

Hua Oranga

Whāngaihia te hua o oranga ki ō tatou whānau whānui
Ko te tikanga o te whakamahinga o Hua Oranga

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TE RAU ORA
Strengthening Māori Health and Well-Being

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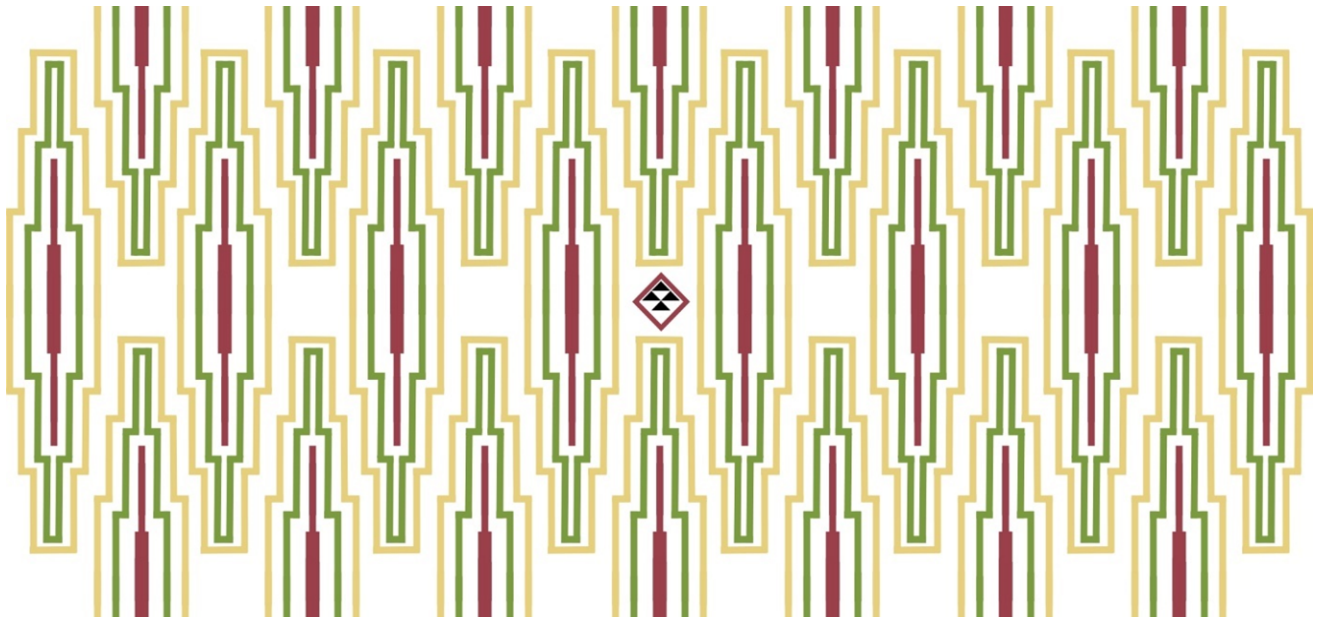
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INTRODUCTION TO THE HUA ORANGA (Information handout)

What is the Hua Oranga?

The Hua Oranga is a brief, one-page Māori health outcome measure that takes less than five minutes to complete. Hua (to bear fruit or be abundant) and Oranga (wellbeing) reflects the focus on developing, working towards, and measuring wellbeing for tangata whaiora (person seeking wellbeing).

Why is using the Hua Oranga important?

The Hua Oranga ensures that practitioners, tangata whaiora and whānau reflect on their work together to adjust and improve the quality and effectiveness of their approaches to wellbeing.

Taking a broad focus on wellbeing also ensures that we look beyond the symptoms of a problem to build on our collective strengths and notions of wellbeing.

Who can use it?

Tangata whaiora 16 years and older; and any individual the tangata whaiora consider whānau. This does not have to be a blood relative, but it is preferable that this person knows the tangata whaiora and will be a point of contact across the intervention.

The practitioner working alongside the tangata whaiora can also complete the measure allowing for an opportunity for discussion and different perspectives.

When do we use it?

At the first appointment to assist us to identify strengths and challenges and, to set goals. The measure is also used periodically across the period of time the tangata whaiora is in the service. This enable those involved to 'step back' and discuss how the work is going. The measure should also be used as part of creating a summary of progress, often at the last planned session.

What is it measuring?

The Four interrelated areas of wellbeing

○ Taha Tinana Physical Wellbeing	centres on the physical body, its growth, development, and ability to move, and ways of caring for the body.
○ Taha Wairua Spiritual Wellbeing	focuses on the values and beliefs that determine the way people live, the search for meaning and purpose in life, personal identity, and self-awareness. This may be linked to religion or the belief in a higher form of existence.
○ Taha Hinengaro Mental & Emotional Wellbeing	explores coherent thinking processes; being able to acknowledge and express thoughts and feelings, and to respond constructively to others.
○ Taha Whānau Social Wellbeing	considers family relationships, friendships and other interpersonal relationships, feelings of belonging, compassion and caring, as well as social support.

What is done with the information?

The measure is scanned and kept on the file of the tangata whaiora, and the results (score) from the measure is entered into the notes on the day it is completed. The results are also sent to the Ministry of Health as part of the services funding obligations. These scores are sent anonymously (it does not have tangata whaiora information attached).

HUA ORANGA TAHA FACTORS, FACTOR DEFINITIONS AND ITEMS

Below are the 16 Hua Oranga factors, along with a definition of each factor and the item from the questionnaire. This should be read in conjunction with the Hua Oranga dimensions quick reference guide (pg 17). Collectively this information is provided to guide the practitioner in better understanding the concepts being measured, and to aid in discussions with tangata whaiora about the deferent items on the measure.

	Factor	Description	Item: At this point in time do you feel:
TAHA TINANA	Herekore Mobility and pain	The level of pain/discomfort experienced by the tangata whaiora and the impact this is having on their day-to-day functioning	Able to move without pain or distress
	Whakapiki Oranga Opportunity for enhanced health	The tangata whaiora has goals to maintain or improve physical wellbeing; and their capacity to attend to roles and tasks such as within whānau and at work; and has knowledge and access to options to do so.	I have goals to maintain or improve my physical wellbeing
	Te whanaungatanga o te hinengaro ki te tinana Mind and body links	Appreciation of the relationship between mental health and physical health as important	I believe physical health improves my general wellbeing, including mental wellbeing
	Hauora Tinana Physical health status	This is an item is for rating the overall quality of physical wellbeing	Physically healthy
TAHA WAIRUA	Whakarangatira Mana nō ngā Atua Dignity and Respect	The tangata whaiora considers their mana (including dignity, respect, integrity and prestige) is intact and appreciated/acknowledged by self as well as by those in their life.	My mana is intact and acknowledged/respected
	Tuakiri Mana nō ngā Tūpuna Cultural identity	Cultural identity considers the individuals sense of self as Māori (and/or other cultures), their ability to connect with and participate in cultural activities that affirm this; and how they perceive they are seen by others within their own culture(s).	Strong in my cultural identity
	Tino Rangatiratanga Mana nō te whenua Personal contentment	A personal sense of calmness or equilibrium, a settled and contented outlook	Content within myself
	Mauri Ora Spirituality	This is an item is for rating the overall quality of wairua including a belief in the spiritual aspects of health and a sense of connection with the mauri of all things.	Connected and healthy from a spiritual (Wairua and Mauri) perspective
TAHA WHĀNAU	Whakawhitiwhiti whakaaro Communication	Communication is an important aspect of accessing support, addressing individual and collective challenges, and fulfilling whānau and community roles and obligations.	Able to talk with my whānau and others
	Whanaungatanga Relationships	This is an item is for rating the overall quality of relationships. Relationships with whānau and others come in many forms. Healthy relationships incorporate good communication and mutuality.	My relationships with whānau and others are healthy
	Tauawhiawhi Mutuality	Reciprocal (two-way) relationships involve communication and shared responsibilities based on manaaki, tautoko, aroha and whakapapa.	Clear about my roles within my whānau/family, and how to fulfil them.
	Tūhono-ā-hapori Social participation	Access, connection and participation in social groups and activities is important to both individual and collective wellbeing	Able to participate in community, or hapū and iwi activities.

TAHA HINENGARO	Whakahihiho Motivation	The personal motivation to make changes in one's life, taking into account internal and external factors	I want to make changes in my life that contribute to my wellbeing
	Whai Whakaaro, Whai Whanonga Cognition and behaviour	Clarity of thought and purposeful action	Able to think, feel and act in a positive manner
	Aro ki ngā kare-ā-roto Management of thoughts and feelings	The capacity to manage thoughts and feelings effectively and maintain a sense of reality	Able to manage unwelcome
	Kia Mōhio, Kia Mārama Knowledge and understanding	Understanding the nature of what is happening and how these can be addressed	Understand what contributes to my concerns and how to address these.

HOW TO USE THE HUA ORANGA?

Introducing the measure (rational) and how it is used (process)

There are two versions of the Hua Oranga that can be used with tangata whaiora – the Tangata Whaiora Questionnaire (pg 36) and the Hua Oranga – exploring my wellbeing worksheet (pg 37). The Hua Oranga – exploring my wellbeing worksheet is selected when you are using the Hua Oranga as part of intervention planning (as well as outcome measurement). Otherwise, you can use the Tangata Whaiora Questionnaire if you are solely focused on outcome measurement.

When introducing the Hua Oranga to tangata whaiora you could say something like:

This questionnaire asks about different areas of your life that are important to wellbeing. It's called Hua Oranga (Pathways to Wellbeing).

It helps give us some ideas about what to talk about and work on. It takes about five minutes to go through the questions. Would you like to work through it together?

It has 16 questions, and these are placed under four headings Taha Whānau, Taha Hinengaro, Taha Tinana and Taha Wairua (four questions each heading).

For each question, you are asked to rate your response from 1 (strongly disagree) to 5 (strongly agree). There is no right or wrong answers. Completing this will highlight your strengths and challenges, and we can discuss these when setting some goals for our work together.

How to complete the Hua Oranga

You can also provide the tangata whaiora and whānau the hua oranga information handout, which is page 6 of the manual.

Responding to questions

There are two options for using the Hua Oranga with tangata whaiora – you need to explain these, for example:

You can complete the questionnaire, or I could read it out and complete it for you – which would you like to do?

If the whaiora decides they want you to read out the questions, give them the response options and explain how they work, for example:

Scoring and interpreting the Hua Oranga

I will read out some statements about how you might feel, and you can tell me if you strongly agree that you feel that way, by saying it's a '5'; or that you strongly disagree, by saying it's a '1' – or you're feeling somewhere in between – a 4, 3 or 2.

Make sure the tangata whaiora can see the Tangata Whaiora Questionnaire as you read out the statements. Circle or tick the answers they provide. At the end, offer to give the tangata whaiora a copy of the questions and their answers.

A tangata whaiora may ask for clarification on what some of the questions are referring to. A description of each question is provided in the next section - Hua Oranga dimensions quick reference guide (pg14).

Each item of the Hua Oranga is scored from 1 (strongly disagree) to 5 (strongly agree) aligned with the five-point scoring system.

Areas of strength are shown by responses in the two right-hand columns (4s and 5s).

Areas of challenge are shown by responses in the two left-hand columns (1s and 2s).

Taha Scale Each taha can be summed to produce a score between 4 and 20.

VERY LOW	LOW	HIGH	VERY HIGH
4-8	9-12	13-16	17-20

← Areas that highlight challenges →

← Areas that highlight strengths →

Overall Hua Oranga Scale All four taha can be summed to produce an overall score between 16 and 80.

VERY LOW	LOW	HIGH	VERY HIGH
16-32	33-48	49-64	65-80

Interpreting the outcome score

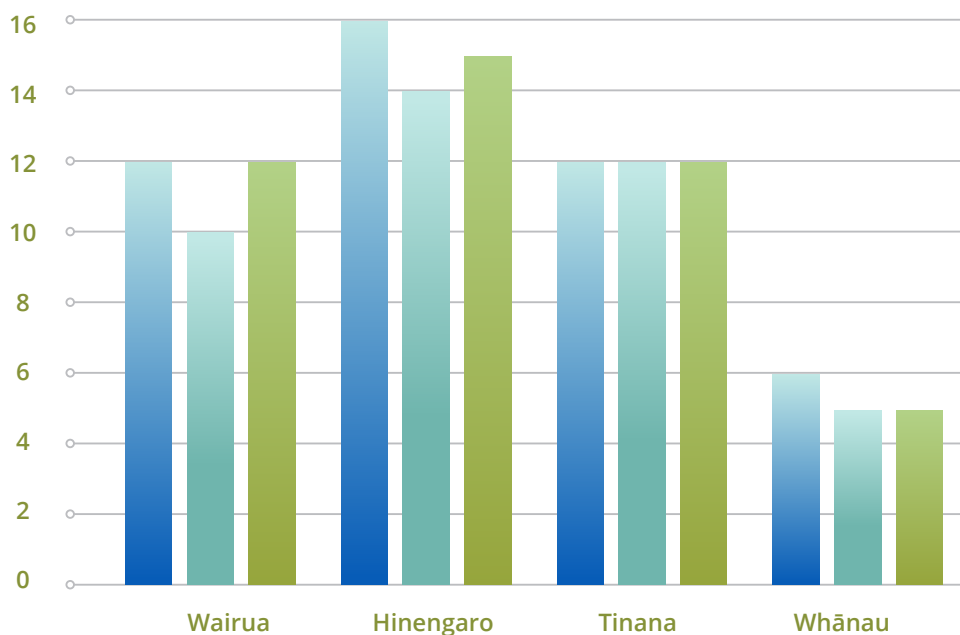
The outcome score would be used to indicate the overall outcome. Obviously, a high score would indicate a more positive outcome.

Conversely, a low score would suggest that the outcome was less satisfactory. In order to provide interpretive guidelines for this process, an outcome continuum below is suggested. Based on the recommended method of application an outcome score range from 16 to 80 is possible. This continuum has been constructed to reflect the range of outcome scores which are possible.



The outcome score provides an overall impression of outcome. However, a more precise examination of the relative scores may assist with identifying specific aspects of therapy which could be enhanced or further supported. The graph below is a hypothetical example of scores from three key stakeholders.

Graph 1: hypothetical example of scores from three key stakeholders



Based on the responses described above, an outcome score of 19 (i.e. $22 + 16 + 19 = 57$, $57/3 = 19$) is obtained and is a reasonably favourable result. However, a closer analysis of this data suggests that outcome, in terms of the “whānau” dimension (question 4) is less desirable and therefore particular attention should be applied to enhancing this dimension. Likewise, the chart also illustrates that the “tinana” dimension (question 3) of outcome was particularly favourable. This would suggest that the treatment process was especially successful in terms of addressing the physical aspects of mental health outcome.

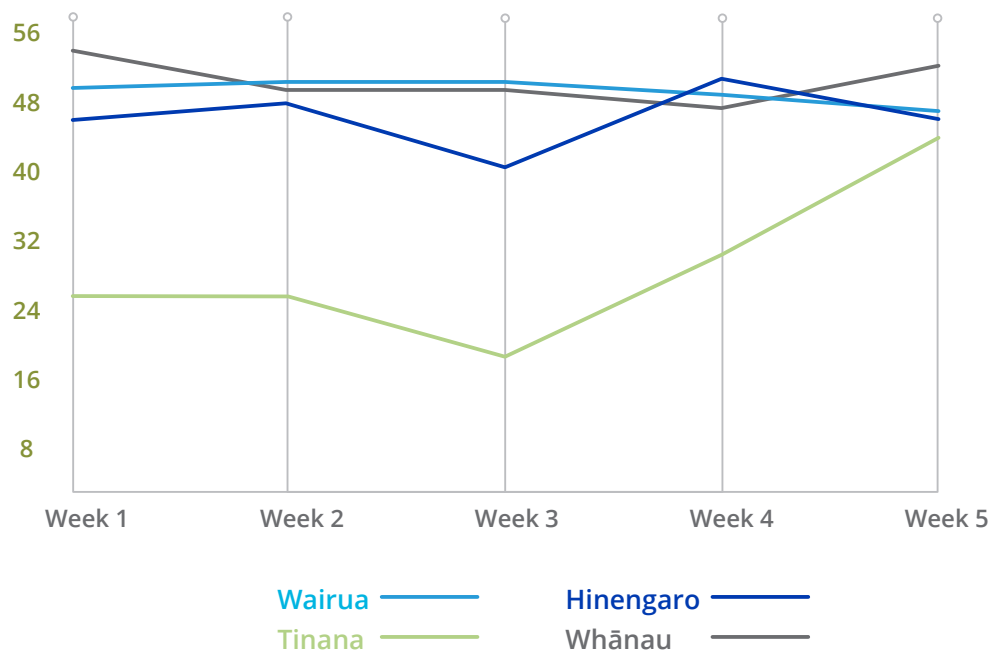
This type of data analysis may be used to supplement the outcome score and to provide a more detailed impression of the treatment process. It is a discretionary option that should be used when appropriate and in circumstances where a more comprehensive assessment is required.

At another level, practitioners may wish to incorporate the tool as part of a longer-term outcome assessment process such as assessing the utility of a particular treatment plan or approach. The graph below illustrates how the tool may be applied over a five-week period.

Below, the results from each of the four health dimensions are compiled and plotted on a graph. By examining this data a practitioner is able to determine what particular health dimensions require enhancement. Accordingly, various treatment options may be trialled in order to determine if these needs are now being met.

As Graph 2 illustrates, “Week 1” shows a favourable outcome in all aspects of care, except “tinana”. By modifying care plans, a practitioner is able to incorporate mechanisms specifically designed to enhance physical health. The success of this approach can therefore be monitored on a weekly basis. Any adverse consequences can also be monitored.

Again, this is a discretionary option which may be used as part of a more comprehensive quality assurance process.



Start by asking the tangata whaiora if they see their strengths, and then move onto their challenges. For example:

¹This duration may vary according to the whaiora particular situation and needs.

²In this example dimension scores for each of the three key stakeholders should be added together. In this manner four scores are produced with a range of +/- 24. As with the other examples a positive score is an indication of a favourable outcome. A low or negative score would indicate that the outcome was poor.

How to feedback on specific problem areas and strengths.

Where you scored 4s or 5s reflect on your strengths, which of the four areas of your wellbeing are your strengths?

What do you think contributes to this?

Where you scored 1s or 2s reflect on your challenges, which of the four areas of your wellbeing are you experiencing the most challenges?

What do you think contributes to this?

How do you think this impacts on how you are feeling and what you would like to work on?

You may need to prompt the tangata whaiora to encourage discussion, for example:

From your answers, it seems you have strengths in your wairua/spiritual health and whānau/family and relationships. Is that how you see it?

You noted your tinana / physical wellbeing is lower and so is your hinengaro / mental and emotional wellbeing. Is that how you see it?

It is also important to ask tangata whaiora about any single answers within a domain that are clearly inconsistent with other answers in a domain.

These may be strengths or challenges.

I notice in this taha you scored this item a 1 (or 2) identifying it as a challenge. Can you tell me about this? (Give me an example)

What do you think contributes to this?

I notice in this taha you scored this item a 4 (or 5) identifying it as a strength. Can you tell me about this? (Give me an example)

What do you think contributes to this?

How do you think this impacts on how you are feeling and what you would like to work on?

Using the whānau and practitioner questionnaires

The Whānau and Practitioner questionnaires facilitate increased participation and reflection on issues, needs and progress. A whānau member does not have to be a blood relative, but it is preferable that this person knows the tangata whaiora and will be a point of contact across the intervention.

It can also be helpful for the person working with the tangata whaiora to complete the Practitioner Questionnaire. This person could be any practitioner, such as a Health Coach, Whānau ora kaimahi, HIP, GP, counsellor, nurse, psychologist or CSW. This provides a third perspective that is independent and based on recent encounters with the tangata whaiora.

Where possible, responses are obtained from the three key stakeholders (tangata whaiora, whānau member & practitioner) and with the aid of the scoring schedule used to create an overall impression of the outcome.

If more than one questionnaire is used, they must be completed within a week of each other to ensure responses can be compared.

Where possible, each of the three respondents should complete the respective questionnaires by answering each question and circling the most appropriate response. However, the Hua Oranga can be used independently (without Whānau and/or practitioner completion).

Compiling the total scores

When you have all three versions completed you can develop an average for each of the four subscales total scores. It is suggested that the four **subscale scores** for each taha (e.g., all three taha hinengaro sub scales) are added to produce a **combined score**. This combined score would then be divided by three (averaged) to produce the subscale **outcome score**. You would do this for each of the four taha across all three versions. This is also done for the three **total scale scores** (summed to a total score and divided by three for a combined score).

Use Hua Oranga again with the tangata whaiora, practitioner and whānau (if involved/available) once you have finished a plan, are in the process of reviewing your mahi together, or have achieved a goal and are setting new goals.

Re - administering the Hua Oranga

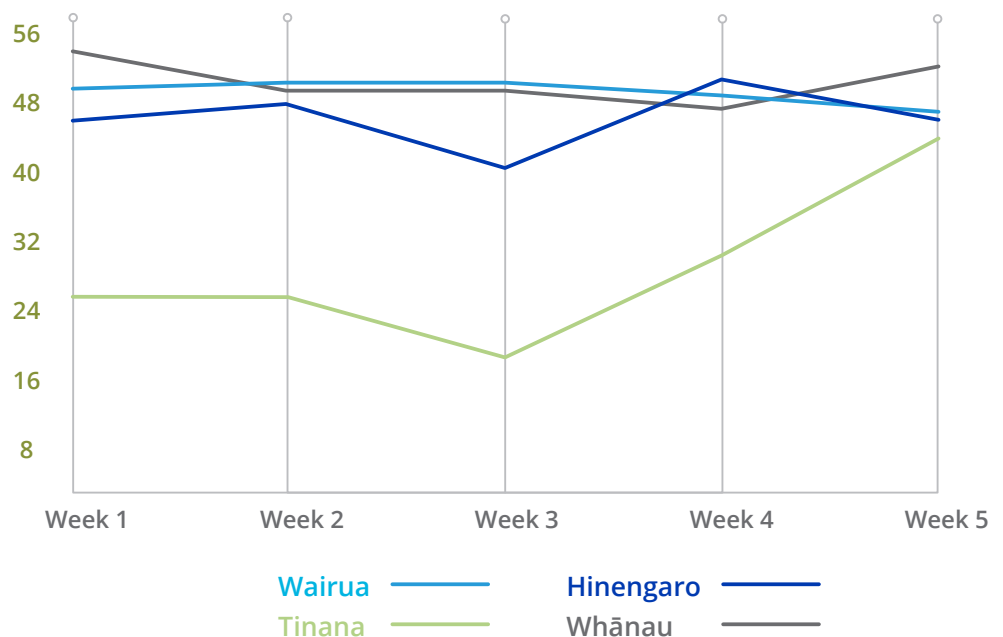
It is also useful as a process in taking a 'step back', summarise your work together and reflect on goals and progress. In brief interventions when seeing someone for only 3 or 4 sessions, this may involve administering the Hua Oranga at the first and last session. For more comprehensive interventions of three to six months, this may also include completing the Hua Oranga at 6 or 12 week intervals.

Once again share the results with the tangata whaiora starting with their strongest areas.

This is also an opportunity to discuss any changes compared to their initial answers. Record the results in the Excel spreadsheet, PMS, and any other database you are using.

You can access the Ora database to produce graphs of change for your reports and discussion of change with the tangata whaiora and whānau <http://www.oradatabase.co.nz/>

Reporting change

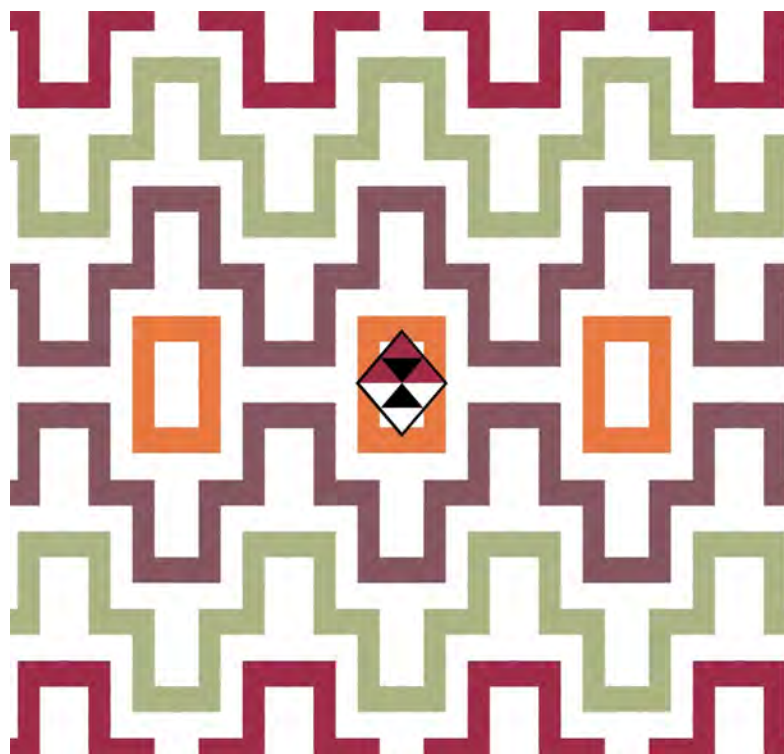


	It is also helpful to provide a written statement within the case notes regarding the scores and any related discussions which acknowledge consistency, decline or progress on the Hua Oranga.
How do we record the results?	You are able to note changes in scores across each taha and total scores; and note what has contributed to these outcomes. This can include engagement, whānau and individual efforts and activities and new opportunities
Resources	<p>Scan the Hua Oranga Form and attach to the tangata whaiora file.</p> <p>Record the results of Hua Oranga in the Excel spreadsheet provided by the Ministry of Health and in the Practice Management System (PMS) or the database provided by your organisation.</p> <p>You can refer to the Hua Oranga Website for online scoring, videos, and examples https://www.oradatabase.co.nz/</p>

HUA ORANGA DIMENSIONS QUICK REFERENCE GUIDE

This section provides further description and information, including more recent research that underpins each item of the Hua Oranga. This section is provided to assist practitioners to extend their understanding of each dimension item, and enable them to introduce items and respond to questions from tangata whaiora and their whānau.

Each item is presented within its taha, and are in the order of Taha Wairua, Taha Hinengaro, Taha Tinana and Taha Whānau.



TE TAHA WAIRUA

Wairua is the first dimension in the Te Whare Tapa Whā model, and reflects the need to consider and address outcomes which are spiritual in nature (Kingi, 2002).

There were four key features of wairua that needed to be considered to operationalise this taha for Hua Oranga.

Whakarangatira Mana nō ngā Atua Dignity and Respect

The tangata whaiora considers their mana (including dignity, respect, integrity and prestige) is intact and appreciated/acknowledged by self as well as by those in their life.

Tuakiri Mana nō ngā Tūpuna Cultural identity

Cultural identity considers the individuals sense of self as Māori (and/or other cultures), their ability to connect with and participate in cultural activities that affirm this; and how they perceive they are seen by others within their own culture(s).

Tino Rangatiratanga Mana nō te whenua Personal contentment

A personal sense of calmness or equilibrium, a settled and contented outlook

Mauri Ora Spirituality

This is an item is for rating the overall quality of wairua including a belief in the spiritual aspects of health and a sense of connection with the mauri of all things.



Mauri Ora Spirituality

Spirituality has been characterised as the feelings, thoughts, and behaviour that arise from a search for the sacred (Kashdan & Nezlek, 2012). Spiritual connectedness and spirituality have always been inextricably linked to whakapapa. All aspects within a Māori worldview are viewed as having spiritual origins and direct links to ngā atua. Whakapapa identifies who one is, where one is from and thus identifies the place one belongs. It also connects Māori to the land, providing a sense of unity and harmony with the environment (Rameka, 2015).

Māori relationships with their ancestors are a further example of the deep connections they maintain with spirituality. Māori spirituality is a vast and ever-present phenomenon that is strongly connected to sustaining wellbeing and supporting methods of healing (Wirihana, 2008).

It has been stated that “the Māori acknowledge the wholeness of life in which there is an intangible presence, often referred to as wairua but seen also as a force over which people have no control”. Furthermore “the acceptance of wairua provides an easy way of understanding the relationship of nature”

(Ngawati, Valentine, & Tassell-Matamua, 2018).

Tuakiri Cultural identity

Positive mental health and wellbeing for Māori are associated with a secure connection to one's cultural heritage and cultural identity (ko wai au). A secure cultural identity acts as a protective factor for psychological distress, suicidality, adversity, and increases resilience (McLachlan, Waitoki, Harris, & Jones, 2021). Research by Statistics New Zealand (2015) indicate that Māori who feel that their culture is more important tend to also report higher levels of life satisfaction.

A secure cultural identity arguably includes a range of culture-specific markers. Activities designed to enhance a secure cultural identity include participating in Māori cultural, social, and economic resources (e.g. marae, land, and fisheries), and opportunities for positive cultural expression and cultural validation within society's institutions (McLachlan, et al 2021). Adding to these dimensions is the strength of relationships with tribal land markers, including maunga and awa.

Houkamau and Sibley (2011) offered five dimensions that influence a secure cultural identity: the ability to speak te reo Māori; whanaungatanga – strong connection to whakapapa (i.e. associations with whānau, hapū and iwi); paihere tangata – effective engagement with other Māori (i.e. through organisations and activities); an understanding of wairuatanga and; and an understanding of tikanga Māori and Māori culture.

Whaka-rangatira Dignity and Respect

He Ara Oranga (New Zealand Government, 2018) the report of the government inquiry into mental health and addiction noted that:
“Too many people are treated with a lack of dignity and respect and in a way that demeans their mana and their human rights. Frequently, tāngata whaiora are on the receiving end of poor communication and processes and services that do not meet their needs. Limited options are offered to people seeking help”

(New Zealand Government, 2018.p78).

From a Māori perspective, dignity (the state or quality of being worthy of honour or respect) and respect (acknowledgement of value and importance) is most closely aligned with Mana.

Mana is a term that is often used to reflect aspects of personal and collective dignity and the respect that is to be shown to this. "Kaua e takahia te mana o te tangata" Do not trample on the mana or dignity of a person. In terms of the Hua Oranga, it is for the tangata whaiora to determine what dignity and self-respect is for them, and for others.

Mana, dignity, and respect also incorporates considering issues of tapu and noa in terms of engagement and relationships, showing manaakitanga and maintaining the mana of the person and their whānau.

One of the conclusions of the He Ara Oranga report was that:

"Recognition of mana, dignity and self-esteem is integral to mental wellbeing. The person – te tangata – should be the main focus. The person's concerns, hopes and priorities are more fundamental than the diagnosis, treatment plan or preconceived assumptions of clinicians or caregivers. Respecting human rights and integrity should underpin all treatment and care programmes. And kindness, empathy and rapport should epitomise the culture within mental health and addiction services" (New Zealand Government, 2018.p83)

**Tino
Rangatiratanga**
Personal
contentment

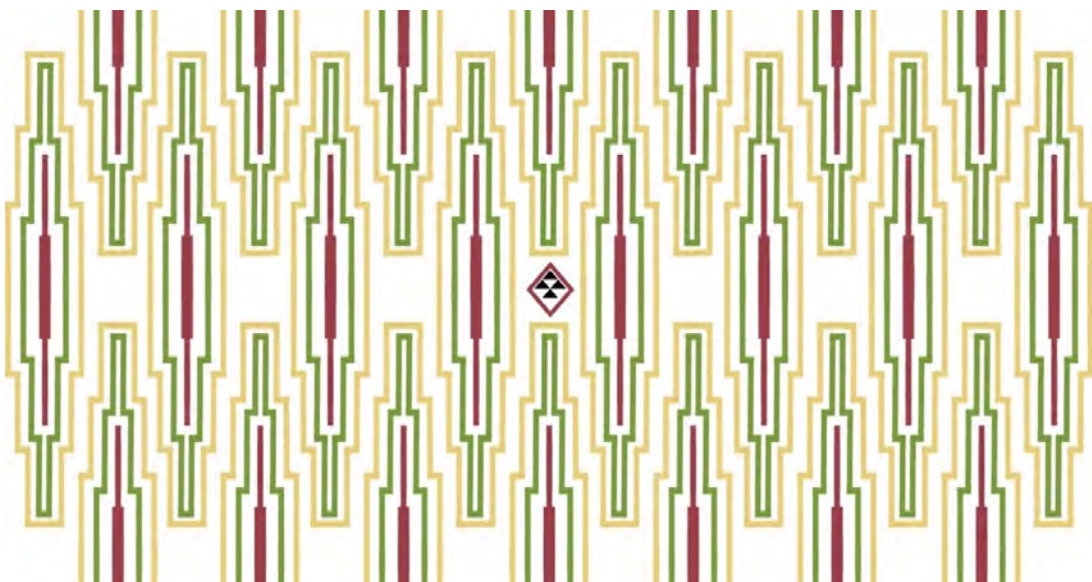
Ahuriri-Driscoll et al. (2012) suggest that the state of spiritual health and wellness is expressed in wairua and is characterised as peacefulness, contentedness and being centred.

Having personal meaning in life provides a stable platform for creating and sustaining a well-lived life. Although there are many paths to living a meaningful life, wairua/spirituality offers a seemingly explicit way for people to commit to something larger than themselves (Kashdan, 2012).

Kingi (2002) also notes that wairua is also "something that can be sensed (sometimes felt, sometimes touched, sometimes seen) and importantly something especially noticable when absent".

A lack of dignity and respect has been noted to potentially undermine wairua.

The Māori world view acknowledges the existence of a natural order and balance to the universe, that as a system shifts, the entire system is put out of balance. The diversity of life is embellished in this world view through the inter-relationship of all living things as dependent on each other, and Māori seek to understand the total system and not just parts of it (Harmsworth & Awatere, 2013).



TE TAHA HINENGARO

Te Taha Hinengaro considers an individual's thoughts, feelings and behaviours. There are four outcome features of te taha hinengaro that are utilised in the Hua Oranga, these are:

Whakahihiko
Motivation

The personal motivation to make changes in one's life, taking into account internal and external factors

Whai Whakaaro, Whai Whanonga
Cognition and behaviour

Clarity of thought and purposeful action

Aro ki ngā kare-ā-roto
Management of thoughts and feelings

The capacity to manage thoughts and feelings effectively and maintain a sense of reality

Kia Mōhio, Kia Mārama
knowledge and understanding

Understanding the nature of what is happening and how these can be addressed



Whakahihiko Motivation

Within a clinical context, motivation provides a useful guide to an individual's capacity to effect positive change and willingness to contribute constructively to wellness. Motivation is not a culturally neutral concept, nor is it always the best indicator of a healthy attitude. But it is a sufficiently valued quality in Māori thinking to include as a key component of hinengaro.

Ideas often used to epitomise Māori thinking and behavioural patterns are essentially about high levels of motivation, the ability to set personal goals, and the initiatives to chart a course of action (Kingi, 2002).

Motivation can be thought of as an internal, cognitive, and emotional state that gives energy and direction to behaviour, especially that which is goal directed. The nature of motivation and its effectiveness in driving behaviour varies depending on the perceived locus or in other words, whether the source is perceived to be extrinsic or outside the individual or within the individual – and as the source of motivation (Todd, 2010).

The attainment of goals based on intrinsic values rather than extrinsic values is associated with higher levels of wellbeing. Goals are more likely to be reached when they are based on a person's intrinsic values rather than extrinsic values (Todd, 2010).

Whai Whakaaro, Whai Whanonga Cognition/ Behaviour

Culture influences the way we perceive reality and consequently how we view the world. Māori views of reality are based on the interconnectedness of the spiritual realm, the natural environment, and people. The balance and harmony of these dimensions of reality are guidelines and explanations for human existence (Ripikoi, 2015).

Māori styles of thinking and behaving have their own characteristics that may differ from other cultural norms. There is value in styles of thinking that sees connection (across time space and relationships) as opposed to separating and analysing in components.

Wellbeing is generally associated with an individual's positive disposition, satisfaction, happiness, and good mental and physical health. Understanding illness and wellbeing requires consideration of the underlying values, philosophy and ideology that influence both the seen and unseen manifestations of distress and wellbeing. Practitioners must be aware of cultural symbolism, the process they use (particularly communication and relationships) and metaphors if they are to help a person navigate their own path to wellbeing (Britt et al., 2014).

Aro ki ngā kare-ā-roto Management of thoughts & feelings

From a Māori perspective (and having regard for the parameters of hinengaro) self-control and management of thinking and feeling are fundamental qualities, necessary for healthy functioning. Within mental health services there is a shift towards self-control and self-management – a step away from the paternalism and institutionalisation that has dominated psychiatric care for many years.

A deep experience of emotion that is given full expression is considered essential to Māori, including feelings of joy, grief, anger and jealousy. This is manifested in many formalised ways of expressing emotion in Māori Society through things like haka, waiata, hongi, karanga and whaikōrero (Leaming & Willis, 2016).

The principle of mana, and the process of whakamana empowers the tangata whaiora and their whānau, promotes interdependence and contributes to

relationship-orientated thinking. This helps to create a respectful and supportive practitioner – tangata whaiora relationship, emphasises collaboration and encourages whānau to find their own path towards balance and wellbeing (Britt, Gregory, Tohiariki, & Huriwai, 2014).

Kia Mōhio, Kia Mārama

Knowledge & Understanding

This feature of hinengaro reflects the notion that positive outcomes should, in part, consider whether or not an individual has been made aware of the treatment process, the nature of their condition, and how they are able to contribute to their own wellbeing. It is important that tangata whaiora are placed in a position of confidence and are able to understand problems they may have and the processes in place to manage them.

Health Promotion has been described as the process of enabling people to increase control over the determinants of health by taking a holistic approach that addresses the structural influences on health (Pohatu, 2015).

Māori health promotion has been described as “the process of enabling Māori to increase control over the determinants of health and strengthen their identity as Māori, and thereby improve their health and position in society” (Pohatu, 2015, pp. 8).

TE TAHA TINANA

The relationship between physical health and mental wellbeing is now well established and is recognised as important to designing appropriate treatment processes. Many studies have described the negative effect physical disability can have on an individual's mental health and vice versa (also taking into account structural issues).

The Hua Oranga describes four outcome dimensions of taha tinana:

Herekore

Mobility and pain

The level of pain/discomfort experienced by the tangata whaiora and the impact this is having on their day-to-day functioning

Whakapiki Oranga

Opportunity for enhanced health

The tangata whaiora has goals to maintain or improve physical wellbeing; and their capacity to attend to roles and tasks such as within whānau and at work; and has knowledge and access to options to do so.

Te whanaungatanga o te hinengaro ki te tinana

Mind and body links

Appreciation of the relationship between mental health and physical health as important

Appreciation of the relationship between physical health and mental health as important

Hauora Tinana

Physical health status

This is an item is for rating the overall quality of physical wellbeing



Herekore Mobility/Pain

Physical symptoms provide noticeable signs of compromised health. Although reflecting an endless range of specific disease categories, most physical complaints are fundamentally linked by the limitations they cause, the restrictions they can place on an individual's lifestyle and capacity for normal social functioning (Kingi, 2002).

The identification of 'mobility and pain' as an outcome feature of tinana came about as a result of discussion with tangata whaiora and concerns about the ability of some services to meet their physical health needs. For tangata whaiora, loss of mobility (for whatever reason) and the presence of pain, were the most frequent physical concerns (Kingi, 2002).

Māori with severe anxiety, and anger, which can both predispose people to chronic pain and augment the chronic pain experience (McGavock, Moewaka, & McCreanor, 2010) are disadvantaged with respect to their physical health due to the cumulative impact of greater lifelong exposure to risk factors (Cunningham, 2020). Chronic pain is also associated with a range of psychological difficulties, including depression.

Whakapiki Oranga Opportunity for enhanced health

Every health intervention, whether for mental health or other reasons, should be presented in a non-judgmental way, as an opportunity for health promotion. The 'opportunity' might consist of dietary advice, or advice about exercise, or sleep, or lifestyle.

By providing the opportunity for enhanced physical health, the therapeutic benefits of more specific mental health interventions can be improved, goal setting encouraged, and a sense of accomplishment fostered. As mental health issues affect a range of individuals, both young and old, and with varying degrees of physical capacity and function, priorities for enhanced physical health will be different for everyone. For younger, relatively fit tangata whaiora, team sports such as touch, or rugby or softball may produce holistic benefits. For the elderly, a simple game of chess or waiata practice once a week, may provide similar results. Nutritional advice may be more relevant to others, or messages, and activities that promote auahi kore (smoking cessation).

Te whanaungatanga o te hinengaro ki te tinana Mind and body links

Māori views on health recognise the links between mind and body. An important outcome for tangata whaiora will be whether they can see that link and apply it in a useful way. An understanding of mind-body relationships is critical and is in itself a positive outcome. The mind-body link is more clearly focused on knowledge about physical health, an appreciation of how this can improve mental wellness and the activities that may encourage improvement. Similarly, the impact of mental ill health on physical health requires attention (Kingi, 2002).

Hauora Tinana Physical health status

While regular exercise can enhance physical health and reduce the risk of diabetes, cardiovascular disease, cancers and other physical illnesses, regular exercise also has benefits for psychological and social wellbeing. In the last decade, the use of exercise interventions to improve 'non-physical health' outcomes have gained momentum. These 'non-physical' benefits of exercise are particularly relevant for Māori and others whose definitions of health value a holistic approach that equally values psychological, social, spiritual, and physical wellbeing. Māori models of health, as noted earlier, shows the importance of balance in all areas of health and wellbeing (Warbrick, Wilson, & Griffith, 2018).

New Zealand research has confirmed the international findings that people using mental health services have a significantly higher risk of shortened life expectancy.

TE TAHA WHĀNAU

In many instances it can be assumed whānau will aid recovery and rehabilitation activity, and will provide valuable information in terms of assessment and desired outcomes. However, an informed (rather than presumed) approach to whānau input is required, one which fully considers the wishes of tangata whaiora (Kingi, 2002).

The four dimensions of taha whānau in the Hua Oranga model are:

**Whakawhitiwhiti
whakaaro**
Communication

Communication is an important aspect of accessing support, addressing individual and collective challenges, and fulfilling whānau and community roles and obligations.

Whanaungatanga
Relationships

This is an item is for rating the overall quality of relationships. Relationships with whānau and others come in many forms. Healthy relationships incorporate good communication and mutuality.

Tauawhiawhi
Mutuality

Reciprocal (two-way) relationships involve communication and shared responsibilities based on manaaki, tautoko, aroha and whakapapa.

Tūhono-ā-hapori
Social participation

Access, connection and participation in social groups and activities is important to both individual and collective wellbeing



Whakawhitiwhiti whakaaro Communication	<p>When Kingi (2002) explored the link between whānau and mental health outcomes, the most consistent theme to emerge was communication between tangata whaiora and whānau and whether the periods of recovery had added anything positive to the relationships. Some individuals had lost contact with their whānau or chose to keep a distance. While this might be the preferred option it is nevertheless important that there is an opportunity so that at least the position can be communicated effectively. In a practical sense, this may not necessarily mean a closer relationship, but rather a clearer statement about the relationship.</p> <p>While better communication may be an objective, the extent and nature of this should be defined by the tangata whaiora and their own circumstances, along with the capacity of the whānau to respond in a positive way.</p>
Whanaungatanga Relationships	<p>The capacity to form helpful relationships in a variety of social situations is an important consideration. Russell (2018) reviewed previous research that claimed that good relationships with whānau are essential for recovery from mental distress for Māori. Also, connectedness to whānau, underpinned by 'belonging' to whānau or whānau-like groupings' is imperative for Māori wellbeing. Whakawhanaungatanga or maintaining meaningful connections with others through shared experiences provides this sense of belonging.</p> <p>In research by Waitoki et al (2014) it was noted that during the illness phase of bipolar disorder, whānau often experienced disconnection and feelings of isolation, or wanting to isolate themselves from others. It was noticeable that some whānau required intensive practical support and ongoing supervision, for others, reconnecting with family and friends meant addressing the damage done during the times of illness.</p> <p>Whānau are cultural structures that traditionally supported both prevention and intervention. They provided for collective responsibility, obligations, and accountability. As an extended family structure, whānau is based within whakapapa relationships (Pihama, & Cameron, 2012).</p>
Tauawhiawhi Mutuality	<p>Mutuality and the notion of shared responsibility is a concept which is also closely aligned with whānau and whānau activities. Like the function of communication, it is unlikely that every whānau will be able to express mutuality positively or that such interactions will have a beneficial effect on mental health.</p> <p>Where whānau is the extended family relationship, whanaungatanga is a practice of how we relate to each other. This is supported by concepts and practices associated with manaakitanga, tautoko and aroha. Whanaungatanga embraces whakapapa and focuses on relationships. Whanaungatanga defines the relationships, obligations, and responsibilities between whānau members (Pihama, & Cameron, 2012).</p> <p>Whakapapa and whānau relationships establish collective identity and also carry a relative responsibility to maintain the wellbeing of the whole (Williams et al., 2019).</p>
Tūhono-ā-hapori Social participation	<p>Mental health for Māori includes mechanisms that facilitate active participation within society and the networks within which they live. Māori worldviews highlight that strong connections can help young people maintain their cultural knowledge, expand their social networks, grow their self-confidence, and improve their mental wellbeing (Dallas-Katoa, Varona, Dallas, & Leahy 2019).</p> <p>In the context of Te Whare Tapa Whā and taha whānau, Durie speaks about enduring relationships occurring across four domains – whānau and community; whānau aspirations; whānau connect; and whānau diversity. Connected to this are the domains of enlightenment, which includes social and positive relationships. In terms of taha whānau, enlightenment might include a re-assessment of family and social relationships, renewed energy for positive relationships and less enthusiasm for negative relationships (Durie, 2020).</p>

THE DEVELOPMENT OF THE HUA ORANGA

This section will briefly discuss some elements of the development and use of the Hua Oranga.

In 1997, Durie and Kingi produced a report - A Framework for Measuring Māori Mental Health Outcomes (Durie & Kingi, 1997). The report discussed a range of issues related to the measurement of mental health outcomes and, from this, a draft measure of Māori mental health outcomes was developed.

The report and associated measure recommended three key stakeholders: tangata whaiora, whānau and practitioners; four domains of outcomes (spiritual, mental and emotional, physical and family/social); and five clinical end points (times to administer the scales). The four domains of outcomes reflected Māori concepts of health and wellbeing and were based on an accepted model of Māori health, Te Whare Tapa Whā.

The report also identified five underlying principles designed to highlight the key concepts which should underpin a measure of Māori mental health outcomes. The principles are consistent with the particular needs of Māori, as well as the concerns arising from the nature of mental illness and the context within which it takes place. These principles were: wellness; cultural integrity; specificity; relevance; and applicability.

The outcome domains were developed through literature reviews and consultation with leaders in the field, including mātauranga Māori specialists, service users, practitioners, and managers. The research questions themselves, were “constructed in a more intuitive manner, through consultation and in discussion with supervisors” (Kingi, 2002, pp. 277).

Following this, further consultation and then testing took place (Durie & Kingi, 2000; Kingi, 2002). Research was conducted within a Kaupapa Māori research paradigm, including multiple layers of testing and refinement, consultation, presentations, and hui. This included the enrolment of six test sites across the country (Waikato, Auckland (x3), Hawkes Bay and Wellington), including a range of clinical settings, Kaupapa Māori services and rural and urban settings. Two rounds of testing took place. The first round of testing involved piloting the tool in a range of clinical settings, obtaining feedback from respondents, analysing responses, and making relevant modifications. This involved 170 participants across the three groups. The second round of testing included the modified tool re-tested within the same settings but with a different range of tangata whaiora, practitioners, and whānau. This involved 75 participants across the three groups. Comments from the second testing round were analysed and a final Māori mental health outcome measure was constructed.

To compute a score with the Hua Oranga, the participant answered four questions from each of the four domains (taha wairua, taha hinengaro, taha tinana, taha whānau) with a general format of: 'As a result of the intervention do you feel (e.g. 'healthier from a spiritual point of view')?' The possible answers are scored 'much worse' (-2), 'worse' (-1), no change (0), better (+1), much better (+2), giving a summed score range for the 16 questions of -32 to +32. With the completed questionnaires, it is suggested that the three total scores are added to produce a combined score. This combined score would then be averaged (i.e. divided by three) to produce an outcome score.

With the changing face of primary health care, and an increase in brief and early interventions, there is now less emphasis placed on utilising all three measures.

Since its inception, the Hua Oranga has been utilised in a range of settings within Aotearoa, including mental health (Bennett, 2009; McClintock et al., 2013); Justice (Chalmers & Williams, 2018; Malatest International 2019), and with stroke patients (Harwood et al., 2012).

Changes have been made to the original wording, such as removing “as a result of this intervention” and recommendations to simplify scoring to a 1-5 rating system were made (Harwood et al., 2012). This change has been incorporated in this manual.

In the development of the current Hua Oranga Manual, a literature review focused on the 16 different factors of the Hua Oranga was conducted. This focused on data from the last 10 years. Based on this

literature, the labels and descriptors for each factor was reviewed, and several changes were made. Several items were also changed to reflect the broader cultural and clinical understanding of the factors.

These changes were sent out for review to a range of Kaupapa Māori health and mental health services who utilise the Hua Oranga, and the Te Kete Pounamu, a group of advisors who work alongside the national rūpū to amplify the voice of Māori with lived experience of mental distress and/or addiction. These changes were also reviewed with the original creator of the Hua Oranga, Dr Te Kani Kingi.



INTRODUCTION TO TE WHARE TAPA WHĀ

Te Whare Tapa Whā, was first presented by Tā Mason Durie in 1982 at a Māori Women's Welfare League hui (meeting) (Cherrington, 2009). The model has four interacting dimensions, or what Durie later called domains of experience.

Durie (1985; 1998) identified that hauora (wellbeing) comes from balance across the four dimensions, providing "strength, balance, stability and harmony" (Herewini, 2008, p97). Illness is thought to arise from imbalance of the four taha, and/or breaches of tapu, or "a manifestation of a breakdown in harmony with the wider environment" (Herewini, 2008.p97).

These dimensions are represented as taha (sides) of a house (whare). This is often depicted as a whare tupuna (traditional meeting house). The use of a whare tupuna as a metaphor for dimensions of health elicits thoughts and memories of history, identity, connectedness, and collaborative effort (McLachlan, Huriwai & Kinred, 2019).



Te Whare Tapa Whā translates to the four-sided house. The four dimensions are:

Te Taha Hinengaro (mental and emotional wellbeing), **Te Taha Tinana** (physical wellbeing), **Te Taha Whānau** (family and social wellbeing) and **Te Taha Wairua** (spiritual wellbeing). These are further described below.

TE TAHA WAIRUA

Taha wairua is the spiritual essence of a person that is imbued with mauri (life force). It is often summarised as 'spirituality', but also relates to an individual's faith, sense of purpose, vitality, and motivation (Francis, Carryer, & Wilkinson, 2018). Balancing wellbeing dimensions is seen to strengthen, tune, and empower an individual's mauri, mana, and life (Ruru, 2016).

Taha wairua is the starting point and basis of health, explaining how the connections between people and their environments interact and impact upon health (Thorp, 2011). For Māori, it is considered the most important dimension for health and speaks to an ecological and spiritual connection between the individual and the natural world where all living things as well as the land, lakes, and mountains are imbued with mauri. A lack of access to tribal lands and cultural knowledge is known to impact on health as it can undermine a secure sense of identity leading to diminished opportunities to strengthen overall wellbeing (Wilson & Appel, 2013).

The concept of faith and a spiritual life comprises religious beliefs and practices, but is not limited to formalised religion, e.g., attending a place of worship or believing in a particular god or gods. Contemporary Māori belief systems of spirituality encompass pre-european beliefs of cosmology, supernatural forces, and supreme beings. Māori uphold links to atua from te ao tawhito, including Ranginui and Papatūānuku and their numerous children. Consequently, taha wairua emphasises the unseen and unspoken connections between the self, others, and the environment, and how those connections interact and impact upon health.

A disrupted or ailing spirit may, for example, manifest physically, or be seen in the breakdown of a relationship. As a result, 'health' issues may run deeper than superficial bodily expressions of illness, and the perception of what it means to be 'ill' from a Māori perspective may be different to western cultures. In Māori worldviews, spiritual awareness increases injury prevention and protects against illness, one is argued to be more prone to injury and illness when spiritually unwell (Thorp, 2011).

The wairua of an individual is unique to that person. The wairua is the life force that determines who you are, reflecting where you have come from and provides guidance to the future influenced by your ancestors. Māori worldviews also acknowledge and respect the presence of ancestors in everyday life by the observance of particular beliefs and cultural practices. Māori tribal histories and pūrākau provide the links between the world of ngā atua and their application to the present time.

TE TAHA HINENGARO

Taha Hinengaro is most closely aligned with the more usual measures of mental health outcomes (Kingi, 2002). Good emotional health is the ability to communicate, to think, and to feel. Our mental and emotional wellbeing is how we see ourselves within the world and how we manage these feelings in a balanced, rational and interconnected way (Ripia, 2013; Ruru, 2016).

Taha hinengaro is interlinked with an individual's mental, spiritual, psychological and emotional processing and the ability to share experiences with others. Emotional health is understanding the role of emotions as a guide to wellbeing rather than ruling features of life (Thorp, 2011). Emotional health includes the ability to recognise what emotion one is feeling, being able to manage that feeling, and to act in an appropriate manner in expressing that feeling in a way which does not harm oneself or others. Such self-insight, self-knowledge, and an ability to manage emotions, is the seat of emotional health.

Good mental health also reflects brain health, including awareness of sensory input via the means of vision, hearing, touch, pain, temperature, taste, smell, balance, and proprioception (knowledge of where one's body or body parts are in relation to others). Being 'mentally healthy' also includes being aware of one's body and the sensation of one's thoughts and thought processes. Good mental health is also the ability to learn and recognise puzzles, patterns, repetitions, to remember, problem-solve, to have abstract thoughts, to analyse and to create. Conceptual thinking includes the ability to think about thinking and knowing. For example, 'what is knowing', and 'how do I to know?'.

Taha hinengaro acknowledges the link between thoughts, feelings, and actions. This taha assists in validating communication through non-verbal means (Barlow, 1991).

Taha hinengaro connects the inner being (what occurs within one's mind and emotions) to the outer world (reality, or the lived space one occupies) and extends the conceptualisation of lived space, to how one feels about, and acts, within that space (Thorp, 2011).

TE TAHA TINANA

Taha tinana describes the physical aspects of peoples lives (Francis et al ., 2018). This taha also shows how an individuals mind, body and spirit interlink as one dimension. Taha tinana requires physical activity to promote a healthy body and healthy hinengaro. The physical dimension is just one aspect of health and wellbeing and cannot be separated from the aspects of mind, spirit, and family (Ripia, 2013). The relationship between physical health and mental wellbeing is well established. Studies have described the effect physical disability can have on an individual's mental health and vice versa (Kingi, 2002).

Taha tinana (physical health) involves the body and how one looks after the body in terms of exercise, nutrition, physical capability and the presence of disability, illness or disease. However, this is not to say that the body is a machine to be maintained or 'fixed' when there is a health issue (Thorp, 2011).

Taha tinana can also be expanded to include body language, embodied knowledge and muscle memory, and the training and use of the body to create movement and meaning. Good physical health enables one to examine the body to see what it is capable of, how it manifests itself, and how one maintains one's body and its ability to function (Thorp, 2011).

The relationship between the spiritual dimension of wellbeing to the physical dimension is evident in the nature of the cultural concept of tapu. As an important cultural concept for physical health, tapu refers to sacred, restricted, or divine. Tapu can be applied to things, places, events, and people.

The human body as a whole, and in parts (i.e., placenta, blood, hair, nails, dna) is regarded as tapu at particular times or in particular situations. The head and genitalia are regarded as the most tapu parts of the body (Broughton, 2016). The interrelated nature of Te Whare Tapa Whā is evident in taha tinana as emotional, spiritual and physical wellbeing are uniquely entwined.

TE TAHA WHĀNAU

Taha whānau refers to the individual's connection to their family and whakapapa. Healthy Taha Whānau provides us with the strength to be who we are and to know our place in this world. Whānau provides our ties with the past, present and the future (Ripia, 2013). Whānau is often described as family, however, from a Māori perspective, whānau encompasses extended family, non-biological family (whāngai), and kaupapa whānau (e.g., gangs, sports teams, kura). Taha whānau recognises the link between family and identity which involves the capacity to belong, care, and share, and the idea that individuals are part of a wider social system.

There are two main considerations within this domain: firstly, the family is the prime support system, physically, emotionally, and culturally; secondly, the whānau connections that span across generations. Building on the knowledge of tūpuna links the individual to future connections to create strong family ties.

Because of the varied notions of whānau, taha whānau requires consideration of the role of social connections and their influence on wellbeing. In other words, taha whānau is a multi-layered connection between the individual, the family, and personal history. Understanding the importance of whānau and how whānau can contribute to illness and assist in curing illness is fundamental to understanding Māori health issues (Ministry of Health, 2010).

Mental distress can often result in damaged whānau relationships, however, due to the illness-related actions of the person in distress, or through whānau not understanding the distress, those with lived experience of mental distress may feel “that they don't belong anywhere” (Russell, 2018, p. 22). Also, whānau have identified experiencing marginalisation and frustration trying to access support for their loved one in the past and being excluded from decision making (New Zealand Government, 2018). It is therefore important that: whānau receive well-integrated, timely and appropriate services; whānau are included within assessment and treatment where possible; and there is a balanced approach to privacy to assist this to happen (New Zealand Government, 2018).

Recovery for Māori needs to be seen within the context of the strength of a person's identity within their whānau and hapū. It also recognises the importance of reconnection with the natural world and a person's origins or whakapapa. Recovery recognises a person nested within the generations, responsible for those younger ones and being mentored and guided by elders. This also means that respect for the place a person holds in their whānau is important. Recovery also recognises that healing is supported by the love of children, siblings and the presence of elders. Recovery therefore recognises a web of relationships and support that derive from a person's whānau, hapū, and iwi. When these important relationships are missing then this will have a significant impact on recovery (O'Hagan, Reynolds, & Smith, 2012).

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APPENDICES

Appendix 1: Tangata Whaiora Questionnaire

Appendix 2: Tangata Whaiora Hua Oranga outcome measure and reflection-planning tool

Appendix 3: Whānau Questionnaire

Appendix 4: Practitioner Questionnaire

Appendix 1: Tangata Whaiora Questionnaire

HUA ORANGA – Whaiora Schedule

Whaiora Name _____ Date _____

These questions are about taha tinana or your physical health	1	2	3	4	5
At this point in time do you feel:	<i>Strongly disagree</i>				<i>Strongly agree</i>
Able to move about without pain or distress	1	2	3	4	5
I have goals to maintain or improve my physical wellbeing	1	2	3	4	5
I believe physical health improves my general wellbeing, including mental wellbeing	1	2	3	4	5
Physically healthy	1	2	3	4	5
These questions are about taha wairua or your spiritual health	1	2	3	4	5
At this point in time do you feel:	<i>Strongly disagree</i>				<i>Strongly agree</i>
My mana is intact and acknowledged/respected	1	2	3	4	5
Strong in my cultural identity	1	2	3	4	5
Content within yourself	1	2	3	4	5
Connected and healthy from a spiritual (Wairua and Mauri) perspective	1	2	3	4	5
These questions are about taha whānau or your family health	1	2	3	4	5
At this point in time do you feel:	<i>Strongly disagree</i>				<i>Strongly agree</i>
Able to talk with my whānau and others	1	2	3	4	5
My relationships with whānau and others are healthy	1	2	3	4	5
Clear about my roles within my whānau/family, and how to fulfil them.	1	2	3	4	5
Able to participate in community, or hapū and iwi activities.	1	2	3	4	5
These questions are about taha hinengaro or your mental health	1	2	3	4	5
At this point in time do you feel:	<i>Strongly disagree</i>				<i>Strongly agree</i>
I want to make changes in my life that contribute to my wellbeing	1	2	3	4	5
Able to think, feel and act in a positive manner	1	2	3	4	5
Able to manage unwelcome thoughts and feelings	1	2	3	4	5
I understand what contributes to my concerns and how to address these.	1	2	3	4	5

Appendix 2: Tangata Whaiora Hua Oranga outcome measure and reflection-planning tool

Hua Oranga (the benefits of wellbeing)

There are four areas outlined below that are important for health, wellbeing and resilience. These are Taha Tinana (Physical wellbeing), Taha Wairua (Spiritual wellbeing), Taha Whanau (Family/Social wellbeing), and Taha hinengaro (mental and emotional wellbeing). They represent the four sides of a whare tupuna. The storehouse of our memories, stories, abilities and aspirations for ourselves and our people. The four taha work well when they are in balance. Sometimes when we are struggling in one area, we can focus and address this; at other times we can strengthen the other areas to share the load.

Take some time to see where you are at. For each question, respond by shading in the box from 1 (strongly disagree SD) to 5 (strongly agree SA), based on how you feel at this point in time (today).

Taha tinana or your physical health	SD				SA	Reflection
Able to move about without pain or distress	1	2	3	4	5	If you could make improvements (a step at a time) in any taha (of the four areas), what would it/they be? Place a tick in the boxes you would like to be shaded in.
I have goals to maintain or improve my physical wellbeing	1	2	3	4	5	
I believe physical health improves my general wellbeing, including mental wellbeing	1	2	3	4	5	
Physically healthy	1	2	3	4	5	
These questions are about taha wairua or your spiritual health						What would be different if you could make these changes to strengthen or balance the taha of your whare? How would life (really) change for you?
My mana is intact and acknowledged/respected	1	2	3	4	5	
Strong in my cultural identity	1	2	3	4	5	
Content within myself	1	2	3	4	5	
Connected and healthy from a spiritual (Wairua and Mauri) perspective	1	2	3	4	5	What first step (change) could you attempt to move in this direction? What would it take for you to live this way for two weeks?
These questions are about taha whānau or your family health						
Able to talk with my whānau and others	1	2	3	4	5	
My relationships with whānau and others are healthy	1	2	3	4	5	
Clear about my roles within my whānau/family, and how to fulfil them.	1	2	3	4	5	Are there other areas of life important for you at this time? Such as work, recreation/hobbies, education. Write other areas that you would like to focus on:
Able to participate in community, or hapū and iwi activities.	1	2	3	4	5	
These questions are about taha hinengaro or your mental health						
I want to make changes in my life that contribute to my wellbeing	1	2	3	4	5	
Able to think, feel and act in a positive manner	1	2	3	4	5	
Able to manage unwelcome thoughts and feelings	1	2	3	4	5	
I understand what contributes to my concerns and how to address these.	1	2	3	4	5	

Appendix 3: Whānau Questionnaire

HUA ORANGA – Whānau Questionnaire

Tangata Whaiora Name _____ Date _____

Whānau Name _____ Role _____

These questions are about taha tinana or your physical health	1	2	3	4	5
In your opinion and at this point in time, does the tangata whaiora feel:	Strongly disagree				Strongly agree
Able to move about without pain or distress	1	2	3	4	5
Have goals to maintain or improve their physical wellbeing	1	2	3	4	5
Believe physical health improves their general wellbeing, including mental wellbeing	1	2	3	4	5
Physically healthy	1	2	3	4	5
These questions are about taha wairua or your spiritual health	1	2	3	4	5
In your opinion and at this point in time, does the tangata whaiora feel:	Strongly disagree				Strongly agree
Their mana is intact and acknowledged/respected	1	2	3	4	5
Strong in their cultural identity	1	2	3	4	5
Content within themselves	1	2	3	4	5
Connected and healthy from a spiritual (Wairua and Mauri) perspective	1	2	3	4	5
These questions are about taha whānau or your family health	1	2	3	4	5
In your opinion and at this point in time, does the tangata whaiora feel:	Strongly disagree				Strongly agree
Able to talk with their whānau and others	1	2	3	4	5
Their relationships with whānau and others are healthy	1	2	3	4	5
Clear about their roles within their whānau/family, and how to fulfil them.	1	2	3	4	5
Able to participate in community, or hapū and iwi activities.	1	2	3	4	5
These questions are about taha hinengaro or your mental health	1	2	3	4	5
In your opinion and at this point in time, does the tangata whaiora feel:	Strongly disagree				Strongly agree
They want to make changes in their life that contribute to their wellbeing	1	2	3	4	5
Able to think, feel and act in a positive manner	1	2	3	4	5
Able to manage unwelcome thoughts and feelings	1	2	3	4	5
Understand what contributes to their concerns and how to address these.	1	2	3	4	5

Appendix 4: Practitioner Questionnaire

HUA ORANGA – Practitioner Questionnaire

Tangata Whaiora Name _____ Date _____

Practitioner Name _____ Role _____

These questions are about taha tinana or your physical health	1	2	3	4	5
In your opinion and at this point in time, does the tangata whaiora feel:	Strongly disagree				Strongly agree
Able to move about without pain or distress	1	2	3	4	5
Have goals to maintain or improve their physical wellbeing	1	2	3	4	5
Believe physical health improves their general wellbeing, including mental wellbeing	1	2	3	4	5
Physically healthy	1	2	3	4	5
These questions are about taha wairua or your spiritual health	1	2	3	4	5
In your opinion and at this point in time, does the tangata whaiora feel:	Strongly disagree				Strongly agree
Their mana is intact and acknowledged/respected	1	2	3	4	5
Strong in their cultural identity	1	2	3	4	5
Content within themselves	1	2	3	4	5
Connected and healthy from a spiritual (Wairua and Mauri) perspective	1	2	3	4	5
These questions are about taha whānau or your family health	1	2	3	4	5
In your opinion and at this point in time, does the tangata whaiora feel:	Strongly disagree				Strongly agree
Able to talk with their whānau and others	1	2	3	4	5
Their relationships with whānau and others are healthy	1	2	3	4	5
Clear about their roles within their whānau/family, and how to fulfil them.	1	2	3	4	5
Able to participate in community, or hapū and iwi activities.	1	2	3	4	5
These questions are about taha hinengaro or your mental health	1	2	3	4	5
In your opinion and at this point in time, does the tangata whaiora feel:	Strongly disagree				Strongly agree
They want to make changes in their life that contribute to their wellbeing	1	2	3	4	5
Able to think, feel and act in a positive manner	1	2	3	4	5
Able to manage unwelcome thoughts and feelings	1	2	3	4	5
Understand what contributes to their concerns and how to address these.	1	2	3	4	5

Appendix 5: Hua Oranga Case Studies

The following case studies show the use of the Hua Oranga in a range of settings, within a range of different professions and addressing different issues. The cases also demonstrate the tool in collaboration with a range of different screening tools and outcome measures and used in different ways (exploring challenges, goal setting and outcome measurement)

Case one: Jessie, female aged 25. HIP practitioner, two sessions and online feedback.

Referral Information	Demographics
	Jessie, 25 year old, NZ European female.
	Psychosocial (work, home, whānau)
	<p>Jessie works part time and studies business management part time. She flats with two other women who also study.</p> <p>Jessie has until recently, been walking 3 to 4 evenings a week with friends around the lake. She gave up a five-year smoking habit 2 years ago. Jessie has strong beliefs around helping others.</p> <p>She volunteers at a second hand store at the local church on weekends. Jessies parents live in the same area. Her mother is supportive and visits regularly</p>
Initial meeting & intervention 1	Presenting concerns
	<p>The referral form from the GP indicated that lately Jessie has been feeling overwhelmed, with frequent periods of worrying. She finds it difficult to stop worrying. She reported feeling stressed which has led to a regular upset stomach. She has started missing work and missing classes due to her worry and her fear of making mistakes and letting people down.</p>
	Presentation, self-report, and goals
	<p>Jessie's mother, Jane attended her first appointment with the Health Improvement Practitioner (HIP). Jessie was somewhat shy and reserved yet spoke clearly and articulated her concerns well when she did speak.</p> <p>She identified wanting to be consistent in her studies and work and to not worry so much. During the session, we:</p> <ul style="list-style-type: none"> • discussed and viewed 'Just a thought' online anxiety course. • set goals to re-establish routine (with a goal of increasing confidence), whilst understanding and being gentle with concerns. • goals were put into a 2-weekly calendar. • Jessie identified that getting back into walking would also strengthen her relationships (taha whānau). <p>Follow-up: The HIP practitioner agreed to text Jessie between sessions (next week) to see how she was going with her scheduled activities.</p>

Scales results and discussion

Hua Oranga

	Taha Tinana	Taha Wairua	Taha Whānau	Taha Hinengaro	Total Score
Whaiora	13	10	11	10	44
Whānau	15	16	15	10	56
Practitioner	15	16	16	12	59

Duke

Physical Health	Mental Health	Social Health	General Health Measure
60	40	70	56.6

GAD-7

Total Score	Severity
5	Low

In reviewing the Hua Oranga, the HIP practitioner reflected items Jessie had marked on the Hua Oranga between 1 and 2 (lowest scores). These were related to: 'strong in your identity' and 'content within yourself' (Taha Wairua); 'able to think, feel and act in a positive manner' and 'able to manage unwelcome thoughts and feelings' (taha hinengaro)

The HIP practitioner noted that taha tinana was a particular strength for Jessie, as identified in the physical health component of the Duke and also the Hua Oranga.

They discussed these results in relation to her low mental health score compared to other areas of her life and also her GAD-7 score which reflected a moderate level of anxiety. Jessie related these symptoms to her ongoing worry and self-doubt.

When reflecting on the whānau and HIP practitioner scores, Jane reported she scored Jessie higher on taha tinana, taha wairua and taha whānau as she has a long history of being physically fit and is still more active than many of her peers. She also said she still stays in touch with whānau and has good relationships. She also is well thought of and respected in her community.

The HIP practitioner acknowledged Jessie as the person that knows her situation the best, and noted that while whānau see things differently, it was important to hear how Jessie felt so that she felt heard.

The HIP practitioner also identified further strengths within taha whānau due to her strong friendships and family support, which was also reflected in her social health rating on the Duke; and also on the taha hinengaro, due to Jessie seeking help, knowing what she wanted and that she had a history of giving up cigarette smoking which showed real strength and commitment. The HIP practitioner acknowledged that it was understandable that she could not see this at this time.

Intervention 2

Met and reviewed goals. Jessie reported having a good two-week period with her routine. She identified learning more about the nature of anxiety of her online anxiety course.

In reviewing her goals, she said she would like to focus on her Taha Wairua. She decided to write a personal reflection in her journal each day about the positive things she noted around her, and one positive about herself. Her goal was to integrate her respect for others towards herself.

Final Session**Scales results and discussion**

Hua Oranga

	Taha Tinana	Taha Wairua	Taha Whānau	Taha Hinengaro	Total Score
Whaiora	16	16	16	14	62
Whānau	16	16	16	14	62
Practitioner	16	16	16	14	62
Total combined score (62+62+62 = 186 /3) =					62

Duke

Physical Health	Mental Health	Social Health	General Health Measure
80	70	80	76.6

GAD-7

Total Score	Severity
5	Low

Intervention – Transition Plan

Jessie was unable to make the final session, she reported that she was quite busy with study and work. The screening and outcome measures were emailed to Jessie and Jane by the practitioner as word documents so they could be filled in online.

The HIP practitioner emailed a summary of the outcomes and recommendations for further consideration. These are summarised below:

In her email, Jessie identified increased confidence in identifying and responding to unhelpful thoughts. She reported this has led to more consistency in attendance at course and work; and she has also been enjoying her time with her friends.

Jane in her email acknowledged these improvements. Both the HIP and Jane's scores were similar. The HIP practitioner emailed feedback about the positive improvements across all Hua Oranga scales, which were also reported by a decrease in anxiety as noted by the GAD 7 score and improvements across all three sales of the Duke.

The HIP practitioner reported that if she felt she needed to extend what she had learnt in the future, that she could access a PHO psychologist through a package of care with her G.P.

Case two: Maia, aged 18. Whānau Ora Practitioner, four sessions.

Referral Information	Demographics					
	Maia, 18-year-old, female Māori.					
	Psychosocial (work, home, whānau)					
	Maia is living at home with parents and 3 younger siblings (12, 13 and 16). Her referral noted a strained relationship with parents. She finished secondary school at age 16 years. She reported being active in kapa haka at secondary school, competing at national levels. She also played touch rugby at school and for the first year she left school. Parents both currently work, and Maia is active in helping out at home.					
	Her file history showed sexual assault at age 16 years. There was no evidence of an ACC sensitive claim, or therapy for the assault.					
	Presenting concerns					
	Maia presents with a low mood and lack of energy. She is concerned about recent weight gain (10kg) and feeling that she cannot trust new people. She reported that she struggles to feel positive about the future.					
Initial meeting & intervention 1	Presentation, self-report, and goals					
	Maia was accompanied by her best friend Aria for the first appointment with the Whānau Ora practitioner. Maia was somewhat shy and reserved, and her friend Aria often responded to questions. Aria said that Maia finds it difficult to trust new people.					
	Maia identified her goal of starting a course or finding work. She is unsure how to do either without upsetting her parents. She also doubts that she will be successful as she has been out of school for so long. While she wants to study, she worries that this might affect her ability to be at home to help her siblings and her parents.					
	Scales results and discussion					
	Hua Oranga					
		Taha Tinana	Taha Wairua	Taha Whānau	Taha Hinengaro	Total Score
	Whaiora	13	10	11	11	45
	Whānau	14	14	14	12	55
	Practitioner	15	16	16	12	59
	Total combined score (45+55+59 = 186 /3) =					53
	Duke					
	Physical Health	Mental Health		Social Health		General Health Measure
	70	70		40		60
	GAD-7					
Total Score		Severity				
17		Moderate				

	<p>In reviewing the Hua Oranga, the Whānau Ora practitioner reflected items Maia had scored on the Hua Oranga between 1 and 2 (lowest scores). These were related to: 'Physically healthy' (taha tinana), 'strong in your identity' and 'content within yourself' (taha wairua), 'able to communicate positively with your whānau/family' (taha whānau), and 'able to set goals for yourself', 'able to think, feel and act in a positive manner' and 'able to manage unwelcome thoughts and feelings' (taha hinengaro)</p> <p>Maia reported that weight gain had made her feel physically unhealthy. She felt disconnected from her taha Māori as she hadn't been participating in Kapa haka and really missed all the wānanga and noho that took place around this activity. She acknowledged her main challenge was related to her memories, thoughts and general distrust of other people which was also holding her back from starting new courses or applying for jobs where she didn't know people. She said she felt unsafe.</p> <p>When reflecting on the Whānau and practitioner scores, Aria reported higher scores particularly around Taha Whānau and Taha Wairua, as she considered Maia was well thought of for her roles as a tuakana and respected and valued for her roles and her knowledge of mātauranga Māori compared to her peers. The practitioner agreed and supported Aria's summation.</p> <p>The Whānau Ora worker reflected the score on the SPRINT. She described to Maia that the three items she scored most highly on were: How much have you been bothered by poor sleep, poor concentration, jumpiness, irritability, or feeling watchful around you?; 'How much have you been bothered by unwanted memories, nightmares, or reminders of the event?'; and 'How much have the above symptoms interfered with your relationships with family or friends?'</p> <p>The Whānau Ora practitioner discussed with Maia that these memories and feelings could be contributing to her low mood, distress, and her scoring on the last item noted this was part of what was impacting her ability to trust other people.</p> <p>The practitioner reflected that her results on the Duke showed strengths in areas of mental health and physical health, however her social health appeared to be affected.</p>
Intervention 2	<p>The Whānau Ora practitioner provided an opportunity for Maia to talk about her views on seeing a practitioner about her past abuse which continued to impact her today. Maia reported that she didn't want to think about let alone talk about her abuse. She said it makes her feel pōuri. The practitioner said that they have a psychologist who is also a kapa haka performer, and who has experience working with rangatahi wahine.</p> <p>The practitioner said that therapy can help to focus on understanding how being pōuri can affect her ability to choose whether to study, or work; and address the symptoms of trauma, including difficulty trusting new people.</p> <p>Also, the Whānau Ora practitioner described how Maia will learn how to notice what is happening for her and how to manage when she feels low, or worried about not being able to help her family. Maia agreed to meet with their psychologist. Maia asked if Aria was allowed to attend also and was told yes.</p> <p>The practitioner reflected other areas of the Hua Oranga, including whānau roles and her concerns, her weight gain, and her feeling of disconnection. They agreed that they would focus on building her strengths, sense of stability and connection in their mahi.</p>

	<p>Maia and Aria set a goal to walk at least 3 times a week between now and next session, and that they would do a meal plan together to see what their kai choices were. Aria also identified that she wanted to be healthier.</p> <p>The practitioner offered Maia access to talk to a Whaea within the organisation that could assist her in talking with her whānau about what was happening at home, her fear of upsetting her parents and her need for support. Maia agreed to text the Whaea and make a time to meet.</p>
Intervention 3	<p>Maia attended the appointment alone. She reported that she felt safe with her therapist and was just starting slowly. She reported that she and Aria were really excited about their new eating and walking plan.</p> <p>She had met with Whaea, and they had also had a whānau hui which went well. She said she didn't even need to bring up the issues, as her parents were both really worried about her and said that her siblings were old enough to do many of the things she does for them. The whānau acknowledged the benefit of having a Whaea that could see them after work hours.</p> <p>The practitioner and Maia spoke about Taha Wairua as a goal for the next week. The practitioner identified two options for tikanga courses at Te Wānanga o Aotearoa and also an adult kapa haka group, where Maia knew people (such as her previous Kaiako). Maia was given the Te Wānanga o Aotearoa prospectus and agreed to visit the adult kapa haka group with Aria and the practitioner.</p> <p>They set a time to meet in a fortnight. The practitioner asked if Aria could attend so they could review how things were going</p>
Intervention 4	<p>Intervention – Transition Plan</p> <p>Maia was accompanied by Aria. They completed the outcome measures. These are reported in the next section.</p> <p>Maia enjoyed catching up with her old kapa haka Kaiako. She has been invited to participate when she wants. She reported she is not ready to join but intends to in the future. She has decided to start with a part time Te Reo me ōna Tikanga course at Te Wānanga o Aotearoa and has enrolled.</p> <p>Maia reported that she understands her thoughts and feelings in relation to other people, and how to manage them when they occur. She has decided to continue with therapy and will ask for a referral to an ACC therapist for longer term work when her current sessions cease. She is still unsure if she wants to talk about her trauma and will base this on trust and her relationship with her next therapist.</p> <p>In discussing the results of the outcome measures, the practitioner highlighted improvements in mental health across the Duke, SPRINT and also taha hinengaro of the Hua Oranga. They also discussed how these improvements had been reflected in her physical health (from walking and eating well) on the physical health scale on the Duke and taha tinana on the Hua Oranga.</p> <p>Finally, they discussed how improvements with whānau, and her confidence and desire to attend Te Wānanga o Aotearoa was evident in her scores on the social health scale of the Duke and the taha whānau and taha wairua scale of the Hua Oranga.</p>

Maia reported being confident with the supports she has in place. She said that her parents also were happy to be able to contact Whaea when needed. Maia identified her plan as studying, continuing with therapy, and getting physically healthy with Aria. She may join a gym in the future and will look for part time work once she is settled and on top of her studies.

Scales results and discussion

Hua Oranga

	Taha Tinana	Taha Wairua	Taha Whānau	Taha Hinengaro	Total Score
Whaiora	16	16	16	14	62
Whānau	16	16	16	14	62
Practitioner	16	16	16	14	62
Total combined score (62+62+62 = 159 /3) =					62

Duke

Physical Health	Mental Health	Social Health	General Health Measure
80	80	60	73.3

GAD-7

Total Score	Severity
10	Mild

Case three: Mike, 42-year-old Male Māori. FACT Therapist at Kaupapa Māori Primary Care Organisation

Referral Information	Demographics
	Mike, 42-year-old Male Māori
	Psychosocial (work, home, whānau)
	<p>Mike is married to Paea. They have two children, Rahera (12) and Moana (14). Mike is currently on a sickness benefit. He was employed full time as a scaffolder, until he developed a chronic shoulder problem. He resigned and has been out of work for the past year.</p> <p>Mike used to play representative rugby for Waikato to a level where he was considered for All Black selection, however, his shoulder injury impacted this pathway.</p> <p>Mike lives in Waikato, and has up until lately, been actively involved in his marae. He completed a te reo Māori course two years ago and feels comfortable speaking conversational te reo.</p>
Initial meeting & intervention 1	Presenting concerns
	<p>The GP referral indicated that Mike had been experiencing significant daily agitation, loss of interest in his children and his other usual interests. The GP noted that Mike described themes of personal failure and letting people down, which he feels more intensely when he talks about his whānau.</p> <p>Mike's score on the GP administered PHQ-9 depression screen indicated moderate severity of mood symptoms (15). The GP said that Mike was offered but declined a script for antidepressants.</p> <p>Mike agreed to see a FACT therapist to explore his mood and goals.</p>
	Presentation, self-report, and goals
	<p>Mike and the FACT practitioner engaged in whanaungatanga, focusing on whānau and where Mike and the practitioner were from. The practitioner noted that his focus was to support Mike to live a life guided by what was important to him. He introduced the Hua Oranga – wellbeing worksheet and they had a brief discussion about Te Whare Tapa Whā.</p> <p>Mike identified where he considered he was across the 16 items of the four taha of the Hua Oranga and where he would like to be.</p> <p>the FACT practitioner reflected items scored lower (1-2). These were related to: being 'able to move around without pain or distress' and 'physically healthy' (taha tinana); to be, 'valued as a person' and 'content within yourself' (taha wairua); to be 'confident in relationships with other people' and 'able to participate in the community' (taha whānau); to be 'able to think, feel and act in a positive manner', and to 'able to manage unwelcome thoughts and feelings' (taha hinengaro).</p> <p>Mike had noted he wanted to make improvements in several areas, including: to be, 'valued as a person' and 'content within yourself' (taha wairua); to be 'able to think, feel and act in a positive manner', and to 'able to manage unwelcome thoughts and feelings' (taha hinengaro).</p> <p>He then completed the Duke Health scale.</p>

Mike's results on the taha hinengaro scale of the Hua Oranga and the Mental Health score on the Duke prompted a discussion about how he views himself and his future. Mike was able to identify that his negative thoughts about himself were occupying his mind to the extent that they felt like an anchor. He reported being occupied with fear of failure, that he was drinking, becoming angry, and disengaging from his whānau. His Duke score noted he had some strengths in managing thoughts and emotions; however, his earlier PHQ-9 results on his referral showed he was experiencing a moderate level of low mood, that was impacting his life.

His Duke and Hua Oranga scores were consistent across taha tinana and physical health, reflecting concerns related to his injury and the impact his coping and avoidance was having on his whānau role and social activities.

When reflecting on the FACT practitioner scores, the practitioner said he had noted slightly higher scores on tinana, wairua and whānau. Mike was committed to his goals, as evidenced in his attendance, and his insight into his sense of identity, and cultural connections to his marae. The practitioner noted that he scored him slightly lower on taha tinana, as his focus on avoiding pain had led him to disengage in most activities.

The practitioner drew up the Matrix model as a way to bring together concerns raised in the Duke and Hua Oranga, and to see how these impacted upon making the improvements in the areas he felt were important on the Hua Oranga exploring wellbeing worksheet. The practitioner then introduced the continuum between inner world and outer world. He asked Mike, what are the things that occur in your inner world that others may not notice? The things that take you away from what was important to him. These may be thoughts, doubts, or beliefs about what should and shouldn't happen. They reflected on the different self-judgments and high expectations, and avoidance of discomfort identified in the Duke and Hua Oranga measures. These were put into the Matrix.

They spent time understanding his relationship with discomfort (inner world) and how he responded, and explored what he had tried, what worked and what did not work. The practitioner introduced the DOTS acronym (Distraction, opting out, Time travel/thinking strategies, and Self-harm and substances). Mike agreed that he opted out of whānau activities and going to the marae to help out; that he time travelled by ruminating on what he used to be able to do; and that he engaged in self-harm and substances through drinking.

The practitioner discussed the role of alcohol and with Mike's permission, he administered the HPA Drink check (including the AUDIT screen). They discussed the HPA drinking guidelines, and the Practitioner provided Mike the HPA Cutting Down self-help workbook. Mike agreed that he was able to see from the Matrix activity that his alcohol was moving away from his values. He set a goal to work through the workbook provided (HPA Cutting Down self-help workbook). They agreed that at next session, they would take a closer look at what was important to Mike.

Scales results and discussion					
Hua Oranga					
	Taha Tinana	Taha Wairua	Taha Whānau	Taha Hinengaro	Total Score
Whaiora	11	10	10	10	41
Practitioner	12	12	10	13	47
Total combined score (41+47 = 88 /2) =					44
Duke					
Physical Health		Mental Health		Social Health	
50		70		50	
				General Health Measure	
				56.6	
GAD-7					
Total Score		Severity			
17		Moderate			
Intervention 2					
<p>Mike reported that following the previous session, he felt somewhat hopeless that he was expending so much time doing things that made his mood and life worse. He was having regular thoughts to drink when he noticed his pain increase.</p> <p>In session they did a brief Mindfulness breath exercise and talked about a strategy of taking a beginner’s mind to his experience, letting go of judgements, or concerns about discomfort, and worry or distraction as they occurred. They discussed practicing this each day, and utilising it to notice urges to drink, and to not “get hooked” or move away from what was important to him.</p> <p>The practitioner introduced the He Puna Whakaata Whai Tikanga Values Card Sort as a means to get to know Mike better, and for Mike to better understand what was important to him, in relation to the person that Mike was striving to be beyond his pain and discomfort.</p> <p>They identified the top 20 values, and Mike was shown the symbols on each card that reflected Te Whare Tapa Whā. He formed his 20 values cards into the four taha of Te Whare Tapa Whā. He identified how his values aligned with the areas of the Hua Oranga that he wanted to work on. He was provided with a photo of his top 20 cards at the end of the session.</p> <p>He identified wanting to strengthen his taha wairua and taha whānau. He was introduced to the Whai Tikanga Pleasant events schedule. He completed the pages for the taha whānau and taha wairua on the pleasant events schedule.</p> <p>From this he identified that he wanted to enrol in a te reo Māori night class once a week, as this would get him out and engaging with others and would stimulate his mind and mauri. He identified that this aligned with one of his top 20 cards ‘Ako’ (to learn and share). He also wanted to attend a parent teacher meeting that week. He said he usually avoids these, but he wants to be dependable and more involved with his children’s learning and needs (Pou Whirinaki, to be reliable and trustworthy). The practitioner encouraged Mike to think of other ways he can actively engage with his children this week, considering activities that would align with several of his values,</p>					

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Intervention 3	<p>Mike reported that he had noticed that he was often mindless during the day, distracted by worries or future concerns. However, he said he felt he had engaged more frequently with his children this week and was also more attentive towards his wife. He said he felt as though some of his struggles were not as intense as they had previously been.</p> <p>Mike identified that he enjoyed the focus on values and this had him thinking much more about mātauranga Māori. They discussed Mike's top 20 values, and from this he was challenged to identify his top five that he would focus on over the next four weeks. He then selected his top 5 values that he wanted to focus on over the next 6 weeks.</p> <p>These were:</p> <ul style="list-style-type: none"> • Whakaoho Mauri (To awaken your vibrant life force/energy). • Rongo (Listening to our senses) • Pou Whirinaki (to be reliable and trustworthy) • Tūmanako (Being optimistic) and • Ako (learning and sharing) <p>Mike shared his first recollections of seeing these values demonstrated by his whānau or in the community. He then spoke how he saw himself living by these and how he could further extend upon this.</p> <p>In turning over the Tūmanako (Being optimistic) card, Mike noted the whakataukī reinforced that at times we get drawn away from our values. The whakataukī was: He iti te hau marangai, E tū te Pāhokahoka "A little storm, but then a rainbow appears". He noted that at times his mood or mistakes are like clouds, and he couldn't see his values. But he knows they are there, and he seeks them out. He said his clouds are like hooks that stop him from seeing his values. During these times he said he use to drink or spend long periods of time isolating and ruminating.</p> <p>The practitioner reflected on Mike's selection of Rongo (Listening to our senses). They discussed his noticing during the week and his mindfulness practice in the mornings. In session they completed the leaves on a stream mindfulness exercise. Mike reflected that this stretched his attention, but he liked how he could see himself as an observer and allow his thoughts to drift away without analysis or conflict.</p> <p>Mike identified that he wanted to practice both the mindful breath and leaves on a stream mindfulness activity this week and maintain his focus on his whānau and new course (Te Reo Māori).</p>

Intervention 4	Intervention – Transition Plan
	<p>Mike's wife Maia attended this session. The Practitioner engaged in whanaungatanga. Mike said he would like Maia to attend to see what he had been learning.</p> <p>The practitioner encouraged Mike to draw up and explain ACT through the matrix they had been using. Mike did an excellent job of personalising the matrix to his situation. Maia agreed with the focus of the work he had been doing in therapy.</p> <p>Maia, the practitioner, and Mike completed the Hua Oranga. Mike also completed the PHQ9, AUDIT and Duke. When completed, they discussed their ratings and identified further areas of focus.</p> <p>Mike noted he felt he was more realistic in his appraisal and still felt more confident in his relationship with his thoughts, beliefs, and responses to discomfort. This was evident in improvements on the PHQ 9, Hua Oranga Taha Hinengaro subscale and Duke Mental Health subscale.</p> <p>Maria noted she had seen improvements in his mood and a reduction in his drinking. The practitioner also noted the changes in Mikes insight and awareness. All three noted that the biggest changes were related to his taha whānau scale on the Hua Oranga and social health scale on the Duke. Maia and Mike noted that he was much more active at home and in the community.</p> <p>Mike identified his next area of improvement on the Hua Oranga were within taha wairua. He identified that he would like to attend more functions at the Marae and learn about the tikanga in the pōwhiri and within Hui. He noted this was an important part of being spiritually healthy and also his identity. He said he may not be able to help in the kitchen as much anymore, but he can learn and possibly take his place on the pae in the years ahead.</p> <p>Mike identified he would like to come back to see the practitioner for 'booster sessions', possibly in a months' time to discuss progress. Mike noted that he wanted to build upon his progress, with starting to engage in walking. He said he is setting small goals; however, he is now more aware that he can make progress in his taha tinana despite his shoulder discomfort, and that this will also positively impact how he feels about himself and the future</p>

Scales results and discussion

Hua Oranga

	Taha Tinana	Taha Wairua	Taha Whānau	Taha Hinengaro	Total Score
Whaiora	16	18	18	18	70
Whānau	16	18	18	18	70
Practitioner	16	18	18	18	70
Total combined score (70+70 +72 = 212 /3) =					70

Duke

Physical Health	Mental Health	Social Health	General Health Measure
80	80	80	80

AUDIT

Total Score	Severity
7	Mild

PHQ-9

Total Score	Severity
10	Mild



TE RAU ORA

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