is sometimes difficult to establish these with any certainty and to explain why other areas of interest are any less important.[9]

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8 Te K.R.Kingi, (2002), *Hua Oranga: Best Health Outcomes for Māori,* Ph.D. Thesis, School of Māori Studies, Massey University, Wellington. P 88.

9 M.Levy, (2004), Recommendations for the MHRDS Steering Committee – Maori Mental Health Research Priorities: A Discussion Document, Mental Health Research and Development Strategy, Unpublished Paper.

Of major concern however, is the issue of research capacity and that while researcher numbers have increased, the pool of experienced Māori health researchers remains limited. The reasons for this, and subsequent implications, are numerous and likewise impact on the extent to which research can take place. The role of Māori health research units in developing researchers has already been noted. As well, individual researchers have emerged (from a range of backgrounds) and to further bolster capacity.

However, the time required to train or to gain the required experience is often significant. Moreover, specialist training (in epidemiology or biostatistics for example) may further add to this. While specialisation may broaden ones scope it can also remove an individual from other research interests. Moreover, demands on time are likely to increase and as invitations to collaborate are presented.

An obvious solution to this problem would be to encourage more Māori into research – either as a full-time career or in a more collaborative role. However, two major issues arise from this. The first involves promoting research as a viable career option and in stimulating interest in research. Unfortunately, research is not often presented as a potential occupation – either at secondary school or at University. Many students are simply unaware of what opportunities exist, are perhaps discouraged by the prospect of further training, or enticed by other careers – better paying, more secure, or with greater appeal.

Aside from this, and even if more researchers were found, training remains problematic. Generic skills in Māori health research may be acquired through an examination of the various frameworks and publications. However, the application of these requires more detailed and practical knowledge, from an experienced researcher, with time to offer, and an inherent ability to teach. In this instance, and where mentors may be found (from the already limited pool), the interests of the trainee may not match those of the trainer or in fact reflect priority research areas. University courses provide other options though likewise may be limited in scope or availability.

For all these reasons Māori health research capacity remains a concern and will at present limit the extent to which Māori involvement in research is possible – either as investigators or collaborators. In the meantime, and in order to ensure Māori input into key research areas, innovative approaches to research are likely. In this regard one approach has been to include Māori in advisory roles or positions and within a number of studies. This approach is less than ideal, though again is a possible reflection of limited capacity, skill and experience.

A MĀORI HEALTH RESEARCH FRAMEWORK

In 1996, and in an attempt to better inform the process of Māori health research, a paper entitled *Characteristics of Māori Health Research* was presented by Professor Mason Durie at the first Hui Whakapiripiri in Hongoeka, just north of Wellington. Within the paper, a Māori health research framework was described and offered a set of guiding principles, a broad structure through which a wide range of Māori research interests and priorities could be considered. The table here describes the framework and further considers the broad nature of conducting research with, by, and for, Māori.

Table 1 **A Māori-centred Health Research Framework**[10]

		Principles		
		Whakapiki tangata (enable	Whakaurunga integrate	Mana Māori Māori control
Purpose of Research	(i) Health gains for Māori, (ii) to strengthen Māori identity as Māori (iii) to advance positive Māori development and the acquisition of new knowledge			
Practice of Research	(i) Active Māori participation (ii) multiple methodologies (iii) measures relevant to Māori			
The Practitioners of Research	(i) Māori researchers (ii) interim solutions (iii) competencies - Māori knowledge - Health research - Māori society			
The Politics of Research	(i) Treaty of Waitangi (ii) Māori and Iwi (iii) Funding			

The three principles provide the central tenets that are intended to foster Māori health advancement. The *Whakapiki Tangata* principle highlights the need to conduct research with the ultimate aim of enhancing the lives of people. This may mean an improvement in health status, a capacity to take greater control of their own health, or both. The *Whakaurunga* principle emphasises the holistic view of Māori health, and provides for a link between health, culture, economic factors, social standing, as well as historical events. The third principle, *Mana Māori*, reflects the need for Māori control, particularly in relation to Māori society, culture and knowledge.

10 M.H.Durie, (1996), *Characteristics of Māori Health Research,* A Paper Presented at the Hui Whakapiripiri: Hongoeka, 1 February 1996, Department of Māori Studies, Massey University, Palmerston North.

The *Purpose of Research* refers to those global aims that can be applied generally to Māori health research. It includes the requirement for research to contribute to Māori health gains and to provide Māori with the opportunity to maximise their health, recognising that health gains should enhance (not undermine) a Māori cultural identity. It also recognises that Māori health activities have not occurred entirely within the traditional health sector and that the broad field of Māori development is the appropriate context for locating Māori health research.

The *Practice* of Māori health research includes the ways in which Māori participate in research, and includes issues of participation, ownership, accountability, definition and methodology, intellectual property rights, and the incorporation of Māori world views.

The *Practitioners* of Māori health research is an issue already touched on, and relates to a 'by Māori for Māori' approach. It ensures that researchers are adequately equipped to undertake the study and that they have the relevant technical and cultural skills.

The *Politics* of Māori health research considers the broader issues of research activity, the Treaty of Waitangi, self determination, access to, and arrangements for, research funding. Political issues are fundamental in determining research priorities, what relationships should be fostered to promote the goals of research, how resources are accessed, and the limitations that may be imposed.

Insofar as considering the broad issues, requirements, and objectives of Māori health research, the framework was a timely addition to the academic discourse and reflected the need to more broadly consider the context within which Māori research took place. Since this time numerous others have commented on various aspects of Māori health research and have likewise developed theories and ideas on how best to conduct research with Māori, by Māori, and for the benefit of Māori.[11]

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11 See for example: C. Cunningham, (1998), 'A Framework for Addressing Māori Knowledge in Research, Science, and Technology', in Te Pümanawa Hauora (ed.), *Te Oru Rangahau Māori Research and Development Conference, 7-9 July 1998 Proceedings,* School of Māori Studies, Massey

RESEARCH AT THE INTERFACE

The research challenges I personally faced during the development of my Ph.D. were in many ways linked to the methodological challenges of introducing a Māori research perspective into what was a relatively unexplored area of inquiry (at least from a Māori perspective). In this regard the field of psychometrics and outcome measurement had not been overly scrutinised from a Māori research perspective and was an obvious challenge given my hypothesis and the desire to construct a Māori measure of mental health outcome.

The relevant theories around the construction of such tools were fairly well developed as were the methods which could be used. Adopting the more usual approach to the research would have perhaps been a more logical path to follow in that there were a number of research templates that could be used. However, and given the purpose of the research it was important (if not imperative) that Māori approaches were additionally introduced. Partly to add credibility to the study, but more fundamentally to ensure that cultural integrity and research quality was maintained.

An obvious dilemma arose however, and in that merging two approaches or methods (Māori and western) would not necessarily guarantee a smooth fit or that in fact either to both approaches would not be compromised. In reviewing the literature however, it became clear that the application of new technologies or theories were not necessarily inconsistent with Māori principles and practices and that both could be applied within this setting and without too much conflict. In this regard new software packages, analytical frameworks, approaches, and analysis techniques, were often used alongside methods which focused on iwi development, consultation, hui, manaakitanga, koha, and concepts of reciprocity. The conclusion I reached was that no particular compromise existed and that a potential area of strength was created. This was summarised within my methodology chapter, as part of the concluding comments and when considering the approach that was taken.

University, Palmerston North, p. 396. Also: E. Pomare and G. de Boer, (1988), *Hauora Māori Standards of Health: A Study of the Years 1970-1984*, Department of Health, Wellington,

> In researching this thesis, the juxtaposition of a Māori-centered approach alongside more conventional empirical approaches did not create obstacles, nor diminish the significance of any one method. Instead, the experience has reinforced the view that research into contemporary Māori life will be enriched by the adoption of multi-methodological strands.12

THE MEASUREMENT OF CULTURAL OUTCOMES

While the adaptation of appropriate research methods provided the vehicle for the study, as noted, the destination (or objective) was the construction of a Māori measure of mental health outcome. Similar to the issues previously discussed was the question as to whether or not a measure such as this was in fact warranted. If so, it would fundamentally suggest that Māori notions of health outcome were somehow different to that of non-Māori.

Māori have, in the past, frequently questioned the reliability of non-Māori measures or indicators of Māori progress. Often suggesting that comparative measures do little more than to highlight Māori disadvantage. The construction of a Māori measure of mental health outcome was not inconsistent with these ideas, however, the basic premise for its development was the idea that non-Māori measures of progress (within a mental health setting at least) were not entirely consistent with Māori needs and expectations. Mainstream measures were limited, in some respects, and in that they did not capture all of what was important to Māori consumers of mental health services.

Based on the research it was determined that Māori outcome expectations were much broader than what the more usual tools could measure. Compliance with medication, cognition, behaviour, the absence or presence of symptoms were all important indicators of progress and which were appropriately considered by existing measures. However, it was determined that for Māori, other indicators would need to be included. Such as, the impact the intervention had on an individuals cultural identity,

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12 Ibid

physical health status, whānau relationships, ability to communicate, or participate within their chosen community.

A Māori mental health outcomes framework was therefore created.[13] The framework (shown here) provided a conceptual base for the development of a Māori measure of mental health outcome. The five principles served as key parameters for the instrument and provided guidance for the tools overall structure and intent. The three key stakeholders refer to the three perspectives of outcome which are gathered. In this way, and while a positive or negative outcome is usually determined by the clinician, the framework suggests that three perspectives are gathered and in order to obtain a more comprehensive and accurate profile.

The inclusion of Te Whare Tapa Whā as part of the framework is a means through which outcomes of significance to Māori can be identified. As already described, the basic theory or hypothesis behind the research is founded on the notion that Māori outcome preferences are somehow different to that of non-Māori. Te Whare Tapa Whā therefore provides a framework through which these cultural outcomes can be identified.

The final component of the framework are the five clinical end-points. These end-points describe measurement locations or points in time at which an outcome can be measured. If offers greater specificity to the outcome assessment process and greater relevance to clinical situations and settings.

As an overview, the framework was designed to provide a template for the construction of a Māori measure of mental health outcome. The measure would be based around the application of three separate questionnaires to be completed by the clinician, the client, and a whānau member. These questionnaires would essentially ask the same questions of each of the three respondents, but allow three different perspectives to be gathered. Te Whare Tapa Whā provides a means through which a

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13 M.H.Durie and Te K.R.Kingi, (1998), *A Framework for Measuring Māori Mental Health Outcomes,* School of Māori Studies, Massey University, Palmerston Nth.

culturally relevant range of questions can be identified. The five clinical endpoints are markers or points at which the tool can be applied.

During the construction of the instrument the obvious, and perhaps most difficult issue was the realignment of an existing model of Māori health so that it could be used to identify Māori mental health outcome questions. As a result, and in order to guide this process a secondary framework was developed. This framework further described what type of questions could be asked, their relevance to Te Whare Tapa Whā and mental health. The questionnaire shown here (and remember this is only one of three) is an example of how the framework and Te Whare Tapa Whā were placed within a mental health outcome measure.[14]

There is obviously further work that needs to be done on the measure and which is currently being conducted. For example, it is unlikely that all three views of outcome will be entirely resonant and mechanisms need to be developed so that these issues can be dealt with. The reliability of the measure is also unknown, and, while the measure has high face validity further tests will be undertaken and in order to more clearly consider the instruments psychometric properties.

However, and again, part of the problem is in the development of an appropriate validation methodology. The uniqueness of the measure, coupled with the need to ensure that modifications to the instrument can be made, has meant that a rather unusual validation methodology is required. Added to this has been the desire to ensure that this research process (despite involving rather technical components) needs to be consistent with established Māori research philosophies. As with the construction of the original instrument we do not see any particular conflict with this merging process and again view it as a potential strength.

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14 Te K.R.Kingi and M.H.Durie, (2000), *Hua Oranga: A Māori Measure of Mental Health Outcome,* School of Māori Studies, Massey University, Wellington.

CONCLUSIONS

The on-going process of constructing a Māori measure of mental health outcome reveals a number of important considerations for Māori health research, but there are perhaps two main points I would like to make. The first is (and based on our experience) that Māori research philosophies are not necessarily inconsistent with western approaches and methods and that they can be used along side each other and without compromise. The challenge however is that there is no single way in which this can be achieved and is perhaps reliant on the skill, experience, and perspective of individual researchers as well as the particular nature of the research project itself.

The research further highlights the need to more critically examine how measures of Māori progress (in health, but more broadly as well) are developed. There are of course generic indicators of health and well-being that all people and ethnicities are able to appreciate - such as the absence of pain or ill-ness for example. However, generic measures are unlikely to capture all of what is relevant to Māori and may therefore miss-the-point as far as Māori are concerned. To this end, one of the key outcomes of the research has been to show that a broader view of measurement and outcome needs to adopt and in order to more clearly match Māori realities and the aims of health Māori development.

REFERENCES

M.H.Durie, (1996), *Characteristics of Māori Health Research,* A Paper Presented at the Hui Whakapiripiri: Hongoeka, 1 February 1996, Department of Māori Studies, Massey University, Palmerston North.

M. H.. Durie, (1998), 'Puahou: A Five Part Plan for Māori Mental Health', in *He Pukenga Körero,* vol. 3, no. 2, Department of Māori Studies, Massey University, Palmerston North.

M.H.Durie and Te K.R.Kingi, (1998), *A Framework for Measuring Māori Mental Health Outcomes,* School of Māori Studies, Massey University, Palmerston Nth.

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

Te Pumanawa Hauora, (1995), *Annual Report: 1995,* Department of Māori Studies, Massey University, Wellington.

L. T. Smith, (1999), Decolonizing Methodologies: Research and Indigenous Peoples, University of Otago Press, Dunedin.

Te K.R.Kingi and M.H.Durie, (2000), *Hua Oranga: A Māori Measure of Mental Health Outcome,* School of Māori Studies, Massey University, Wellington.

Te K.R.Kingi, (2002), *Hua Oranga: Best Health Outcomes for Māori,* Ph.D. Thesis, School of Māori Studies, Massey University, Wellington.