Te Mahi a Atua

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Imagine the distress felt by a defiant and hyperactive 8-year-old boy who was falling out with his parents, failing at school, forbidden from the skating rink and the Time Out studio for troublesome behaviour, and then diagnosed with attention deficit hyperactivity disorder (ADHD) and told by the paediatrician that 'we are giving you medicine to control your unacceptable behaviour'. In contrast, what if he had been compared, during a multidisciplinary team consult, to a curious and impish Māori *Atua* (deity) called Uepoto, who had himself veered out of control but had found his pathway forward with solid support from his own family of gods? This somewhat less distressed boy is then told by the therapeutic team working with him and his *whānau* (family group) that 'we will all band together to help you make it on this journey'.

Mahi a Atua (tracing ancestral footsteps) is a *kaupapa Māori* (Māori methodology) way of engaging with, assessing and treating *whaiora* (distressed people) who present with mental health problems. It is based on *pūrākau,* the age-old Māori creation narratives which, for centuries, have provided a way for Māori to contextualise and find meaning in the events of everyday life and then identify culturally and spiritually acceptable pathways for their resolution. Effective therapeutic engagement with the whaiora is fostered by the *Mataora* (the therapist or change agent) beginning the recitation of the pūrākau with the whaiora and their whānau contributing bits of the pūrākau that they know of. The power of pūrākau is to privilege the Māori voice, offering an alternative way to frame withdrawal, outrageous behaviour, bullying, curiosity, cold heartedness, forgiveness, loneliness, family chaos, disruption and separation, devotion and remorse. Developed by the first two authors, Te Mahi a Atua externalises the problem for the whaiora and their whānau and allows them to reflect upon their own situation, and then develop a pathway on which the therapeutic journey might proceed.

In the Tairāwhiti on the East Coast, Mahi a Atua is now part of a 12-week-old 'single point of entry' to psychiatric services. The service is called *Te Kūwatawata*, after the Atua who provided guidance to those seeking entrance into the Māori spirit world, granting or refusing that entrance based on his assessment of the presenting situation. Mataora, including psychiatrists, psychiatric nurses, social workers, general practitioners, artists, teachers, service managers and researchers, meet weekly to learn how to use the approach in a *wānanga* (a seeking of knowledge) called *Te Kurahuna* (a search for the 'gems' within). Mahi a Atua is more than an intervention strategy. It is a way of being, and as the benefits become more evident, more people and different services in the *Tairāwhiti* (East Coast) are becoming involved. It has evolved into a community-driven and district-wide initiative, which has far reaching implications for the future delivery of health services.

Over this short period of time, Mataora practitioners have anecdotally pointed to the rapid development of therapeutic relationships, the identification of the 'problem' with a Māori lens, the injection of meaning into the pathway ahead, and the sharing of a common set of understood

values, beliefs and practices. The process appears to facilitate whaiora to be 'on board' rather than in opposition, therapies that are agreed on rather than enforced, a likely increase in 'talk therapy' and decrease in medication, involvement of whānau members, and an appreciation of the complexity of relationships that make up real life for the whaiora. It frameworks the therapeutic journey as a 'road to independence from a difficult place' rather than a 'road to recovery from an illness'.

The Mahi a Atua approach of the Te Kūwatawata service is not restricted to whaiora Māori and it appears that non-Māori clients are very open to this de-medicalised approach. Neither is Mahi a Atua imposed upon whaiora Māori or non-Māori because a 'service-as-usual' pathway is also available. Likewise, Mahi a Atua practice and training in the Te Kurahuna are not restricted to only Māori practitioners; indeed, this training is available to all in the Te Kūwatawata team and the wider mental health workforce. It is supported across the Hauora Tairāwhiti District Health Board and is being taken up by social, education, psychological and psychiatric services searching for a new way of engaging with the apparently intractable problems that present themselves from within the Māori community. Rigorous evaluation of this kaupapa Māori project will be conducted.

COMPETING INTERESTS
Dr Rangihuna is Head of Psychiatry at Gisborne. Mr Kopua works as a Tohunga on the Te Kūwatawata programme, which uses the Mahi a Atua philosophy and practice. Dr Tipene-Leach and the *Māori and Indigenous Research, EIT* (Eastern Institute of Technology) have applied to evaluate the Te Kūwatawata programme.