MĀORI MENTAL HEALTH

A Selected Annotated Bibliography

International Research Institute for Māori and Indigenous Education, The University of Auckland, May 2000
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Many thanks to the people and organisations who shared information and resources to make this annotated bibliography possible.
Kia Ora koutou katoa.

DISCLAIMER
The inclusion of articles in this bibliography does not reflect our endorsement of their contents, ideas and/or findings. The reader is asked to make his or her own judgements about the values of these works. We make no claims that this bibliography contains everything written in this area.

CITATION
The suggested citation for this work is:

FEEDBACK
Any feedback you have about the bibliography and how it can be added to and/or improved would be welcome and can be sent Dr Fiona Cram, International Research Institute for Māori and Indigenous Education, University of Auckland, Private Bag 92019, Auckland.
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BACKGROUND

Researchers, mental health professionals, community groups, families and students wanting to locate material relevant to Māori mental health are often faced with a daunting task. Material has been written by both Māori and Pākehā (so the author’s name is no guarantee of relevance) and may be hidden in obscure places under obscure titles. It might also be the case that important writings have not been published or are available only through iwi or University departmental sources.

In the summer of 1992-3 we attempted to address this issue within the Psychology Department, University of Auckland. We recognised that a number of the students entering the Department were Māori with specific interests in a Psychology for Māori. This was at odds with the North American texts used in many of the courses being taught, especially the first year courses. We therefore requested, and received, funding from the Department for Tereki Stewart to compile a bibliography of books and articles relevant to Māori and Psychology. Because of the nature of the discipline of Psychology the majority of these references were relevant to Māori mental health. This bibliography has been a tremendous resource and many copies have been distributed to Māori researchers. The costs of producing this bibliography were met by the Department of Psychology.

The following summer, 1993-4, Pākehā Treaty Action provided funds for us to build up our resource base for Māori students. Aroha Waipara Panapa and Tereki Stewart carried out this project. Many articles were collected, catalogued and filed. This project has been a tremendous success in terms of making many writings on Māori mental health available. However, funding constraints mean that the articles were catalogued only on a card index and were therefore not readily accessible to others outside the Department.

The next step was to construct an annotated bibliography (i.e. one that contains a brief description of each article, book, etc.) that contains not only our resources but also attempts to locate other relevant writings. There is a paucity of literature concerning Māori mental health and much of what there is is written from a socio-political level. It is acknowledged that the adverse consequences of colonisation – land alienation and the loss of other taonga – have had a devastating effect on Māori health. However, in order to contain the information presented here, this annotated bibliography has been limited to those resources that include the more clinically oriented aspects of Māori mental health. This work was begun by Sharon Rickard and completed by Adeanne Ormond and Ho Cheuh in 2000.

The following bibliography may not be a complete representation of all writings on Māori mental health. However it is a collection that we anticipate will be useful to students, researchers and people in the community who wish to begin reading around these issues. We encourage you to use it and to write to us if you locate other resources that you find useful and that can be incorporated in the bibliography.
USING THE BIBLIOGRAPHY

The references in the bibliography are listed in alphabetical order and each includes a list of key words that are brief descriptions of what type of information is contained in the articles. These key words are listed at the end of the bibliography along with the names of the authors whose articles have generated each key word. The bibliography can therefore be accessed in a number of ways including the following:

- You can read the bibliography from start to end to gain an overview of the types of research that have been carried out to examine Māori mental health.
- You can look up authors in the main body of the bibliography.
- You can look up key words in the index. Trace your topic interest back to the authors in the bibliography who have written on that topic to see whether their writings are of interest before tracing the entire article or book.
KEY WORD INDEX

Accidents
Sachdev (1990)
Administration of New Zealand
Pope (1995)
Admission rates
Chaplow et al. (1993)
Dawson (1988)
Galloway & Barrett (1984)
Sachdev (1989a)
Te Puni Kokiri Ministry (1993)
Adoption
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Adolescents (Youth)
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Hazlehurst (1995)
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Ministry of Māori Affairs (1997)
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Affective disorders
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Archaeological history
Liu & Allen (1999)
Auckland
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Bibliography
Stewart (1993)
Biculturalism
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Child molesters
Hudson et al (1998)
Child welfare
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Civil defence
Colonisation
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Committees and inquiries
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Community Empowerment
Sachdev (1998)
Community mental health services
Institute for International Research (N.Z.) (1997)
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Criminal justice system
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Criminal offending
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Cultural identity
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Demographic factors
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Disabilities
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Te Timatanga & Midcentral (1995)

Discrimination
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see Colonisation

Domestic violence
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Drug abuse
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Wall (1995)

**Ethnology**
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**(Un)Employment**
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Te Puni Kokiri Ministry (1993)

**Ethnological collection**
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**Evaluation**
Hudson & Wales *et al.* (1998)

**Family**
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**Finance**
Dyall & Bridgman (1997)

**GATT**
Mcneill (1995)

**General practice**
David (1997)
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Sullivan & Robyn (1998)
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**Hallucinations**
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**Health care**
Durie & Public Health (1994)
Fergusson *et al.* (1982)
Public Health Group (1997)
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**Health economics**
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**Health professionals/authority**
Durie (1984)
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Ministry of Māori Development (1997)
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**Health planning/promotion**
Ministry of Health (1995-96)
Ministry of Health (1995c)
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Interaction of Māori
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Māori communities
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**Māori disaster**
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**Māori ethnic identity**
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**Māori education**
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**Māori European influences**
Mikaere (1995)

**Māori frameworks**
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**Māori health**
Absolum (1996a)
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**Māori medical care**
Ministry of Māori Development (1997)

**Māori mental health**
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**Māori psychology**
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**Māori public opinion**
Wall (1995)

**Māori religion**
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**Māori research**
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**Māori social life and custom**
Pohatu (1995)

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Mikaere (1995)
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**Māori Women’s Welfare League**
Armstrong & Armstrong (1991)

**Mate Māori**
Lyndon (1983)
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**Mate Pākehā**
Potaka-Dewes (1988)

**Meetings**
Calvert (1997)

**Men**
Aspin (1996)
Graves, Graves, Semu & Sam (1982)
**Māori Mental Health**

Shirres (1997)

**Mental disorders**
Public Health Group (1997)

**Mental health (implementation perception and integration)**
Donovan (1997)
Joseph (1997)
Public Health Group (1997)
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**Mental health services**
Dyall & Health Research Council of NZ (1997)
Institute for International Research (1997)
Lawson-Te Aho (1998)
Ministry of Māori Affairs (1997)
Ministry of Māori Development (1997)
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**Mental illness/health**
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**Methodology**
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**Mythology**
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**Moana**
Pope (1995)

**Multiculturalism**
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**Neuropsychology**
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**Neuropsychological test**
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**Neuroses**
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**Noa**
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**Off-site centres**
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Rolleston (1995)
Rutene-Reweti (1994)
Sherman (1995)
ANOTATED BIBLIOGRAPHY


Key words: mental illness, Māori health

Explains Māori spirituality in relation to Tangata Whenua and Tiriti o Waitangi.


Key words: mental illness, Māori health

Expresses the Māori view of mental health and its promotion.


Key words: poetry

Profiles the prisoner and details the background which made him a constant offender from age 17. Includes the poem he wrote for Te Rito Arahi, the Māori Alcohol and Drug Resource Centre.


Key words: biculturalism, health services, Māori Women's Welfare League, self-help, women

Investigated the health status of Māori women in New Zealand in 1986 and 1987 and the self-help movement (SHHM) among Māori. Material on Māori women's self-help in health and on the activities of the Māori Women's Welfare League (MWWL) in particular was collected by means of interview, participant observation, and the consultation of archival sources. Interviews were conducted with self-help organisers and health professionals. The SHHM among the Māori is linked to the general Māori renaissance that has advanced Māori resources for self-help and the emergence of biculturalism. The two goals of the MWWL are (1) the elimination of disparities in health between Māori and Non-Māori and (2) the establishment of culturally sensitive health care programs.


Key words: Māori health, mental illness

Announces that the Whai Ora Cultural Unit is moving from Tokanui Hospital to the community and examines the implications.

Interviews Mason Durie of Rangitane, Ngti Kauwhata, and Ngati Raukawa, on the biggest threat for Māori.


Key words: homosexuality, Māori, men, aids, discrimination, social history

Discusses some of the historical accounts of Māori sexuality, with particular consideration of how trans-sexuality was viewed by writers in the 1970s. Considers how the views expressed by these commentators reflect the prejudice to which gay Māori men have been exposed since colonisation. Looks at signs that gay Māori men, and transsexuals especially, have played a major role in gay community development that preceded AIDS and which has been fundamental to the fight to stop the epidemic.


Key words: alcohol use, prevention

University of Auckland.

Key words: land tenure


Key words: Māori health, policy, Treaty of Waitangi

Discusses Māori health development, including some of the impacts of NZ's 1993 health reforms and Treaty of Waitangi issues. Looks at health purchasing models and asks which model is likely to lead to the best outcomes for Māori. Includes information from a policy project undertaken by Te Puni Kokiri in 1996/1997.


Key words: mental illness, Māori health, statistics, suicide

Gives a personal account by a Māori mental health nurse of caring for an institutionalised Māori patient who commits suicide. Compares Māori and non-Māori rates of admission to psychiatric hospitals and figures for youth suicide.


Key words: health services, mental illness, Māori health

Ponders on differences in the way that mental illness is diagnosed and how services are delivered to Māori, Pacific Islanders and Pākehā.


Key words: mental illness, Māori health, pacific islanders, psychiatry

Mentions Mental Health Awareness Week and lists admission statistics for Māori.

Gives basic information on schizophrenia and briefly comments on relaxation techniques. Describes the work of Te Puau Ora, the Auckland Healthcare Māori mental health service and the Māori Community Work Service.

Considers the degree of mental illness that affects the Pacific population through analysis of the records of people admitted to hospital services with mental illness, the only data available over a long term and relatively consistent basis. Looks at figures of admission and readmission for both men and women, evaluating the importance of the various reasons for admission, namely, drug and alcohol disorders, schizophrenia, no psychiatric diagnosis, affective and other psychosis, neurotic disorders, stress and adjustment disorders, and personality disorders. Examines the impact of age and sex on admission rates, makes comparison with the rates for Māori and European New Zealanders and warns of the danger of cross-cultural misinterpretation.


Key words: pacific islanders, mental illness, Māori health, psychiatry

Considers the degree of mental illness that affects the Pacific population through analysis of the records of people admitted to hospital services with mental illness, the only data available over a long term and relatively consistent basis. Looks at figures of admission and readmission for both men and women, evaluating the importance of the various reasons for admission, namely, drug and alcohol disorders, schizophrenia, no psychiatric diagnosis, affective and other psychosis, neurotic disorders, stress and adjustment disorders, and personality disorders. Examines the impact of age and sex on admission rates, makes comparison with the rates for Māori and European New Zealanders and warns of the danger of cross-cultural misinterpretation.


Key words: prisoners, mental illness, suicide, Māori health, psychiatry

Summarises studies that reveal the high rates of mental illness, personality disorder, and substance abuse among prisoners. Examines the prevalence of suicide among prisoners and the factors in suicide prevention. Describes the coordination problems between the Departments of Health and Justice which have been identified as contributing to the extraordinary increase in NZ prison suicides during the 1980s. Considers the improvements made with the introduction of Regional Forensic Services. Discusses the need for further improvements.


Key words: Māori health, health services, public administration, prisoners, mental illness, suicide, psychiatry

Announces that Health Waikato and Te Raukura Hauora o Tainui have signed a memorandum of understanding in which both parties agree to share clinical and cultural expertise to improve health services for Māori living in the region.

Summarises studies that reveal the high rates of mental illness, personality disorder, and substance abuse among prisoners. Examines the prevalence of suicide among prisoners and the factors in suicide prevention. Describes the coordination problems between the Departments of Health and Justice which have been identified as contributing to the extraordinary increase in NZ prison suicides during the 1980s. Considers the improvements made with the introduction of Regional Forensic Services. Discusses the need for further improvements.


Key words: pacific islanders, health, health services, public health, child health, women and health, heart diseases, meetings

Reviews the inaugural Pacific Health Conference, organised by the Pasifika Medical Assn and the Pacific Health Research Centre, held in Auckland, 12-13 Oct, 1997. Presents the aim of bringing together professionals involved in the health problems and needs of Pacific people in NZ and suggesting solutions. Summarises presentations given in the areas of community health, child health, training and research, non-communicable diseases, and women’s health. Records the recommendations of workshops in the areas of mental health, health policy, training and research and health of the family.


Key words: admission rate, health services, policy, Treaty of Waitangi

Examines the status of Māori, in New Zealand with regard to mental illness. Māori make up 12-15% of the general population but represent much larger percentages of both the prison and the psychiatric hospital populations. For most of this century, Māori belief systems were largely ignored and Māori leaders were not allowed to share in the formulation of health policies. The Treaty of Waitangi (C.Orange, 1987) gave Māori more power of self-determination, and the mental health act 1992 reflects the importance of cultural values. Regional forensic psychiatric services were developed in 1989 to provide services to courts, prisons, and the community.


Key words: health services, schools (secondary), health surveys, students (secondary)

Describes a school doctor visit at a NZ
secondary school. Designs and conducts a 3-phase study at a coeducational secondary school in Auckland. Develops a health questionnaire to assess adolescents' perceptions of their health status and use of primary health care services, studies a newly established school doctor clinic, and administers a clinic-based satisfaction survey. Describes findings as follows: 16% described their health as only 'fair' or 'poor'; 71% had seen their GP in the preceding 12 months; 13% consulted the school doctor clinic; more female, Māori and European students attended the school doctor clinic compared with the school demography; commonest diagnoses were respiratory, skin and musculoskeletal problems; 31% of the diagnoses related to recognised adolescent health needs such as contraception, sexual health, nutrition, and psychosocial problems.


Key words: Māori health, disabled, health services, health services, schools (secondary), health surveys, students (secondary)

Describes the findings of a report commissioned by the Core Services Committee to ascertain how existing disability support services can be improved to meet the needs of Māori. Outlines the principles of the framework, called He Anga Whakamana.

Describes a school doctor visit at a NZ secondary school. Designs and conducts a 3-phase study at a coeducational secondary school in Auckland. Develops a health questionnaire to assess adolescents' perceptions of their health status and use of primary health care services, studies a newly established school doctor clinic, and administers a clinic-based satisfaction survey. Describes findings as follows: 16% described their health as only 'fair' or 'poor'; 71% had seen their GP in the preceding 12 months; 13% consulted the school doctor clinic; more female, Māori and European students attended the school doctor clinic compared with the school demography; commonest diagnoses were respiratory, skin and musculoskeletal problems; 31% of the diagnoses related to recognised adolescent health needs such as contraception, sexual health, nutrition, and psychosocial problems.


Key words: cultural identity, delusions, hallucinations, paranormal, schizophrenia

The exact relationship between culture and the expression of psychopathology among different cultural groups within New Zealand has yet to be firmly established. The present study investigated the relationship between culture and presenting symptomatology of Māori and Pākehā patients diagnosed with schizophrenia. More specifically, the main aim of the study was to investigate whether differences exist between Māori and Pākehā in the expression of schizophrenia and to explore whether paranormal beliefs and cultural knowledge influence the frequency and content of specific symptoms. Three specific hypotheses were tested. First, the hypothesis that Māori and Pākehā differ in respect to levels of Māori knowledge and strength of paranormal beliefs was explored. Second, the hypothesis that Māori have higher frequencies of hallucinations, delusions of control and subcultural delusions and hallucinations was investigated. Third, the hypothesis that paranormal beliefs and cultural knowledge influence the frequency of presenting symptoms between Māori and Pākehā was explored. A total of 14 Māori and 16 Pākehā patients currently admitted to mental health services with a diagnosis of schizophrenia were interviewed using the Present Status Examination (PSE). The Test of Māori Knowledge (TMK), Revised Paranormal Belief Scale (PBS-R) and a Provisional Māori Cultural Identity Questionnaire (PMCIQ) were also administered during the interview (the latter administered only to
Māori participants). The findings indicated that Māori participants experienced significantly higher frequencies of hallucinations and delusions than Pākehā participants. There were no significant differences between groups in strength of paranormal beliefs nor were paranormal beliefs found to influence the frequency with which hallucinations and delusions were reported. However, Māori participants had significantly higher levels of Māori knowledge. Moreover, the findings suggest that Māori knowledge was an influencing variable in the content and frequency of subcultural delusions and hallucinations. Limitations of the study, future research recommendations and implications of the findings for the assessment, diagnosis and treatment of Māori psychiatric patients are discussed.


Key words: social support, demographic factors, depression, 16 yr old & older Māori vs Europeans in rural vs town vs urban environments.

Reports an error in the original article by D. E. Clarke and M.A. Jensen (Journal of Community Psychology, 1997 (Jul), Vol 25 (4), 303-323). It is noted that the survey neglected to mention that the data were collected in 1985; the authors regret any implication that the report describes the current situation in New Zealand. (The following abstract of this article originally appeared in record 84-38972.) A sample of 342 New Zealand adolescents and adults (aged 16+ yrs) completed a questionnaire constructed by R.A. Bell, J.B. LeRoy, and J.J. Stephenson (1982) to measure depression, social support, stressful life events, and demographic factors. A 3-way ANOVA demonstrated significant interaction effects of ethnicity and recent life events on depression, but social support did not significantly affect depression nor ameliorate the effects of life events on depression. Māori experiencing few life events had higher depression than Europeans with few events. A 5-way ANOVA with the effects of area, sex, ethnicity, age and SES on depression showed significant main effects for sex, age, and SES. Area interacted significantly with ethnicity and age. Results are discussed with reference to the rural, town, and urban environments in New Zealand.


Key words: Māori health, alcohol abuse, Māori history, Māori religion

Examines the issues surrounding Māori alcohol problems.

Transcribes ’Report of a tour from Tauranga to The Kaha during the months of April and May, 1861’, written after a journey by foot and canoe round the Bay of Plenty coast with the Resident Magistrate Henry Tacy Clarke. Comments on Māori practice of Christianity at Whakatane, Ohiwa, Opotiki, Tunapahore, Omaio and Te Kaha and on the use of alcohol.

Cooper, E. et al. (1995). He whakakotahitanga, taataritanga whakaaee o nga paanui o te inu waipiro me te iwi Māori: An integrated critical analysis of alcohol advertising and Māori. Māori Health Unit, School of Medicine, University of Auckland.

Key words: alcohol use, health, advertising


Key words: Neuropsychological tests, mental health, psychology, cultural psychiatry


Key words: alcohol abuse, Māori research.
Presents results of a research project of the Whariki Research Group, Alcohol and Health Research Unit, University of Auckland.


Key words: Māori land tenure, law and legislation


Key words: general practice, Māori health, diseases, surveys

Compares patterns of use in primary care for a representative sample of patients of Māori and non-Māori background. Draws data from a survey of GPs in the Waikato region representing a 1 per cent sample of all week-day encounters. Records data by participating GPs in 4 collection weeks spaced over the period of a year.


Key words: admission rates, health services, statistics

Summarises findings to obtain a picture of the overall differences in the official statistics between the groups of patients committed from the three ethnic groups (Māori, Pacific Islander, and Pākehā) in 1984.


Key words: Māori, mental health, stress (Psychology), depression, suicide

(psychothetical aspects)


Key words: neuropsychological tests, Māori mental health, Māori psychology, Māori culture


Key words: adolescents, health professionals, health services, Māori frameworks, policy

Discusses the need to consider Māori beliefs and attitudes when planning mental health services for these people. The holistic Māori approach to health, which acknowledges the unity of the soul, mind (te taha hinengaro), body, and family, is outlined. Implications for public policy in New Zealand, the rules of mental health professionals, and the development, both physical and emotional, of Māori adolescents are discussed.


Key words: colonisation, land, language, health professionals, Māori frameworks

Discusses the rising incidence of mental health problems among the Māori people. Māori leaders blame these problems on the Westernisation of New Zealand, which is increasingly separating Māori from the traditional institutions that have nurtured them and maintained their standards of health, land, family and language. The unpreparedness of most mental health professionals to effectively work with the Māori people is discussed.


Key words: health services, health professionals, policy, Treaty of Waitangi

Discusses the principles of the Treaty of
Waitangi in relation to Māori health. Outlines the recommendations made by the Board of Health's Standing Committee on Māori health. Discusses the progress of active health councils and committees developed by major tribal groupings. Suggests that there is a genuine need for partnership between these Māori tribal groups and health professionals in terms of (1) understanding health and sickness, (2) development of health policy, and (3) delivery of health services.


Key words: biculturalism, colonisation, health reforms, Māori frameworks, policy, traditional approaches, Treaty of Waitangi

This book relies heavily on a Māori development framework. Although in the first three chapters there is some discussion of matters of historical significance, the focus tends to be on health development occurring during the decade of Māori development (1984-1994), culminating with the effects and implications of the 1991 health reforms.

Chapter two discusses traditional Māori approaches to public health and to healing. Chapter three reviews the nineteenth-century years when Māori survival was threatened. Alienation from land, new infections, different lifestyles, and a state of political oppression almost led to the elimination of Māori as a distinctive people. Chapter four looks at the recovery process and traces Māori participation in the health services from 1900 to the present.

Chapter five discusses Māori health perspectives and the links between health, the environment, culture, spirituality, family, and the body. Māori perceptions of health are compared with Western concepts. Chapter six discusses the implications of the Treaty of Waitangi for health and health services. In chapter seven biculturalism is examined as a national phenomenon but also as a factor in shaping New Zealand’s health system.

Chapter eight discusses the contemporary Māori context, including the status of Māori health and the major health problems confronting Māori today. Chapter nine focuses on Māori development, its relevance to health, and Māori reactions to the health reforms. Chapter ten looks at the Government’s objectives for Māori health. The new health structures and their interaction with Māori are highlighted. Chapter eleven identifies Māori goals and priorities for health, drawing on extensive submissions made at health hui held on various marae over several years.


Key words: medical care, public health


Key words: mental illness, Māori health, health services, finance, public, statistics

Provides a brief overview of Māori mental health trends and discusses issues that have been highlighted by Māori. Examines the call by various Māori groups for a Māori Mental Health Commission and briefly outlines the submission prepared by the Māori Mental health Forum.


Key words: mental health services


Key words: mental health, research, public health

Key words: education, health care, home environment

This article is based on data from the Christchurch Child Development study. It investigates factors and mechanisms that give rise to disadvantages observed in children of Māori origin. Results indicate that there are qualitative and quantitative differences in health care, home conditions and educational opportunities with children from differing ethnic backgrounds.


Key words: pacific-ocean region, health services, public health, health economics

Reports on a meeting of directors and ministers of health from 19 Pacific nations, held in Rarotonga, 4-8 Aug 1997, and organised by WHO and the Government of the Cook Islands. Outlines the review of the implementation of the recommendations of the 1995 Yanuca Island Declaration and proposals to strengthen the implementation. Reproduces the draft of the text 'The Rarotonga Agreement: towards healthy islands' and concludes that the meeting lacked passion and commitment. Provides an extract from the WHO press release issued before the meeting and the proposal to establish a Pacific Health Research Council (PHRC).


Key words: admission rates, adolescents, education, (un)employment, health services, off-site centres

Discusses off-site centres for disruptive secondary school students in New Zealand in terms of origin and development, the pupils, staff, curriculum, support services and professional oversight. Data obtained on 7 such centres during February-October 1981 showed that boys were admitted more frequently than girls and Māori more frequently than Pākehā. The modal admission age was 14 years, with 24% of the students admitted after their 14th birthday and 14% after their 15th birthday, the minimum dropout age in New Zealand. Male students were referred more frequently for verbal abuse toward staff. The mean period of attendance was 7.4-8.7 months. The primary destinations of students following release from centres were employment or further training (36%), a Department of Social Welfare institution (21%), or destination unknown (18%). The curriculum had 3 components; academic work, social training and preparation for employment. Psychological services for students were limited, with only 23% involved in treatment.


Key words: colonisation, (non)violence, programme evaluation, traditional approaches

This thesis is a study of a model and programme for non-violence developed by a group of Māori in Taamaki Makaurau (Auckland). The study endeavours to present a descriptive account and culturally relevant evaluation of the programme for non-violence “Te Roopu O Te Whānau Rangimarie O Taamaki Makaurau” (People for peace in the Auckland Region). In order to place this Māori initiative in context, early chapters traverse Māori cosmogony and traditional ways of dealing with conflict. A brief outline is given of the impact of colonisation on Māori society before the roots of non-violence programmes internationally are traced. These discussions provide the background to substantive work of the thesis. The qualitative methodology used for the research section is based on kaupapa Māori
(Māori perspective): the personal relationships and networks between the interviewer and the people interviewed was a necessary prerequisite. Interviews with the facilitators and counsellors of Te Roopu O Te Whānau Rangi marie O Taamaki Makaurau (TWR), bring an “insiders” perspective and are the basis of the evaluation presented. The findings indicate that Western-based non-violence programmes do not adequately meet the needs of Māori. It is concluded that the success and potency of the model and programme indicate an urgent need for resources and assistance in the further development of TWR.


Key words: partnership, policy

Argues that the unequal status of Māori and women in New Zealand society must change. This change must involve human goals, not financial or politically expedient ones.


Key words: qualitative, (non)violence, women

Māori women's experience of male partner violence is explored using a case study approach with seven women. The qualitative data collection method used provided for rich and detailed accounts of the violence experienced by the women, the effects on them, their cognitive processing of their experience, their reactions to the violence and the reactions of others. The women's stories are produced in narrative form to facilitate accessibility of the material and to provide a resource for groups working with Māori on the issue of men’s use of violence. The cross case analysis divides the information given in the women's stories into the topic areas provided by the conceptual framework. Thus demographic data and other background information provide a context for the relationships. The man's violent behaviours are divided into types of abuse, as per the Duluth power and control wheel; and the woman's reactions to the violence are grouped according to a cognitive judgement on her part as to whether the violence was justified or not. The effects of the violence on the women show that over time it is increasingly destructive to her and the children. The women expend a lot of energy on trying to make sense of the violence. Their various thinking on this is outlined. The role of different outsiders is explored and grouped according to whether their behaviour helped the women get free of the violence, or was unhelpful because it worked to maintain the violent status quo. Finally the outcomes for the women are looked at, which reveals that there can be a moving on from violence but not necessarily a quick recovery from it. In the discussion, different imported theories on family violence are revisited in light of the findings. Particularly, the theories are assessed for their applicability to Māori women's experience. Of the theories, the Stockholm syndrome and the power and control wheel appear to be most relevant. Some developing Māori theory is also considered in light of the results.


Key words: violence, spouse abuse, domestic violence


Key words: alcohol, men

Reported systematic observations of 216 New Zealand men, equally divided among Māori, Pacific Islanders, and Europeans, in 12 public bars throughout the Auckland metropolitan area. Alcohol consumption and the size, sex and ethnic composition of their drinking groups were recorded at 5-min intervals from arrival to departure. Significant ethnic differences in consumption were documented. An
alternative causal model to account for these differences, replicated within all 3 ethnic groups, emerged: Initial drinking group size determines subsequent group size, which determines time spent in the pub, which determines glasses of beer consumed. Drinking group size and time spent accounted for 69% of ethnic differences in consumption. Social rituals and cultural predispositions account for the relationships found in patterns of ethnic drinking. The more moderate levels of alcohol consumption observed among European drinkers are not the result of normal virtue but of learned patterns of interpersonal behaviour that limit their participation in group drinking and limit the behaviour of all drinkers who participate in such groups regardless of ethnic background. Also emphasised are the primary social-recreational role of the pub as a working man’s club and the positive functions of drinking groups in a patron’s total life adaptation.


Key words: vocational education, Māori disaster, risk, emergency services, civil defence

Introduces the two members of the Māori development team at the School of Occupational Therapy, AIT.

Focus groups conducted in 2 urban areas in NZ explored perceptions of natural hazards and disaster preparedness. The groups were structured by socio-economic status, gender, age, cultural background. Participants were generally aware of likely major hazard events but few maintained emergency kits or had prepared emergency plans. People held an optimistic attitude, believing they could cope with disaster. Differences amongst the groups included the inability of lower socio-economic groups to afford emergency kits or insurance and evidence of strong supportive networking among Māori and Samoan groups. (Auth).


Key words: psychology, congress

(from the chapter) Investigated the whanaungatanga (kinship) concept, with a view that whanaungatanga is manifest through collectively beneficial behavioural interaction among whānau member and households. Twelve 21-67 yr old Māori (6 males and 6 females) were interviewed on their knowledge and experience as members of their respective whānau. The participants, who were of different tribal affiliations and occupations, provided their own definition of the whanaungatanga concept and responded to interview questions under 5 different whānau capacities previously proposed by M. Durie (1994). Using a grounded theory approach to data analysis, the interview framework was found to be a useful means of investigating whanaungatanga among modern whānau. Contextual influences on whānau interactions were considered


Key words: cultural identity, education, home environment, therapy

This article describes a survey undertaken in the hope of bringing about more information about Māori pupils and their needs. It gives information about family circumstances (includes SES) and cultural affiliations of pupils along with suggestions about how this information could be used by schools and counsellors.


Key words: community development, crime prevention, criminal justice, youth, legal
status


Key words: Women, Māori Ethnic identity, Māori crimes against, abused women, man woman relationships


Key words: counselling, Māori culture, psychology, Māori health, mental illness

Discusses several issues central both to training and practice in the counselling situation, including client identity, the social context of the client and the ideological assumptions or world views of the client and counsellor. Explicates these issues within the specific context of working with Māori clients. Discusses the Cognitive-Behavioural approach in reference to work with Māori.


Key words: aged care, Māori, death, mental illness

Discusses the need for Do Not Resuscitate policies in psychogeriatric wards, the process of consulting Māori when formulating such policies and some legal considerations when applying Do Not Resuscitate policies. The reasons for the need to consult with Māori when developing mental health services for the elderly are emphasised.


Key words: evaluation of prison based Kia Marama treatment program, child molesters

(from the chapter) The Kia Marama special treatment unit was established in late 1989, in response to a confluence of a number of factors. By 1986, the high rates of reoffending among child molesters released from New Zealand prisons (approximately 25%) had been identified by local research. Second, the Psychological Service of the New Zealand Department of Justice had developed an explicit mission statement involving a commitment to reducing future offending. There was also a developing sense of optimism with respect to the ability of cognitive-behavioural-oriented interventions to reduce the reoffending rate of sexual offenders. The early proposal for the unit was modeled on the Atascadero Sex Offender Treatment and Evaluation Program; however, W.L. Marshall devised the original program and trained the first group of staff.


Key words: HIV, AIDS, health and hygiene, congress


Key words: alcohol abuse, drug abuse, Māori health, demography, surveys

Documents key clinical characteristics and compares those of Māori accessing dedicated Māori alcohol and drug treatment services with Māori accessing non-dedicated services. Investigates these clinical characteristics in relation to patient satisfaction. Administers a semi-structured interview to a sample of 105 Māori.

**Key words:** mental health services, congresses


**Key words:** criminal offending, justice system

Argues that in New Zealand, Pākehā analyses of causes of criminal offending and definitions of mental illness have been imposed on Māori offenders, creating a monocoloural approach in a bicultural setting. It is suggested that criminologists and health experts should recognise the distinct manifestations of mental illness in Māori offenders.


**Key words:** law, justice, Māori customary law

Concludes that little has changed in the justice system or in the social circumstances of Māori since the report on 'Māori and the criminal justice system', which was commissioned in the mid-1980s.


**Key words:** mental health, psychology


**Key words:** Youth, Māori, suicidal behaviour, mental health


**Key words:** indigenous peoples, Māori health, colonialism, surveys

Follows the efforts of Florence Nightingale in establishing the causes of the depopulation of indigenous societies in colonalised countries, including the Māori in NZ. Outlines her recommendations for action by colonial governments, which included making provision of land for the exclusive use of indigenous people, restricting their access to alcohol, and not interfering with their customary systems of schooling.


**Key words:** biculturalism, justice system

Describes problems involved with attempting to create a bicultural society between Māori and Pākehā in New Zealand, particularly with regard to mental health reform and access to justice. Proposals for change in psychiatric legal services are noted.


**Key words:** psychiatry, Māori, women, poverty

Explores the modification of traditional psychotherapy to provide a more relevant service for non-dominant groups including women, Māori and the poor. Analyses the philosophy and practice of a psychotherapy service that makes overt sociopolitical issues for women, Māori and the poor, and links it with literature on psychotherapy for non-dominant groups.


**Key words:** adolescents, alcohol, Māori frameworks, policy, prevention, women

Outlines efforts that have been taken toward the formation of a national alcohol policy in New Zealand and its relevance for prevention planning in New Zealand. Strategies on the availability, taxation, advertising, and shaping of attitudes toward alcohol are discussed from a public health perspective. Preventive advances in alcohol education and health-related promotions for adolescents are also described. A Māori perspective on health and a women's perspective on alcohol prevention are considered essential factors specific to the formulation of a New Zealand alcohol policy. The implementation of any alcohol policy will depend on the level of support achieved, not only at the national level but also in the wider community.


**Key words:** psychology, race relation

The relationship between Māori people and Pākehā psychologists has been one of inequality in which Māori, often positioned as client or student, have been ab正常使用 through the wholesale application of foreign psychological models and theories. Pākehā psychologists by and large have closed ranks to disguise the essentially racist nature of their discipline and, of the practises which arise from it. This is evident in their failure to challenge in real terms, the cultural biases in their knowledge and practises and, the politically motivated and inspired agendas of their discipline. Given this, Pākehā psychology may be understood as part of the mechanics of colonisation and neo-colonialism.

Challenges from inside the discipline have produced minor changes to the recruitment and training of Māori psychology students and staff, and, rhetorical statements about ethical commitments to Māori people based on the Treaty of Waitangi, however, the talk has been far more prolific than the walk.

In the attempt to develop a Māori and psychology course, the first of it's kind in a New Zealand university, questionnaires seeking comment on the content and process of such a course were administered to forty four undergraduate Māori psychology students from the University of Waikato. The respondents identified Pākehā psychology as monocultural and provided this as a rationale for the development of Māori psychology. Other major themes included the contemporary position of Māori, the interface between Pākehā psychology and Māori, Pākehā psychology and colonisation and the Treaty of Waitangi.


**Key words:** Youth, Māori, suicidal behaviour, prevention, government policy, mental health services


**Key words:** psychopathology, race relation, research, mental health

The exact relationship between culture and the expression of psychopathology among different cultural groups within New Zealand has yet to be firmly established. The present study investigated the relationship between culture and presenting symptomatology of Māori and Pākehā patients diagnosed with schizophrenia. More specifically, the main aim of the study was to investigate whether differences exist between Māori and Pākehā in the expression of schizophrenia and to explore whether paranormal beliefs and cultural knowledge influence the frequency and content of specific symptoms. Three specific hypotheses were tested. First the hypothesis that Māori and Pākehā differ in
respect to levels of Māori knowledge and strength of paranormal beliefs was explored. Second, the hypothesis that Māori have higher frequencies of hallucinations, delusions of control and subcultural delusions and hallucinations was investigated. Third, the hypothesis that paranormal beliefs and cultural knowledge influence the frequency of presenting symptoms between Māori and Pākehā was explored. A total of 14 Māori and 16 Pākehā patients currently admitted to mental health services with a diagnosis of schizophrenia were interviewed using the Present Status Examination (PSE), The Test of Māori Knowledge (TMK), Revised Paranormal Belief Scale (PBS-R) and a Provisional Māori Cultural Identity Questionnaire (PMCIQ) were also administered during the interview (the latter administered only to Māori participants). The findings indicated that Māori participants experienced significantly higher frequencies of hallucinations and delusion than Pākehā participants. There were no significant differences between groups in strength of paranormal beliefs nor were paranormal beliefs found to influence the frequency with which hallucinations and delusions were reported. However, Māori participants had significantly higher levels of Māori knowledge. Moreover, the findings suggest that Māori knowledge was an influencing variable in the content and frequency of subcultural delusions and hallucinations. Limitations of the study, future research recommendations and implications of the findings for the assessment, diagnosis and treatment of Māori psychiatric patients are discussed.


Key words: archaeological history, social identity, realistic group conflict theories on development of sociopolitical complexity, Māori

Archaeological and historical data from M. W. Allen's (1994) thesis on the development of sociopolitical complexity in Māori chiefdoms in Hawke's Bay from 1500-1625 A.D. are presented as an explanatory challenge for social identity theory (SIT) and realistic group conflict theory (RGCT). Data indicate that the intensification of horticulture in response to population increases resulted in the construction of fortifications at resource-rich locations. This process allowed elites to develop leadership positions by claiming rights to land and by offering food and security in return for less autonomy and more labour. The Ngati Kahungunu tribe gained control over Hawke's Bay through a series of political alliances, fissioned along kinship ties, and then reintegrated through political marriage. Although SIT explains steady-state relations, it fails to account for the major transitions; RGCT explains the rise of politics but does not account for subsequent changes. Both theories appear to lack parameters to describe the impact of interpersonal tie structures and leadership hierarchies on group formation and dissolution. A dynamical approach using feedback loops and nonlinear change is advocated. ((c) 1999 APA/PsycINFO, all rights reserved)


Key words: Makutu, Mate Māori, Tapu, traditional approaches

Questionnaires were given to six Māori parents in a small rural community in order to ascertain the prevalence of beliefs in Tapu, Mate Māori, Makutu and beliefs in the significance of dreams and visitations amongst them. The questionnaire was also designed to elicit information about how these beliefs affect their attitudes to mental illness and to the existing institutional medical services. The results of these questionnaires led to group discussions between groups of the initial six informants and their families in order to further investigate the main points arising from these results and in order to resolve the
contradictory statements all these informants had made about these beliefs. Interviews and discussions were then conducted with other informants who were said to have experienced mate Māori or makutu and with the informant who had been committed to a mental hospital. Interviews were also held with local kaumatua in order to gain a local historical perspective, as well as to discuss their experiences and knowledge relevant to the concepts being investigated in this study. Discussions were also held with a group of children aged from eight to nine years old in order to see how much they knew of these cultural beliefs and where and how they had learned them. The results of this study show that beliefs in tapu, mate Māori, makutu, visitations and the significance of dreams are still prevalent despite the influences of the dominant Pākehā culture and the active attempts of the parents of these informants to discourage these beliefs. These results also show that the existence of these beliefs affect the choice of aid that these informants will make use of, should they or members of their family get ill or exhibit irrational behaviour. These beliefs are seen as an important part of Māori Culture, and as such, the transmission of these beliefs is likely to be continued especially in view of the strong cultural revival Maoridom is currently undergoing.


Key words: home environment, prostitution, transsexualism

Data concerning the racial distribution, family background, sexual history, education and employment status of 27 New Zealand male-to-female preoperative transsexual prostitutes, aged 15 to over 35 years, were obtained by interview and questionnaire. Subjects lived in Wellington, New Zealand, and Sydney, Australia. They recalled childhoods with maternal dominance, paternal absence, being youngest sons, and being dressed in girls’ clothes by female relatives. An early history of homosexual intercourse and cross-dressing behaviour occurred significantly often. The Māori race, which forms 9% of the total New Zealand population, was disproportionately represented; approximately 90% of the transsexual prostitute population in Wellington is Māori. Various explanations are offered for the racial inequality. It is concluded that cultural influences have an effect on the number of transsexual prostitutes in New Zealand. Further research is needed to assess whether these factors also influence the etiology and development of transsexualism.


Key words: neuropsychology

There has been little cross-cultural work done in neuropsychological research and much less focusing specifically on Māori. The present study begins to redress this situation by examining the performance of twenty-four Māori males on a selection of popular neuro-psychological tests which have been normed on essentially White populations. These were the Peabody Complex Figure, the Oral Selective Reminding test, the WAIS-R Vocabulary, Block Design, and Digit Span tests, and the WMS-R Logical Memory test. A Māori version of the Logical Memory test was also introduced. The results were analysed for both their qualitative and quantitative aspects and with regard to recent perspectives in the literature. The results found the Māori performance inconsistent across tests and at variance with the performance of American Blacks and a local study which examined Māori test performance. The results suggest that neuropsychological tests should be evaluated for use with Māori and that at least some tests should be discarded or extremely modified. The results also demonstrate differences in performance across non-White groups.

Services, Department of Justice.

Key words: health services, therapy, traditional approaches

This paper discusses a therapy model whereby stressors that are caused by acculturation or deculturation issues are acknowledged as factors in Māori mental health. Central to the thesis of this model is the observation that non-Māori psychologists are currently working with Māori clients even though they have been given no specific training in this area and neither is there any recognised body of clinical literature concerning working with the Māori client. This model accepts that due to resources non-Māori psychologists will for the present time continue to work with Māori, it proposes however that psychologists be upskilled in this specialist area to the degree necessary to enable them to identify acculturation/deculturation stressors during the assessment phase of therapy. They may then decide to work with the Māori client in those areas appropriate to their skills and refer the client on to appropriate Māori “healers” for those areas in which they would have more insight and expertise. Some of these areas concern those which are more receptive to Māori.


Key words: partnership, race relations

The problem of race relations, of conflict, and of over-involvement takes courage to understand and courage to implement positive changes. This will entail sacrifice, especially in the area of power-sharing. It will mean a commitment to the cause of Māori emancipation. Only so will the day of confrontation be forever put off.


Key words: health services, Māori health

Notes that ACC has signed agreements for the provision of support services with two more Māori health providers, Ngāi–ti Porou Hauora and Whakapai Hauora.

Features the Māori health provider in Wanganui. Describes its staffing and the services it provides. Looks at the health and social problems of patients and talks to the managers of the authority.


Key words: health services, public administration, health services, Auckland, mental illness

Outlines the major aspects of the 4 Regional Health Authorities’ plans, including provisions for Māori health, mental health, child health, etc.

Discusses the first hospitals in Auckland in the 1840s.


Key words: rural, therapy

This paper describes the way the writer, a psychologist, worked with whamere (family) groups in rural Northland, New Zealand. Non-Māori therapists, who deal with rural Māori clients, frequently face a dilemma of having to re-evaluate and develop a flexible more holistic approach to their work when it becomes obvious that the logical reductionist philosophy of their behavioural training is inadequate. This article describes some of the judgements that may have to be suspended in order to work with rural Māori families to assist them to solve some of their problems.


Key words: adoption, whangai, traditional
approaches

This project examined the outcomes of traditional Māori customary adoption, and addressed the question of whether this form of adoption is also beneficial in more contemporary times. Literature was examined on adoption from a western perspective, including how these western ideals have affected Māori people. The legal process of adoption is explored, as is a law review on the Adoption Act (1955) and the Native Land Act (1993) and the implications this has on Māori. The historical concept of Māori adoption is introduced in an attempt to define the concept and terminology surrounding Whangai. This is provided to create an appropriate area in which to discuss the experiences that have occurred through whangai. The implications and applications of the concept of whangai today are discussed.


Key words: health reforms, health services, statistics

Profiles the nature and scope of mental health services in New Zealand, with reference to changes implemented as a result of (1) a renewed commitment to Māori, (2) the Cartwright Inquiry, and (3) the mental health (compulsory Assessment and Treatment) Act of 1992. The epidemiology of mental disorders and utilisation of services in New Zealand are summarised. The history of central vs. regional responsibility for delivery of health services in particular mental health, is discussed. Disability support services, for example the increasing focus on long-term mental disability are described. Increases in quality assurance and psychiatric research efforts are noted.


Key words: mental health


Key words: Women, Māori, social conditions, Māori social life and customs, law, European influences, sex discrimination against women


Key words: Māori women, research, domestic violence, legal profession, law, criminal

Outlines the research methodology used for interviews with Māori women as part of a project on the legal representation of survivors of domestic violence. Considers issues of appropriate Māori research. Discusses the consequences for a Māori analysis dealing with issues of colonisation and racism.


Key words: health planning, medical care


Key words: health services, quality of health care, health services


Key words: health, government policy, health planning, public health


Key words: health status, health policy, health promotion


Key words: health and hygiene, government
policy, health planning, health services


Key words: alcohol use, health prevention


Key words: health, health education, public health, community health services, marae


Key words: health planning, health services, public health administration


Key words: mental health, mental health services


Key words: health authority, Māori medical, community health services, preventive health services, Māori mental health services, rural health services


Key words: suicide, youth prevention, mental health services, policy


Key words: Mental health, directories

Northern Regional Health Authority (1995a). Māori health plan: Te kaupapa hauora Māori. Auckland, Māori Health Development Division.

Key words: community health services, public health, health planning, public policy


Key words: community health services, health status indicators, health planning


Key words: Māori literature, Māori culture, Māori music

Discusses the life and suicide of Tikawe. Reprints and provides a commentary to her waiata 'Kaore te korero' ('Alas, so much talk').


Key words: Māori health, mental illness, mental illness, religion, Māori health

Talks to Rei Wirihana, General Manager of Hauora Waikato, who expresses disappointment with a report by the Ministerial Inquiry into Mental Health Services.

Highlights increasing recognition of the effect of spirituality on mental health. Describes the holistic view of mental and physical health among Māori.


Key words: Māori health, mental illness

Asserts that poor Māori mental health statistics are the result of cultural bias in the mental health system, and the dominance of a western world view over Tikanga Māori.

Key words: Māori health, Māori education, drug trafficking, northland, economic conditions, drug abuse, public health

Backgrounds the education programme 'Tena Kowhiria' designed on the successful programme Drug Abuse Resistance Education (DARE).

Looks at 'Cannabis highs and lows sustaining and dislocating rural communities in Northland', a report by the Dept of Geography, University of Auckland, into the effects of the cannabis industry in Northland. Contends that the region’s underlying social and economic conditions have resulted in marijuana production becoming the mainstay of the local economy with damaging effects on the environment, local communities and Māori culture.


Key words: drug abuse, Māori, youth, northland

Investigates the problem of marijuana addiction among Māori children and young people, specifically in Northland.


Key words: adoption, kinship, child welfare, mental illness, psychology

The absence of documented literature exploring the realms of a Māori Adoption practice called Whangai has lead to much misinterpretation and misunderstanding of Māori family systems. Addresses such a gap in current psychological literature by drawing direct comparisons between Western Adoption approaches and Māori Adoption procedures, also by focusing on past and current adoption laws and documented accounts of Māori adoption practices. Interviews were carried out within the hapū of Rakaipaka (Ngati Kahungunu) in an attempt to explore current attitudes of Adoption (Western and Māori) and the impact both are perceived to have on Māori mental health.


Key words: Māori frameworks, Mate Māori, Mate Pākehā

This paper discusses two types of illness which affect Māori people. Mate Māori (Māori illness), and Mate Pākehā (Pākehā illness), it also discusses how these two parts relate to the mental health system, and urges the implementation of Māori kaupapa within mental and other institutions.


Key words: health services, health status, statistics, public health


Key words: criminal justice system, liberalism, criminal justice, administration


Key words: Clubfoot, Māori health and hygiene, history, Māori attitudes.


Key words: traditional approaches
Māori have concepts of mental disorder, diagnosis and cure. These concepts are comprehensive and bear parallels to Western perspectives. There are significant differences in Māori and Western thought. Those most significant are:

- the holistic understanding of health and wellbeing
- the primacy or the group as well as the individual
- the emphasis and belief in a spiritual dimension to health and wellbeing.

This paper suggests Pākehā gain an understanding of Māori concepts of mental health so that they can (1) better understand Māori clients, (2) be in a stronger position to press for Māori practitioners, and (3) counteract the arrogance on their part that they have the entire or the superior knowledge.


Key words: public health, health surveys, health status, health promotion


Key words: community health services, health planning, public health, health promotion, healthy policy.


Key words: community mental health services, health promotion, mental disorders, risk factors


Health in New Zealand, 2 (2), 38-47.

Key words: therapy, traditional approaches

Discusses the development and operation of Whai Ora, a Māori cultural therapy unit in New Zealand. The group was founded on the argument that traditional Māori society offered better mechanisms for overcoming psychosocial crisis than the current social system. If the traditional society was far more exposed to calamities of many kinds, it was also better equipped to cope with them psychologically. It must now be accepted that there is some breakdown in sociocultural traditions and that this has played a role in and is relevant to Māori mental health. From this approach the Māori cultural unit developed its own systems approach, its unique environment, atmosphere, socialisation, equality, community awareness, respect for others and individual integrity.


Key words: disabled, health services, mental health services


Key words: health services

This report describes the need for a cross-cultural perspective to be developed for use in hospitals such as Oakley. Recommendations are made to aid this process.

Key words: Tohunga, traditional approaches

This report looks briefly at the different roles of the old time Tohunga and how these traditional roles have altered through the arrival and influence of the European. During the course of this report, contact was made with a number of tohunga in healing and the prevention of illness. Hence some ideas of the work done by modern tohunga are given, along with some of the difficulties and problems they face in todays society. A recorded case study also illustrates how a tohunga responded to an appeal to help treat an ailment.

Rolleston, M. P. (1995). Wairau Wahine: spirit of a woman, the inner being that determines a woman’s personality. Tauranga, Publicity Print Ltd.

Key words: women, biography, personality


Key words: therapy

This article explores cross-cultural counselling in New Zealand, focusing on indigenous Māori people. Major issues are looked at and within these present limitations and desirable directions for the future are noted.


Key words: education, social work

Because a disproportionately high number of social work clients are Māori, it is important that social work education address the issues of biculturalism. This brief paper looks at current University social work training in Aotearoa and draws attention to two future directions that need to be confronted by social work educators.


Key words: alcohol, intervention, rural, women

The thesis topic arose out of the concern of the women from the author’s community, a small community located in the north of the Hokianga called Motukore. Their concerns culminated in the search for avenues which could address the heavy drinking of alcohol and the subsequent problems that have for, at least three generations, been evident among those women in the community. The thesis begins by reviewing the relevant literature on the topic and then turns to document the general history of the Māori and alcohol, Māori women and alcohol, finally addressing the role of prohibition and Government legislation, which aimed at reducing the problems caused by the consumption of alcohol by Māori, since the time of its introduction. The main purpose of high-lighting this aspect, is to show the ineffectiveness of such measures in addressing what the real problems were, and still are. That Māori women are drinking heaviest during their peak childbearing years, is the major concern of the author, and as such, the thesis aims to expose those structures which have existed in the community for three generations, which are considered by the author as being the most effective structures, through which to implement community driven alcohol intervention programmes.


Key words: mental illness, Māori health, health services, committees and inquiries, multiculturalism, Treaty of Waitangi

Summarises Māori concerns addressed by the Mason Committee of Inquiry, particularly the monocultural concepts and practices pervading all aspects of mental health services, and the resulting recommendations. Reviews progress in implementing these recommendations, discusses new issues arising since the Committee’s report, and finds that although the concept of biculturalism is gaining acceptance, the practical ramifications have not been explored. Suggests that the Treaty
of Waitangi provides a sufficient framework for the provision of truly bicultural health services.


**Key words:** admission rates, alcohol, health services, neuroses, personality disorders, schizophrenia, statistics, urbanisation

This article compares psychiatric illness in the contemporary Māori with that in the Non-Māori New Zealander. The ethnic data available are all from secondary sources. The limitations of this and the problems of achieving a satisfactory definition of "a Māori" are discussed. The data suggest that the Māori have a slightly greater risk of psychiatric hospitalisation than the non-Māori. First admission rates for schizophrenia are higher for the Māori, as are the readmission rates. First admission rates for major affective illness are roughly comparable in the two groups, and those for neuroses and neurotic depression are lower in the Māori. Rates of admission for alcohol abuse, alcohol dependence and personality disorders are much higher for the Māori male aged 20-40 years and this group is at greatest risk of psychiatric hospitalisation. A larger proportion of Māori are admitted involuntarily, especially under the Criminal Justice Act. The median stay in hospital is not longer for the Māori but their readmissions are more frequent. The Māori have shown an increase in the early 60s and the 80s. The rates for psychotic disorders have been relatively constant and the most significant changes have been for alcohol abuse, alcohol dependence and personality disorders. The author relates this historical change to socioeconomic and politico-cultural factors, particularly the stress of rapid urbanisation.


**Key words:** therapy, traditional approaches

This paper examines the dynamics of the psychotherapeutic relationship between a Māori Elder and Māori psychiatric patients. The functioning of an Elder was examined over a period of 9 months in a psychiatric unit. A content analysis was performed on audiovisual records of 10 interviews conducted by the Elder on five psychiatric patients. The results of this analysis were used to construct a theoretical paradigm of the Elder-Patient Transaction and to contrast it with psychodynamic psychotherapy and pastoral counselling. Distinctive features of relationship, content of the sessions and the issues of dominance and dependence are discussed, and possible mechanisms of change are mentioned.

**Sachdev, P. S. (1989c).** "Mana, Tapu, Noa: Māori cultural constructs with medical and psychosocial relevance." *Psychological Medicine, 19* (4), 959-969.

**Key words:** mana, noa, tapu

This paper discusses three concepts, mana, tapu and noa, that lie at the heart of Māori culture. These concepts are inter-related and concern power and influence, with political (or secular) authority implicit in mana and ritual authority determined by tapu and noa. The paper explores their importance for the understanding of the ethnic views on aetiology and management of illness, the mechanisms of social organisation and control, and the behaviour of individuals. Although the belief in these concepts exists in only an attenuated form in modern Māori society, their importance becomes obvious to any psychiatrist or physician working with Māori patients.


**Key words:** accidents, alcohol, obesity, smoking

A major factor in the aetiology of illness is the behaviour of individuals with regard to certain risks and hazards of the environment. The Māori of New Zealand have been shown to be at greater risk of illness and death than their non-Māori counterparts. It is estimated that a significant proportion of this excess
morbidity and mortality can be attributed to at least four behavioural factors: smoking, obesity, alcohol use and accidents. This paper examines the inter-cultural differences in these factors, both from a contemporary and an historical perspective. Some of the reasons for the continuation of these adverse patterns of behaviour are explored, in particular the role of psycho-cultural stress. Some possible mechanisms of effecting behavioural change in modern Māori society are discussed.


Key words: cross-cultural communication, therapy, whakama

Whakama is a psychosocial and behavioural construct in the New Zealand Māori which does not have any exact equivalent in Western societies although shame, self-abasement, feeling inferior, inadequate and with self-doubt, shyness, excessive modesty and withdrawal describe some aspects of the concept. It is an important construct in order to understand the interaction of the Māori with each other and with the Caucasian New Zealander, the behaviour of the Māori in cross-cultural settings, and the clinical presentations of some Māori patients. This paper examines some of the meanings of whakama, its various behavioural manifestations and its possible causes. The clinical relevance to psychiatry is emphasised.


Key words: affective disorders, alcohol, colonisation, neuroses, personality disorders, schizophrenia, traditional approaches, whakama

Highlights how traditional ethno-psychological and health concepts among the New Zealand Māori have accommodated to the colonisation experience. The author describes the Māori world view and discusses traditional Māori concepts of health and illness, growing up as a Māori, and the self in Māori society. Data are presented on schizophrenia, affective disorders, alcohol abuse and dependence, neurosis, personality disorders, and whakama, a psychosocial and behavioural construct in Māori culture. Topics discussed include behavioural factors affecting the physical health of the Māori, problems of cultural bias in the current health system, and more recent Māori health initiatives.


Key words: colonisation, home environment, urbanisation

Discusses the available research, clinical data, and literary information concerning the developmental experiences of the New Zealand Māori. The Māori personality development is seen as being characterised by an indulgent and permissive infancy, a withdrawal of this succorance during childhood, which is characterised by prominent peer orientation, and a reintegration into adult society during adolescence with gradual maturation of social roles subsequently. The disruption of this pattern as a result of urbanisation and Westernisation is discussed, along with its adverse consequences. A list of field studies cited is appended.


Key words: interaction of New Zealand Māori with & utilization of contemporary Western health care services & empowerment of Māori community to affect change in health system

(from the chapter) Discusses the interaction of the indigenous Māori people of New Zealand with the contemporary health system in that country. The author
highlights the difficulties that the Māori face in their interaction with health professionals from a predominantly Western culture and medical tradition and their problems in utilizing the mainstream health system. Relevant socioeconomic and political factors that influence the transactions are discussed broadly. The latter part of the chapter details the attempts to bridge the gap between the community and the health services, with particular emphasis on the response of the Māori community itself and its empowerment to bring about change. The information presented is drawn in part from studies conducted by the author between 1983 and 1989 in various parts of New Zealand, including repeat visits to psychiatric hospitals.


Key words: health professionals, health services

A questionnaire was constructed to sample clinical psychologists' opinions and behaviour on aspects of Māori mental health. Opinions on the significance of culture to psychology, aspects of Māori mental health and structural issues relating the provision of mental health services for Māori people were assessed. Questions were also asked on their contact with Māori and specific aspects of behaviour with the last Māori client worked with. The results are presented and discussed in terms of their relationship to previously published studies and writings in Māori mental health. Implications arising from the survey for the training of psychologists, appropriate and adequate mental health services for Māori people and future research are outlined.


Key words: domestic violence, legal profession, law, criminal, courts

Explores the adequacy of legal representation of women who have survived domestic violence. Interviews 15 non-Māori women and lawyers who represent them. Outlines the legal context, histories of abuse and gender bias in the legal system. Examines the legal process, looking at women's visits to lawyers, counselling and mediation conferences, preparation for court, advocacy and communication with clients. Looks at lawyer training and support for survivors.


Key words: Women, Māori education (Higher)


Key words: Man, Persons, Mana, Tapu, Taboo, Mythology, persons


Key words: research, ethnology, methodology, imperialism, colonisation


Key words: mental health, mental health services, bibliography


Key words: psychology, ethnic identity, ethnopsychology


Key words: mental illness, Māori health
Gives the author’s account of her realisation that she suffers from whakamaa rather than depression.


Key words: theories & practice issues of disability, articulation & development & implementation of disability policy

Reviews the theorisation of disability and its particle consequence in the articulation, development and implementation of disability policy in Aotearoa New Zealand. Examples of policies for disabled people are described and an analysis of current debates is provided. The paper explores the emancipatory potential of current disability theorising by analysing strategies adopted by disabled people as a response to recent policy developments in the health and disability field in Aotearoa New Zealand


Key words: (non)violence

This report was commissioned by the Family Violence Prevention Co-ordinating Committee. It contains the results of qualitative research which investigated the attitudes to family violence held by respondents from Māori, Pākehā and Pacific Island cultural groupings in Aotearoa. The aim of the research was to find out what particular groups in society think about violence so that programmes which could help reduce the levels of violence and effect positive change might be prepared. The research was particularly focused on identifying attitudes of a range of people. This study demonstrates that there is a range of often contradictory beliefs and attitudes about violence present in the community. Programmes aiming to effect positive changes in such attitudes therefore need to address this range of views.


Key words: ethnological collections, material culture, Māori, cultural property, protection, history.


Key words: counselling, Māori communities, students (tertiary), surveys

Reports on a survey of 96 Māori university students aimed at investigating their preferred sources of help and counselling in both formal and informal contexts. DisCOVERs that Māori students use extensive whānau support networks and choose helpers within the whānau and the professions for their knowledge and expertise. Suggests that the strong preference of the students for Māori counsellors should be recognised as an attempt by the client to establish cultural safety.


Key words: colonisation, cultural identity, transsexualism, urbanisation

Suggests that regional groups of professionals should be organised in New Zealand to deal with transsexuals and those requesting information about transsexualism. Currently, there is a dearth of information on laws pertaining to transsexuals, general knowledge of the phenomenon, the sexual status of transsexuals in sports, assessment, current professional involvement, and racial distributions. An increasing number of New Zealanders, particularly Māori, have been making requests for transsexual surgery. R. Waitai (1979) suggests that the disproportionate numbers of transsexual Māori may be due to the fact that (1) Māori are more accepting of deviants than are
Europeans and (2) their cross-dressing may be a function of their greater social dislocation and urban drift. Legal issues to be resolved concern the establishment and documentation of postoperative legal identity.


Key words: admission rates, colonisation, cultural identity, drug abuse, poverty, readmission rates, schizophrenia, statistics, (un)employment

This publication discusses hospital utilisation information in relation to mental health and identifies the following trends and possible reasons for why these trends occur.

(1) An increase in Māori psychiatric admissions:

Māori rates of first admission to psychiatric services have increased dramatically over the last 30 years, while Pākehā rates have remained stable. Factors which lead to the rate of admission such as drug abuse, lack of community agencies working under kaupapa Māori in the mental health area, and issues such as cultural alienation, poverty, and unemployment are discussed.

(2) The failure of treatment:

When Māori first enter a psychiatric hospital the treatment they receive does not appear to work well. As a consequence, Māori readmission rates are much higher than non-Māori (Māori readmission rates have increased 40% in the decade from 1981-1990, Pākehā rates have fallen by 25%). Māori readmissions are most likely to be for severe psychotic illnesses (e.g. schizophrenia). In addition, this publication makes recommendations on how to improve the state of Māori health.


Key words: handicapped, community health services


Key words: psychiatry, religion, Māori religion, ethics, multiculturalism

Aims to encourage dialogue between the antithetical realms of religion and science on the assumption that it is necessary to reconsider the place of religion and spirituality in psychiatry. Reviews material frompsychiatric, sociological and religious studies literature, with particular emphasis on NZ sources. Asserts that the politically mandated bicultural approach to mental health in NZ demands an understanding of Māori spirituality. Includes an appendix on traditional Māori religion. Follows the paper with 2 different commentaries.


Key words: implementation & perceptions of integrated mental health care service & appropriateness for Māori, practitioners

Comments on R. Allen and J. Read’s paper (see record 199735811-099) on integrated mental health care (IMHC). The present author responds to the assertion that only Māori researchers are qualified to judge the appropriateness of IMHC for Māori. The author states that there are sound reasons to advocate and support cooperative and cross-cultural research, under appropriate conditions. Specifically, tow reasons discussed are (1) who is qualified to research whom and (2) practicality and resources. A reply by Allen and Read is included

Key words: adolescents, therapy

This study analysed secondary school students’ expressed and actual preferences for counsellor sex and race and also investigated the influence of type of problem on these preferences. A sample of fifth form (15-16 year old) students of Māori, Polynesian and Pākehā ethnic backgrounds completed the Choosing a Counsellor questionnaire. The study confirmed the original hypotheses about students' preferences and choices regarding counsellor sex and race. Students did not express preferences for counsellor sex and race. However, their actual preferences were clearly otherwise: the majority chose a counsellor of the same sex and race as themselves. New Zealand secondary school guidance systems the staff are typically Pākehā. However, the students seeking help from these staff reflect a much broader ethnic background. Similarly, while only 32.7% of the school counsellors are women, 51% of the fifth form students are female. These under-representations of Māori and women in counselling positions may be unfairly restricting Māori and female students in their choice of counsellor.


Key words: adolescents

This article discusses ways of using developmental group work with Māori adolescents.


Key words: Māori ethnic identity, Māori psychology, Māori public opinion, Māori in motion pictures, Māori in television broadcasting, stereotype (Psychology)


Key words: cross-cultural communication

One of the difficulties in the way of effective delivery of medical care to Māori is cross-cultural communication. Despite the marvels of technology such as X-rays and C.A.T. scanners, much of medical diagnosis is still dependent on a patients description of his symptoms and internal state. The efficiency of this process is even more dependent on the subtle interplay of cultural signals which are mutually intelligible. Herein lies the difficulty. Most people in the business of delivering healthcare in New Zealand are Pākehā, while 10% of their clients are Māori or Pacific Islander.


Key words: Māori Land tenure, history.


Key words: aged, multiculturalism, psychology, counselling

Analyses the major determinants of psychological wellbeing for the elderly population of NZ. Points out that the way these are achieved is influenced by cultural values and customs, as illustrated by a small-scale study of 25 New Zealanders of Pākehā, Māori, Samoan and Chinese origin. Discusses the role of the counsellor in helping to promote wellbeing.


Key words: Māori health, health services, policy, reform

Considers the extent to which health reforms have impacted on Māori health by addressing 3 issues: the extent to which Māori have actively participated in
advancing Māori health status; the extent to which the health sector is able to influence Māori health status; and the conditions which need to exist to bring about further health gains.