Whakamomori: He whakaaro, he kōrero noa

A collection of contemporary views on Māori and suicide

Report 3: Social Explanations for Suicide in New Zealand

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Preface

Social and epidemiological explanations for New Zealand's suicide trends to 1999

This paper is one of a suite of six reports that the Ministry of Health commissioned from the Wellington School of Medicine and Health Services between 2001 and 2004. The suite of reports, explore a range of possible social and epidemiological explanations, analyses and evidence about New Zealand's suicide trends. Due to a three-year time lag in coroner statistics being available, most of the reports address suicide trends up to 1999.

National suicide prevention strategy

The suite of reports aims to inform discussion on the New Zealand's proposed national suicide prevention strategy: *A Life Worth Living: New Zealand Suicide Prevention Strategy*.

Report no.	Topic	Author/s	Title
1	Literature review (2002)	Caroline Maskill Ian Hodges Velma McLellan Dr Sunny Collings	*Explaining Patterns of Suicide: A selective review of studies examining social, economic, cultural and other population-level influences*
2	Review of routine data (2002)	Stuart Ferguson Assc Prof Tony Blakely Bridget Allan Dr Sunny Collings	*Suicide Rates in New Zealand: exploring associations with social and economic factors*
3	Māori (2004)	Dr Paul Hirini Dr Sunny Collings	*Whakamomori: He whakaaro, he korero noa. A collection of contemporary views on Māori and suicide*
4	New Zealand–Finland comparison (2003)	Assc Prof Philippa Howden-Chapman Dr Simon Hales Dr Ralph Chapman Dr Ilmo Keskimaki	*The Impact of Economic Recession on Youth Suicide: a comparison of New Zealand and Finland*
5	Data analysis from the New Zealand Census–Mortality Study (2004)	Dr Sunny Collings Assc Prof Tony Blakely June Atkinson Jackie Fawcett	*Suicide Trends and Social Factors in New Zealand 1981–1999: Analyses from the New Zealand Census-Mortality Study*
6	Summary of reports 1–5 (2004)	Dr Sunny Collings Dr Annette Beautrais	*Suicide Prevention in New Zealand: a contemporary perspective*

He Mihi

Tēnā koe, tēnā koutou, tēnā tātou katoa.

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No reira, e ngā pakenga, e ngā tohunga, ka nui te mihi ki a koutou katoa. Kia ora rā.

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Contents

Executive Summary

In the context of increasing concern about suicide among Māori, and young Māori in particular, this study was commissioned as a component of a larger project examining social factors and suicide in New Zealand. A Māori development approach was integrated with the basic principles of qualitative research on the basis of a social constructivist perspective. The study was designed to describe the key elements of the discourse on suicide among Māori, from the perspective of Māori influential in shaping our understanding of suicide as an issue for Māori. According to the literature, the key variables associated with indigenous and Māori suicide include:

- individual risk factors demonstrated by epidemiological studies
- the influence of historical, political and social processes.

Individual guided interviews were conducted with a selected sample of five expert Māori informants. All informants had a specialist understanding of Māori health and community issues – including suicide – through their roles as scholars, practitioners and cultural advisers in Māori health, mental health and public health.

Explanations for the increase in suicide rates among modern Māori were explored and elaborated, with a focus on social and contextual factors. These included:

- the historical effects of New Zealand social and economic change on the Māori population
- the re-emergence of Māori cultural identity as a prominent part of New Zealand society, and its dynamic nature in a changing world
- rapid social and intra-group change in social values and norms, and in Māori gender and social roles
- the influence of some aspects of modern international youth culture
- the impact of negative social constructions of Māori
- alienation from traditional Māori culture and social institutions, as well as from mainstream society
- poor self-concept among Māori, and Māori youth in particular.

Distinctions between the effects of characteristics of Māori culture, systematic bias against Māori in some domains of society and material deprivation may assist developing thinking about social (in contrast to clinical) suicide prevention interventions for Māori. Mental illness, which is prominent in the Pākehā psychiatric discourse on suicide (ie, published literature), was not a prominent theme. The importance of integrating socio-cultural and mental health models of suicide is argued.

This report is based on an exploratory qualitative study of the views of five selected participants. Other Māori with knowledge or experience of suicide may not share these views.

Introduction

The aim of the study was to explore and report beliefs about the explanations for suicide among Māori, held by a selected group of Māori leaders working in the area of Māori mental health and suicide. The Introduction sets the scene for this study. It begins with a synopsis of the material on indigenous suicide presented in the sociological literature review, followed by a selection of other material on indigenous suicide, including the descriptive epidemiology of suicide among Māori.

The following sections describe the Māori development methodological framework and the methods used, followed by the results and discussion.

Indigenous peoples and suicide: synopsis of sociological literature review

The following is a synopsis of the relevant material from Report 1 in the suite of papers for this project (Maskill et al 2005), combined with other material with a focus on the New Zealand context.

General observations

- Indigenous populations usually have higher suicide rates than non-indigenous populations.
- Male suicide rates exceed those of females, although exceptions have been found in some developing countries.
- A high proportion of suicides among young Māori and Australian aboriginal males occur in prison or while in police custody.
- The under-reporting of indigenous peoples' suicides appears to be a universal problem.

Key observations from empirical studies

Te ao hurihuri: international observations

Age patterns

Age-adjusted rates for most indigenous populations show attempted and completed suicides are largely concentrated in the younger age groups, particularly the 15–24 years age group (Clarke et al 1997; Tatz 1999; New Zealand Health Information Service 2001). In the so-called New World countries, rates of suicide and attempted suicide among young indigenous people in the 15–24 years age group have risen steeply over recent decades. This follows the pattern of the general increase in youth suicide that has occurred in many OECD countries (Tatz 1999; Clarke et al 1997; Skegg et al 1995).

New Zealand observations

Māori suicide

Although there has been an overall reduction in suicide deaths for both Māori and non-Māori, with comparable rates for 1999 of around 12 per 100,000, Māori continue to have higher rates of youth suicide (Ministry of Health 2002).

Sex

A clear sex difference is evident, with Māori male suicide rates being significantly higher than Māori female rates. The New Zealand Health Information Service's provisional data for 2001 shows that Māori male youth suicide rates were higher (at 38.9 per 100,000) than the rates for non-Māori males (29.2 per 100,000). The Māori female youth rate was 17.2 per 100,000 compared with the non-Māori females rate of 6.6 (Ministry of Health, 2004).

A rapid rise in Māori rates

Māori suicide rates increased between 1957 and 1991, with a doubling of the Māori female rate and a trebling of the Māori male rate (Skegg et al 1995; Tatz 1999), notwithstanding the difficulties in comparing rates prior to and after 1995, when the system for classification of ethnicity was changed.

Māori suicide in state custody

Approximately one-quarter of suicides by young Māori males occur in prison or while being held in police custody. This compares to 2.2 percent of non-Māori inmate suicide rates (Skegg et al 1995; Gardiner 1997).

Indigenous suicide: a consequence of what?

A consequence of political, social and cultural change

In New World countries, including New Zealand/Aotearoa, minority indigenous populations often have higher suicide rates than the majority non-indigenous populations. The comparatively high rates have been said to be symptomatic of the cultural alienation and social disintegration consequent upon rapid colonisation (Langford et al 1998; Lawson-Te Aho 1998; Tatz 1999; Clarke et al 1997). This also resulted in a loss of traditional lands, cultural practices and social ties. The effects were later exacerbated by mass rural-to-urban migration and policies of assimilation (Lawson-Te Aho 1998; Tatz 1999), which continued well into the 20th century.

> Many Māori moved away from their tribal lands to cities in response to the employment opportunities that followed the end of the Second World War. Although many Pākehā also migrated to urban areas, this disruption was much greater for than for Pākehā (Belich 2001), and the migration is likely to have been associated with an increase in rates of mental disorder among those migrating (Sachdev 1989). The ethnic mix in urban communities changed over a matter of two decades (King 2003).

It is likely that the economic shocks and associated rapid social change in New Zealand over the last 25 years have put disproportionate pressure on Māori society (Langford et al 1998).

A consequence of political, social and cultural conditions

Indigenous peoples the world over are generally relatively politically disempowered. For Māori, the effect of minority status in the population has been compounded by colonisation, with loss of ownership of and authority over traditional lands, and of the use and recognition of the indigenous language (Langford et al 1998).

Furthermore, as a group, Māori experience relative social disadvantage (poor educational achievement, high unemployment, poverty and poor housing). High suicide rates among many indigenous peoples in New World countries are considered symptomatic of these conditions, which are compounded by cultural alienation (related to loss of land, language and traditional social structures), social devaluation and disintegration and loss of identity.

Social conditions such as systematic processes that work to exclude Māori from equitable participation in society have also been considered important to health outcomes (Jones 2000) (Ajwani et al 2003) including suicide. Such systematic processes include, for example, institutional racism and sexism. Processes such as these lead to inequalities in the distribution of the determinants of health (including mental health), and therefore to inequalities in the distribution of health outcomes (including suicide).

For Māori, colonisation does not only represent past cultural change but is also a cultural condition in the present, and its negative impact has been linked to suicide (Lawson Te Aho 1998). Ethnicity needs to be considered not only as identity but also as defining the way groups are excluded from a society by social structures (Karlsen and Nazroo 2000). The term 'cultural depression', the symptoms of which include anomie, hopelessness, low self-esteem and despair, has been used to describe the at-risk psychological state of an individual embedded in social conditions of disempowerment and exclusion that are distributed in society on the basis of ethnicity (Lawson-Te Aho 1998, 1999). People in this state may be more likely to be part of dysfunctional families characterised by violence and abuse, and to have poor mental and physical health.

Suicide among Māori

Descriptive epidemiology since 1980

Deaths from suicide have been recorded in New Zealand since 1889 and separate recording for Māori began in 1931. The suicide rate among Māori was recorded as being about half that of non-Māori for many decades (Deavoll 1993). Statistics on Māori deaths by suicide prior to 1995 were difficult to interpret (Beautrais 2003) because of differences between how ethnicity was ascertained on death certificates and in the census. There was almost certainly a degree of undercounting. However, suicide rates among young Māori men (aged 15–24) have been of concern over the past decade because they appear to be greater than rates for non-Māori men of the same age (Beautrais 2003; Ministry of Health 2004).

Recently it has become possible to properly compare suicide rates for Māori and non-Māori over the past 20 years (Ajwani et al 2003). This has given certainty to the apparent increase in suicide

rates among Māori men and women during the 1980s and 1990s and to the fact that the increases were most marked for men under the age of 45. Among men aged 25–44, Māori suicide rates only began to exceed non-Māori non-Pacific rates from 1996; rates among 15–24-year-old Māori males have exceeded those for non-Māori non-Pacific males since 1985. However, Māori men over the age of 45 are at reduced risk of suicide compared to non-Māori non-Pacific men in the same age group, and the numbers of suicides among Māori women in this age group are too small to analyse statistically (Ajwani et al 2003).

Contemporary themes

The dominant themes in the contemporary discourse about suicide and Māori cover the interaction between cultural and historical processes, including acculturative stress; structural, institutional and personal racism; and social and material deprivation. These factors and processes have been identified elsewhere as important to the understanding of suicide (Hunter et al 1999; Hawton and van Heeringen 2000).

Similar processes have been described in studies of other groups of people who have become exposed, in different circumstances, to Western culture (Cunningham and Stanley 2003). General health status and suicide rates are of concern among many peoples who have been colonised by others, such as Australian Aboriginal and Torres Strait Islanders; Kanaka Maoli in Hawaii; Tongan, Samoan and other Pacific Island peoples; and American Indian peoples (Wissow et al 2001). Among Pacific Island people at home in their own countries, processes such as urbanisation and Westernisation have been related to increasing rates of mental illness (Allen and Laycock 1997).

For Māori, much of this has been encapsulated in the notion of colonisation. The specific effects of the different aspects of colonisation on Māori have been elaborated elsewhere (Te Puni Kōkiri 1993a; Lawson-Te Aho 1998, 1999).

However, an important question arises, and that is, given the extent of cultural and social change which has gathered pace since the beginning of colonization, why is the rise in suicide rates among Māori, especially young Māori, a relatively recent phenomenon? A number of factors may be relevant to this, including the fact that until the mid-1900s Māori and Pākehā cultures largely existed independently of each other, and each had a high degree of cohesion (King 2003). During the 1950s and 1960s New Zealand society as a whole, from political through to domestic life, underwent considerable rapid change. The substantial changes for Māori, described earlier, occurred within this broader context of social upheaval. It is plausible that the combined effects of earlier and continuing colonization along with the new wave of social change of a different kind, led to social conditions that conferred additional risk to young Māori men who were already vulnerable to suicide. These social conditions may have also led to the more widespread intergenerational transmission of psychological and social factors that are now known to be linked to risk of suicide especially among young people of both sexes.

The role of mental illness

The dominant theme in the literature on suicide internationally in the past two decades has been mental illness. This has also been the case in New Zealand, and some of the leading research in the area has been conducted here. Despite this, the issue of mental illness has not been a prominent part of the thinking about suicide among Māori.

The epidemiology of mental disorder among Māori is not well understood, although Māori a have poorer mental health outcomes than non-Māori (Dyall 1997; Durie 1999; Ministry of Health 2003). This understanding will be improved when results from the Mental Health and Wellbeing Survey (funded by the Ministry of Health and Health Research Council) and the MaGPIe study (funded by the Health Research Council) based at the Wellington School of Medicine and Health Sciences become available.

However, we do know that for decades patterns of mental health service use have differed between Māori and non-Māori, with Māori being more likely to be admitted under the Mental Health Act and to access mental health services after contact with the justice system (Te Puni Kōkiri 1993a). Also, as noted, a significant proportion of suicides among young Māori occur in custody (Skegg 1997). It is generally acknowledged that mental illness is a risk factor for suicide among Māori as much as for non-Māori (Skegg 1997), but the pathways to mental illness and via this to suicide may be linked to social and cultural conditions in different ways for Māori and non-Māori (Dyall 1997).

A Māori development framework

What is a Māori development framework?

For the present study a Māori development framework was used . This approach is consistent with contemporary public health practice, where the cultural and social context of individuals is regarded as an important determinant of health-related behaviours and health status. The defining attribute of the approach is that the research is framed and conducted in a way that is congruent with a Māori world view. Choosing to conduct the research project in this way contributes to the general development and strengthening of Māori research kaupapa. By participating in the process of increasing the number of studies done this way, the literature base of Māori research is increased, which in itself is a contribution to the process of Māori development.

The Māori development framework arose out of the Hui Taumata of 1984, which was an influential event in contemporary Māori social history. This first national hui of its type, it was convened at the initiative of the then Māori Affairs Minister Koro Wetere. Although the hui had the primary aim of providing a forum for Māori to consider their own economic development, an important outcome of the Hui Taumata was the Decade of Māori Development, which had a focus of advancing Māori economic, social and cultural development.

The hui concluded that Māori health cannot be viewed in isolation from other social domains (eg, education, employment and income). This conclusion was founded on the argument that a population's standing in any one social domain influences its experience in others. It was agreed at the Hui Taumata that Māori health was inseparable from other political, economic and social affairs, a conclusion also reached by the Royal Commission on Social Policy (1988). In reaching this conclusion the Hui Taumata acknowledged what was to emerge as the Māori preference for an integrated approach to social development, as expressed during the Decade of Māori Development. Subsequently the term 'the Māori development approach' was coined by the Public Health Commission (1994) to refer to the principles embodied in enacting the integrated approach.

A Māori development framework for research

Many of the established basic principles of qualitative enquiry already contain the essence of what we were trying to achieve. However, it was considered that this project should be driven primarily by the Māori development kaupapa, rather than striving to fit it into, or be consistent with, the tradition of qualitative enquiry.

We began by devising some basic principles, to underpin the research, which could be referred to if difficulties or conflicts arose. It was agreed that departures from these reference criteria would need to be justified and not merely accepted by default. Of course, many qualitative enquiries also work from these or similar principles, but because explicit primacy was to be given to a Māori perspective, it was considered important to articulate them afresh in relation to this study.

The principles were as follows.

- The principal investigator (Dr Paul Hirini) and the technical editor and main contractor to the Ministry of Health for the overall project (Dr Sunny Collings) would work in partnership to meet a shared goal of producing the research and its report.
- Where matters of cultural propriety (such as aspects of mātauranga Māori) and research propriety were in tension, cultural responsiveness would have priority except where fundamental ethical principles might be breached.
- The notion of an 'expert' participant was constructed to include the possession of significant status as a leader in the person's field, not only the possession of technical knowledge.
- Participants would be able to check the transcripts of their interviews prior to their being used as data.
- Careful consideration would be given to the final presentation of the study, in order to bridge a possible gap between the requirements for research rigour and the need for a faithful representation of the participants' views.
- The social constructivist perspective, in a general sense, would be used to inform the intellectual process of the enquiry. Such a perspective acknowledges that the values, beliefs and customs that make up social reality are constructed by members of a culture as people interact with one another from generation to generation, and that power relationships and social forces have a role in determining which values gain dominance in a society.

In practice, these principles led to particular decisions about the conduct of the study. The definition of 'expert' meant that people with personal experience of suicide were not a target group for inclusion in the sample. Rather, priority was given to those considered to have responsibility for cultural guardianship of Māori explanations for suicide. The method was perhaps more openly fluid than is generally found in many studies based on the Western research paradigm, even in some qualitative studies. For example, the interview phase was extended over a much longer period than originally intended in order to interview the particular people who had been chosen, rather than introduce substitutes.

The participants knew that because they were among a very small number, there was the potential for them to be linked with verbatim passages included in the final paper, and they also knew who the other participants were going to be. They were all aware of the purpose of the study and that what they said would possibly gain a public profile.

The interview process itself, although it was designed to be guided, was at times more conversational than interview style. For the interviewer, some of the interviews were imbued with a power relation not commonly seen in the research setting: one where the participant, by virtue of his or her social and cultural standing, had mana to which the interviewer would naturally defer. In this regard, some of the interviews were experienced by the interviewer as a kind of individual tuition or guidance.

Finally, the eventual representation of the study in report form was influenced by the kaupapa of the study. The texts have been allowed to speak for themselves and to represent the views of the participants, which has resulted in extensive quotations.

Method

Setting

The study was conducted in New Zealand. Interviews took place in locations most convenient to participants (usually workplaces or homes). One interview was conducted in an airport meeting room.

Sample

In order to obtain information-rich data a purposeful sampling strategy was devised which combined the principles of intensity sampling and maximum variation sampling (Patton 1990). The first priority was to obtain participants who were active at leadership and development level in the sphere of Māori mental health and suicide topics. The second priority was to achieve variation among the participants in terms of the domain of engagement with these topics.

A list of potential participants was generated in consultation with the Māori research groups described above, and the contract advisory group. Potential participants were identified on the basis of their reputations in New Zealand as experts in their respective fields, which were all relevant to the topic of suicide. These fields included medicine, social science, psychiatry, public health and Māori culture. Gender balance and participants' likely availability within the required timeframe was also taken into account.

Of six people identified, five were able to participate comprising two women and three men.

Interviews

A guided interview was developed progressively using feedback from Māori health researchers working at the Te Pūmanawa Hauora Māori health research unit at Massey University in Palmerston North (Turitea Campus), Te Rōpū Rangahau a Eru Pōmare Māori Health Research Unit, Wellington School of Medicine and Health Sciences, and from the advisory group for the project Suicide in New Zealand: An Exploration of Social Explanations.

Identification of key subject areas from the literature informed the interview content (eg, topics such as cultural identity, societal change and the dynamic nature of social institutions such as language and social units/systems). The development of the content of the interviews was thus an iterative process, based on existing knowledge and theory known to the researchers and the advisory group. As interviews proceeded, additional prompts were added in response to material introduced during preceding interviews (eg, personal exposure to abuse or social and cultural isolation as possible contributing factors).

The final version of the interview is attached in the Appendix. This version meets the need to produce an interview format suitable for reproduction in a written report. Typically the interviews progressed from an open question about reasons for the increase in suicide among Māori, to prompts on particular themes such as historical changes in Māori and New Zealand society, changes in gender roles in the context of a dynamic Māori culture, the possible influence of cultural identity, possible protective factors among contemporary Māori, and potential solutions to the problem of increases in suicide among Māori. Prompts were often not necessary, however, as participants brought up many issues spontaneously. The written interview format is therefore a limited representation of the process of the actual individual interviews. Actual interviews followed the form of unstructured interviewing as described by Opie (1999), where the content and process are a product of the interaction between what participants say and the interviewer's responses.

Data collection procedure

Interviews were audio recorded and transcribed with the prior consent of informants. The transcriber was Māori: this had been recommended by some interview advisors because of the possible nature of the content of the interviews and the need to ensure the cultural safety of the participants. It was also insisted upon by the first participant to be interviewed. Each participant received a copy of the transcript of their own interview for verification of content and communication of intended meaning.

Data analysis and representation

Data analysis was conducted by the Māori researcher, Paul Hirini. Consideration was given to what status to vest in the individual accounts, and it was decided to take the accounts at face value: that is, the interview contents were considered as the observable units of data, rather than using a discourse-analytic approach of considering the underlying layers and meanings of texts. We were particularly interested in the ways ideas about social causation of suicide are represented by Māori with authority and influence in both Māori and Pākehā domains. We explored the data, looking for points of coherence or convergence, points of difference between participants' accounts, and concordance with and absence of themes that have been highlighted in the relevant academic literature. Interview contents were grouped into themes, which were ordered hierarchically after identifying the dominant and subsidiary elements.

We had intended to analyse each transcript in the order they were generated by the interviews. However, transcripts were not promptly or consistently available to the author for analysis following the conclusion of each interview. Consequently, data analysis gained momentum once all interview transcripts were available for analysis, in some cases months after the conclusion of interviews. Although the sequence and timing of the collection of raw data was not ideal, all efforts were made to adhere to the principles, techniques and heuristic practices associated with qualitative methods of interview data analysis (eg, see Bickman and Rog 1998; Bryman and Burgess 1999; Denzin and Lincoln 2000; Flick 2002).

An important aspect of the use of the Māori development approach is the way the results are reported. Although material has been subject to thematic analysis in the style of standard qualitative analysis, it was considered important to retain a sense of the kōrero between interviewer and participants. For this reason, some extended quotations are used. Editorial interpolations are in square brackets.

Results

In order to preserve at least some quality of the dialogues that took place, the thematic categories are grouped here under the broad interview topics. Because of this there is inevitably some overlap between responses to different questions.

Reasons for the increasing number of suicides among Māori

'What do you think the reasons may be for the increasing number of suicides seen among Māori?'

Responses included references to the rapid social changes seen in New Zealand/Aotearoa since colonisation, cultural change, social alienation and socio-demographic influences. Although the later questions in the interview explicitly addressed social changes in New Zealand/Aotearoa, and changes in Māori social structures and functioning, gender roles and cultural identity, these were identified by participants as important from the beginning of the interviews.

Historical change within New Zealand/Aotearoa society had dramatic effects on Māori social structure, functioning and experience at the level of iwi, hapū and whānau. A historical change perceived as significant by participants included the importation of industrialisation, which resulted in the possibility of individual independence from Māori social groupings and collective functioning:

> ... the process of industrialisation and the degree to which we no longer needed to be associated in groups and in sub-groups. The simple things like getting food and protecting ourselves. That has involved huge change, huge and very rapid change.

Rapid advances in technological and communications developments have also changed the nature of human interaction and modes of communication. More recent technological advances were also said to be associated with negative outcomes through undermining *relatedness* (eg, internet dating, cyber sex, cell phone proliferation, etc):

> ... [a] concerning [social change] has been technology and the negative flip side of technology. The extent to which technological advances [have] ... undermined interpersonal relationships ... interpersonal connections and interpersonal communication.

Changes in the concept of tribalism and promotion of individualism in an international sense were noted. The rate of change for Māori was seen as being rapid relative to other countries such as those of Europe:

> ... over recent times ... the nature of the change for us [ie, Māori], the forced change ... has occurred overnight in ... comparison with other peoples, with other ethnicities. That change has occurred overnight, a little over a hundred years ... European cultures ... [had] hundreds of years [to adapt] ... but for us it's [rate of change to an industrialised country] been very rapid, very rapid.

More recent changes, such as national economic policy trends and an increasing divide between the wealthy and poor, were considered important. Such changes have disadvantaged Māori materially in the context of the social changes mentioned earlier:

> ... a whole range of things that have happened in [New Zealand/Aotearoa] society over the last ... 20 years which have ... [widened] gaps, creating ... marginalisation to an even greater extent ... things like ... capitalism and the market economy and globalization ... have impacted on New Zealand society [which] has become much more ruthless and much less caring ... like there's almost ... a pecking order in society.

Societal changes and Māori suicide

'Looking back over time, from as far back as you wish, what have been the key changes in our society that may have contributed to increased Māori suicide rates?'

Mention of the social changes already discussed recurred in response to this question, and included changes in the concept of tribalism, promotion of individualism, and the rapid social and cultural changes ushered in by colonisation and industrialisation. Additional themes prompted by this second question included the idea that generations of Māori have been alienated from their cultural heritage. Reference was made to a generation gap in Māori cultural knowledge and experience, with many Māori not having opportunities to learn their native language and/or participate in Māori cultural practices and heritage. Such opportunities were variously unavailable due to alienation from Māori social groupings, from opportunities being denied by whānau or families of origin, or from active discouragement due to institutional sanction:

> ... missing out on the whole cultural perspective definitely is something that ... is a factor, and loss of self esteem ...it starts to head [Māori people] ... down certain tracks and avenues in ... life towards suicidal behaviour.

This lack or loss of self-esteem, possibly due to minimal opportunity to access Māori knowledge (ie, mātauranga Māori), coupled with a poor record in the mainstream educational system, was suggested by one participant as a contributor to the high risk of suicide among Māori in the 25–45 years age group.

Changes in social values and norms

The changes in society's values and norms that have occurred in New Zealand/Aotearoa in recent decades were proposed as an explanation for increases in suicidal behaviour among Māori and the general population. Important here were the increased secularisation of society, and the reduced influence of the Church and general codes of moral conduct guiding everyday behaviour and responses to life stress:

> ... there's been ... in the broader sense ..., a moral change ... [a change in] the values in society. New Zealand's become increasingly normless. If you compare it with the 1950s and go back 50 years, New Zealand had fairly conservative values about what was right and what was wrong and where people fitted into things ... what it did mean was that there was a fairly clear code of conduct that people grew up with that influenced them. That's similar to Durkheim's view that the people, the young people who commit suicide, had become alienated from the norms of their society ... there's quite a lot of evidence that up until the last 20 years or so people ... of the Catholic faith were less likely to commit suicide than those who were of the Anglican faith because ... [Catholicism] had a very strong view about suicide, Anglicans didn't. So I think there's been a moral change in New Zealand/Aotearoa and we've progressively moved towards a normless society where virtually anything goes.

Māori youth and suicide

'Do you have any thoughts or explanations for why Māori youth in particular appear to be vulnerable to committing suicide?'

Contemporary Māori youth were suggested not only to have limited or negligible meaningful access to their own culture and language; they were also thought to have excessive exposure to cultures other than their own which were shown in a strongly positive light in the mainstream/ popular media:

> Whereas Tupac [an Afro-American rap artist, now deceased, who produced what is termed gangsta rap] and all the other homies [popular rap or hip-hop artists] are out there in their [Māori youth] faces with a culture that they can't relate to, using a language that they've picked up, using that tikanga, a hip hop tikanga and they'll access that instead [of their own]. And then we see the gang stuff, we know how much our youth like to be around their peers ... [which has facilitated the emergence of Māori gangs] which is another sort of whānau.

The rapid social changes mentioned earlier were thought by some participants to have had a specific impact on youth, and Māori youth in particular:

> ... one group ... that's particularly ... become disenfranchised in this whole [process of change] is young people in general. So I think we've seen this rising youth suicide. And if you look at how young [Māori] people are portrayed [in the media] it's often as people who don't contribute, who are problems, who are tolerated, who aren't there for themselves ... So I think it's almost like a double whammy or a triple whammy that we have society becoming much more judgmental and much less valuing of all individuals and all people ... Māori end up being caught up in that marginalisation thing, as well as over-representation in lower socioeconomic status.

> There's a whole range of factors which are impacting on how Māori and young Māori are seeing [themselves], ... and maybe increasing feelings of hopelessness and despair ... young Māori in particular, may be struggling with [being able to have] ... a positive view of themselves and their futures ...

A lack of opportunity to access their own culture, particularly with the value placed on oral history in Māori tradition, was said to have separated many modern Māori youth from familial and cultural knowledge. Tribal histories – or, at a more personal level for most, whānau histories – inform and shape a person's Māori identity. However, for many modern Māori access to such histories via oral means is not possible due to an intra-group language barrier, or an inability to communicate Māori identity through meanings transmitted effectively only through the Māori language:

> So we have tikanga [custom, correct ways of conducting oneself or one's group] but we don't have ... te reo [the Māori language], we don't have the information to pass down, so it makes it even more difficult to pass down [ie, successfully transmit histories through generations].

A sense of personal irrelevance in modern society and separation or isolation from a sense of cultural purpose were seen by a number informants to be a product of the acculturation or assimilation of Māori into mainstream New Zealand society:

> It's a very hostile place out here for young Māori. Young Māori men, that's what it is for them, [a] hostile place, they don't fit, because of ... [a lack of personal and collective] kaupapa [purpose] and ... irrelevance.

The influence of a global youth culture and lifestyle that transcends ethnic culture was introduced as a possible explanation, given that modern global youth culture is characterised by a high level of risk-taking and a decreasing concern with and regard for social values:

> ... a part of the valueless ... society has been a lifestyle that transcends culture. So that all youth, Māori, Chinese, Pākehā, are influenced more I think by the culture of youth rather than by ethnic culture, and the culture of youth in New Zealand/Aotearoa at present is characterised by a fairly high degree of risk-taking ... that's reflected in fast cars and risks on the road, ... alcohol and drug use ..., in food [preference/consumption] as well ... So the lifestyle that modern youth are immersed in which is global, it's not peculiar to Māori although indigenous groups seem to suffer the worst excesses of it ...

Gender roles, social roles and Māori suicide

'What about changes to gender roles of Māori in the context of a changing Māori society or culture?'

It was acknowledged that contemporary generations of Māori have experienced more social and political gender equality than their forebears, yet there was also a suggestion of conflict with traditional tikanga in some domains such as homosexuality:

> Gender roles, we all knew what the role was for the old days and I actually believe that our youth are growing up much more equal than the older generation and see each other [ie, females and males] more equally. So maybe there's some conflict there with the old tikanga ..., especially with homosexuality being a thing that's becoming more acceptable in society and the [changing] roles that come with that as well [eg, parenting].

Changes in the social roles of Māori men, suggested to be less defined in modern times, and changes in the expectations for and diffusion of gender roles, were thought to be relevant factors:

> ... how can we understand the fact that suicide might ... be worse in men and in particularly in Māori?... understanding that really is in terms of identity ... maybe there was a time where male identity ... and what was expected of men ... was pretty straightforward and simple. There were things that ... males did. We've moved as a result of ... other sorts of social change to a point where there's very few things now that only men do ... that men do or that society expects that men will do in a way that defines men. So there are a lot of other things ... that women are doing for themselves ... increasingly men don't have a sense of what it is to be a man and how you get any kind of strong sense of being [discernibly] male ... that's been accentuated for Māori men because of a whole lot of the things ... so Māori men will experience this kind of gradual increase in loss of collective sense of being Māori ... But also ... they will ... have a loss of a sense of participating in those Māori things that defines them as being male ... Things that we do, things that women do and never the two shall meet.

Role diffusion and a lack of expectation were seen as an explanation for Māori alienation from a purpose in modern society:

> There is no norm and the expectations – on the one hand they are high and on the other hand they are low. They are high in the sense that sometimes kids at school or university [perceive] that there is a burden on them and the expectations are too high and sometimes that's thought to be associated with suicide. But equally, and I think it applies to Māori kids more than others, is that there is no expectation. And that [Māori get] ... caught up in this 'anything goes' approach and 'that you do your best, but you know, do what ever you want to do'. And that may not be sufficiently inclusive for some kids. So they are left floundering, alienated.

It was also suggested that gender role diffusion was not as influential in Māori male suicide as was a sense of self-efficacy or control over one's life:

> ... we [Māori men] want to feel like we can achieve something in the world. We can do some things, we can achieve ... We all want to feel that we can do that and that we have some control over our world ... increasingly over the last 100 years ... many Māori men particularly have lost all the ways that they gained that sense of virility and control or social potency. We've seen ... a rise in the degree to which our Māori men are violent. I believe it is an increase. I don't think that it's just more obvious now ... we see ... a definite increase particularly in domestic violence ... in the amounts and in frequency and viciousness of the violence. And I can understand some of that again in terms of some Māori men just wanting to have some control.

A sense of purpose through one's role or contribution to society could be conferred early in life through social expectations, and this was considered to have diminished in recent decades:

> ... taking into account the developmental stage at where people were at. So in the old days ..., by the age of 13 you had to decide what you were going to do in life. Now that decision is made around about the age of 30. If when you went to high school you didn't know if you were going to be a farmer or a carpenter or a doctor or whatever, you would finish up in the wrong class. So that the decisions were made up at entry to high school as to what you were going to be. And that either took you into the trade area or the matriculation area which was the academic area, or to the agricultural area, or the general ... And so you would go through school at the age of 13 knowing ... that was what you were going to be and you tended not to question it. These days that would be an intolerable imposition on young people. But it was an indication of the clear expectations that society was placing on young people in that this is how they would contribute to society.

Alienation from culture and society

The extreme scale and rate of change for Māori following large-scale European settlement meant a weakening of cultural identity and alienation from a Māori sense of belonging, through progressive colonisation and de-tribalism. These themes were mentioned by most informants. Social alienation may take more than one form for modern Māori, especially Māori youth:

> I think alienation is to do with it. By alienation, I mean a double alienation if not a triple alienation. Alienation from being Māori, alienation from the wider society ... [not] participating in education, employment in a positive way, and alienation from peers which is hugely important for young Māori. So you might be getting a triple alienation and I think somehow ... that's the backdrop under which this problem emerges.

Two participants distinguished between Māori who had and had not had opportunities or 'life chances' to have exposure to aspects of te ao Māori (the Māori world) such as tikanga Māori and te reo Māori (Māori language and custom), and Māori social institutions such as their marae (customary meeting place), whānau (extended family), hapū and iwi (tribal structures). With both of these groups – Māori with and without access to Māori socio-cultural institutions – a risk was purported to exist for alienation, from either Māori or mainstream New Zealand/Aotearoa society:

> Another ... concerning issue ... is that ... we have got caught into doing the same thing to ourselves [ie, judging or socially categorising people in hierarchical order] and that we are developing a picture of what is an ideal Māori. [This] is someone who is succeeding in both the Māori and Pākehā worlds and may also be marginalising our own people.
>
> People who don't have the same opportunities or people who haven't had the same access to resources or services or to their own, ... people who have had to move around a lot for employment. People who have had children very young and may not have support of families. A whole lot of things may contribute to us creating marginalisation within Māori [society] as well ... that deficit model stuff. That Māori are in deficit, young Māori are in deficit, poor Māori are in deficit, and people who aren't associated with their tikanga and their te reo and their whānau and hapū are in deficit. And I bet if you've looked at the ones who are attempting or committing suicide and you looked at the range of factors about them then they would be people who have a sense of deficiency [or inferiority].

Social alienation was related to another prominent theme – that of lack of connectedness to others:

> ... increasingly for a whole range of reasons, young Māori now have less and less of a sense of how they are connected and related to one another and how they are connected to their environment. I guess underpinning all that is that sense of identity really. 'Who am I, where do I fit in the world, to what degree do I feel I have control over my world ... and participate in things?'
>
> ... increasingly as a result of a whole lot of different social changes, the degree that we are connected and related to one another and particularly in our [respective] social groupings [has changed]... [this is important] because inherently we are a social organism. We need to have people around us and to be with other people and to be relevant to other people, so to have some sense of being connected and related to them in some way.

It was thought that this increasing lack of a sense of connectedness has had an adverse effect on a Māori sense of collective identity, and by implication identity at an individual level or in a personal sense of 'belonging' as a Māori person in a given community. This alienation may be associated with Māori suicide through a perceived or actual lack of opportunity to access support or resources to cope with life demands when they become overwhelming for an individual:

> I mean alienation generally speaking in either of those three areas [ie, alienation from the Māori world, wider society and one's peers]. I'd imagine that people who commit suicide see it as the only way out of the situation that they're in and for anyone to be pushed to that limit they must feel that they have no other bridges or no other links that will be a better alternative to suicide. So being alienated from wider society, for example, means that you can't use the wider society to provide the links that you might need to say that life is worth continuing. And if you look ... [at] society generally or ... your peers you can no longer communicate with them, alienated from them, or from te ao Māori, whānau, heritage; and all those things seem so distant that they don't offer a sufficient alternative to the immediate way out, which is suicide.

Isolation from cultural identity and collective purpose (for Māori this inherently involves individual or personal purpose in a collective context, such as whānau) or kaupapa was cited as an indicator of suicide risk for Māori. The education system was given as an example of an institution undermining a collective indigenous culture such as that of the New Zealand Māori:

> And the isolation of Māori in this modern world has been a very sure and effective way of taking us out ... so it has a very serious effect on the fabric of our wairua [spirit] and our Māoritanga. It's about isolation. When we are sent to school it's about being sent not to develop relationships; we're sent to school to become involved in individual excellence. Now this is isolation of the individual. So in a sense what the education system teaches is [that] education is important ... So emerging out of individualism is the pressure on the individual to perform [ie, primarily for individual gain/benefit].
>
> That's an effect and urbanisation and a whole lot of other things that have broken down the collective fabric. We [Māori] are a collective people and that's part of our personality, it's part of our heritage, we are a tribal people. Whereas Pākehā is an individual [culture], a democratic [culture] and so on, and that's not a tribal kaupapa, it's a kaupapa of the individual. Now the serious effect of that is that it individualises a tribal people. It places emphasis on the individual, not the group, and that's a serious effect. Now what comes out of that is that isolation of people who have a tikanga of tātau tātau [sharing and caring].

The urbanisation of the Māori population was a process which undermined a collective culture:

> ... in the last 50 years for Māori the impact of rebuilding society [has been] based around neighbourhoods or communities of interest rather than around whānau and hapū. That process is a transitional state and for many people they do not have that security of a group they belong to without question. So there's been a change there for Māori societies undergoing ... a transitional stage.

A consequence of individualisation occurring within a collective population is conflict with collective values. A sense of purpose for Māori as a culture that values generosity and kind regard (manaakitanga, aroha) in social relationships was said to have an influence on promoting a purpose (kaupapa) and direction for growth and meaning in life. Mainstream New Zealand/ Aotearoa society is not only becoming increasingly normless, but also increasingly at odds with traditional Māori values in relationships to each other, and to a collective future:

> When we are born into the world we are born into an expanding world; as children, we are born into a free world, a world of growth, it's also a world of love and that's the aroha we talk a lot about a lot in our culture which is a primary thing and that gives us a sense of kaupapa. Love is the glue that allows us to go forward in life ... Now if we don't have a sense of that, then suicide is a possibility. Why go forward when there is nothing to go forward to? So again if we are sitting on the sidewalk not fully participating in life for one reason or another and there [are] cultural sensitivities and awareness that we might need to take account of. We are a different race of people ... Then the growth, the love that lures us into the future, create this adherence to the future. It's in some way attached to kaupapa. So our people at the moment are being more and more disorientated from where they've come from and where they are going and where they are ...

The social image of Māori

The construction and perpetuation of negative stereotypes of Māori as a social group in New Zealand/Aotearoa society was identified as an influential factor in explaining the social marginalisation of Māori, and a poor self-image for Māori on an individual level:

> ... negative messages, how Māori are portrayed generally, and ... how Māori are portrayed in the media ... racism is a real problem in a sense that it's just changed it's face a little over time. But anything where you end up lining people up and making judgements about their value to society, and I think we do that a whole lot more in terms of body image and in terms of what you own and in terms of where you live and in terms of whether you've got a job or not.

Negative stereotyping was seen as particularly harmful to the self-perception of young Māori and, by default, future leaders and generations:

> Our perspective of being Māori is coloured by how we've been treated as Māori and our children grow up with this idea that Māori are in need of ... education, that Māori are bludgers and all sorts of negativity. So in fact [the word/name] 'Māori' has a lot of stigma riding on it and we've been told that it's our race. And so this falls on our children, so our children are like Christians that are born into sin simply because they are labelled Māori.
>
> Now the kaupapa [self-image and life purpose] of Māori appears to our children ... to be ... this useless person that has no value.
>
> ... and it's all negative feedback, and all that negative feedback is falling on our children. So perspective is a very important thing. What are our kids seeing? Who are they as Māori? They can see themselves as a problem and that loads some downward pressure. The pressure to perform to try and overcome this issue. That's totally unreasonable.

Māori cultural identity

'In your opinion, does cultural identity play any role in explanations of suicide among Māori?'

The topic of cultural identity and alienation from Māori culture has been discussed in relation to a sense of belonging and purpose in modern life. One participant suggested that although relevant, a 'secure' Māori identity may be only one potentially protective element and may not therefore by itself equate to lower risk of suicide among Māori youth:

> I don't think you can generalise on it [ie, Māori cultural identity] ... a secure cultural identity would be one protective element in my view, although ... [recently] ... there was a [teenage] Māori boy with a very secure cultural identity who committed suicide. So by itself I don't think it protects.
>
> Now by very secure he had the things we would characterise as being important for cultural identity. Good te reo, good access to whānau, and a marae he was proud of and visited often. Links into whānau and hapū, some knowledge of tikanga. So he was all culturally secure. It didn't protect him from suicide. So I think it is a factor alongside those others. And sometimes it would be the most important factor but not always. So by itself I don't think it protects.

Possible protective factors and solutions

'Can you think of any protective factors in modern Māori society or culture that may be helpful to improve the situation regarding suicide trends among Māori?'

'Finally, are there any solutions you can think of to improve the situation in future for Māori in terms of suicide?'

A broader definition of suicide

It was suggested by one participant that the conceptualisation of suicide be broadened to include other notions of non-participation of Māori in social life or society:

> What that is doing is isolating the children of a tribal people whose whole past is focused on survival of tribe through whakapapa and so on. It is serious ... suicide can be drug use not leading to death, imprisonment, anyway that is [metaphorically speaking] 'on the sidewalk' and not in the growth thrust of life, those are forms of suicide and we must recognise that. They [Māori who are drug dependent, imprisoned, etc] are no longer fulfilling their purpose.

The problem of 'Māori' for indigenous identity

A poor collective self-concept for modern Māori was suggested to be a result of an imposed perception of who the indigenous people of New Zealand/Aotearoa actually are:

> What is the Māori perspective of who they are right now? ... A cultural perspective is 'who are we as Māori?' My response to that is [that the word] 'Māori' is actually a contrived situation which only happened when Pākehā came here. So in actual fact in many ways it need not be a reality that we are [called] Māori. So it's a word maybe that we need to look at ... Now we use the word Māori, but I have to say we have to look again, what is a Māori and what is our perspective of a Māori and that reflects how we think of ourselves in a sense of being Māori.

It was suggested that the term tangata whenua (people of the land) is a more positive term to refer to the indigenous people of the country. The primary kaupapa or purpose of tangata whenua is to exercise kaitiakitanga (guardianship), an ancient natural inheritance of a tribal people. It was suggested that reframing or changing the self-perception and expectations about roles of modern Māori (particularly younger generations) may change suicide trends among Māori over time:

> That is to look for leadership words that can create a different picture. Tangata whenuatanga is one of those.
>
> Q: Who are you?
> A: I'm tangata whenua.
>
> Q: What does that mean?
> A: I've got purpose.
>
> Q: What is that then?
> A: Kaitiakitanga.
>
> Now that straight away alters [self-perception of 'Māori']. That ... means to look at the broader picture, which is what the kids are looking for, and painting a picture that shifts them away from what they are ... and they have to have purpose. If they haven't got a purpose suicide is on the cards and we should accept it. We should accept suicide as part of the process rather than have people sitting on the sidewalk in misery ... You've got to give people a reason to go forward.

Discussion

Despite the range of backgrounds of those interviewed, there was strong convergence among the themes identified from the individual accounts. The existing discourse about suicide by Māori whose work is in the health domain was given prominence. Historical, political, structural and economic themes are clearly of great importance to those exercising leadership in Māori thinking about the causes of increased suicide rates among Māori. This may be due in part to the fact that these themes are described in the literature, and are frequently discussed at health hui.

The notion of cultural identity was also prominent. Although there are a variety of definitions and characteristics of a Māori cultural identity, a commonly accepted one is that of Durie (1998), where Māori cultural identity is defined by access to te reo, one's marae, whakapapa (genealogy), whenua (ancestral lands), iwi, hapū (tribal social units) and whānau (family). Discussions of the importance of cultural identity often stop at this point. However, this study emphasises the importance of the personal and cultural meaning to be derived from such cultural identity, with one respondent articulating this as the derivation of a sense of purpose based on tangata whenua status.

Trends in society

A number of themes were related to points of discussion found in the general literature about social factors and suicide. These include various processes of modernisation, including industrialisation, urbanisation and secularisation (Stack 2000). Of course, in the case of Māori these have been embedded in the colonisation process. In relation to youth suicide in general, the argument has been made that the increase in expectations of individual autonomy in the context of a failure of Western societies to provide a focus for social identity and attachment has left young men in particular at increased risk of suicide (Eckersley 2002). Again, for Māori youth such broad cultural processes would be experienced alongside or as part of the process of colonisation. This thinking is consistent with the international literature on indigenous suicide (Lawson-Te Aho 1998).

A less prominent theme in our study was that of domestic integration, which has received significant attention in the suicide literature because marital status is one of the few individual-level social factors that has been consistently shown to have a strong relationship with suicide risk. Studies of domestic integration are based on marital status, and marriage and divorce rates in populations. These have limited utility as indicators of domestic integration where the 'nuclear' family is neither the most common family configuration nor the most culturally important. However, the notion of domestic integration does have some relevance in the context of the reduction in the strength of traditional domestic social ties that have occurred in Māori society over many decades.

Of interest here is the suggestion that in situations where social institutions such as the economy and religion are strong, these may act as buffers against the effect on suicide rates of reductions in domestic integration (Stack 2002). Given that Māori participate in both Māori and non-Māori society, this may have some explanatory value in terms of the increase of suicide among Māori over the past several decades. During this time the power of both Māori and Pākehā social institutions has reduced in New Zealand, and traditional domestic social ties have also been undermined. From the perspective of our participants, the erosion of Māori social institutions seems to be of more relevance than those at the more domestic level.

The role of mental illness

Our participants' lack of spontaneous reference to mental illness was of some interest. Of course, the study was explicitly focused on potential social explanations for suicide among Māori. However, the majority of participants had at least some knowledge of the mental illness field, and a minority had been professionally immersed in it at some stage. It may be that there is some sensitivity to associating suicide with mental illness when the dominant cultural and political view is that social factors are the key to understanding the rise in suicide rates, especially among Māori youth (Ministry of Health 1996). There may be a perceived risk that important social and cultural factors would be subordinated to a less prominent position in explanatory arguments if mental illness was also part of the explanation (Lawson-Te Aho 1998).

The social and cultural determinants of suicide may make an important contribution to suicide rates (Knox et al 2004). However, because they have not been as well studied, their relative importance (or unimportance) cannot be articulated in the same terms as individual-level factors such as mental illness. Knowledge of individual-level risk factors is based on statistically significant positive associations between the presence of risk factors and higher rates of suicide among those exposed to them.

There is less clarity about the kinds of social mechanisms that are important in the causation of suicide. For example, many current assumptions about the importance of cultural factors in determining suicide rates among Māori and other indigenous peoples have been, of necessity, based on observations of lower rates of substance abuse, family dysfunction and suicidal behaviours in indigenous communities where cultural affiliation (engagement with traditional cultural practices) is high. That is, our current assumptions have rested to a large degree on the notion that the "problem" (important causative factors for Māori suicide) is likely to reside within Māori culture ie a deficit model. However, an alternative perspective is that the "problem" is a result of the interaction of two groups, one of whose influence is dominant in all spheres of living. In this model, interactions (from the political to the personal level) that serve to exclude Māori from full participation in society, would provide the conditions for increased risk of suicide to develop in some people. Some of our participants alluded to this model in descriptions of the education process and the perpetuation of negative stereotypes of Māori.

In addition, the relationship between culture, mental illness and suicidal behaviour is complex and poorly understood. Mental illness is almost certainly relevant to Māori suicide (Skegg 1997), but the common Western conceptualisation of mental illness may be inadequate to describe and recognise a kind of psychological disorder that is related to a combination of collective grief, acculturative stress, and the intergenerational transmission of substance abuse and dysfunctional relationships to which some Māori are subjected (Lawson Te-Aho 1998), and to which youth may be particularly vulnerable. In addition to this, there is strong evidence that among Māori youth who have died by suicide, there is disproportionate exposure to the multiple individual-level risk factors known to elevate the risk of suicide among youth in general, and some suggestion that there is greater tolerance of the presence of these risk factors in some parts of Māori society (Lawson-Te Aho 1998).

Possible solutions

The notion of a broader definition of suicide has some heuristic value because it encourages thinking about prevention from a broader perspective. It points to the possibility that suicide rates among Māori (and perhaps especially among Māori youth) are best seen as a marker of the health of contemporary Māori society rather than as an outcome measure for health and social services provided to individual Māori.

In this context, suicide prevention activity may be best considered as only one part of a set of society-wide initiatives to foster the social and mental health of Māori (as individuals and collectively). If suicide prevention is seen as an end in itself without sufficient attention being given to the societal influences on Māori that cause risk factors to accumulate in vulnerable individuals, then when suicide rates fall there is a risk that there will be a reduction in effort to improve Māori social and mental health.

In addition, because suicide is a relatively rare event in statistical terms, small changes in numbers can cause large fluctuations in rates. As suicide rates are easy to quantify compared to other aspects of social and mental health, there is a tendency to focus on them. It is difficult to interpret year-by-year changes in suicide rates, yet this is where the focus lies when considering the outcome of suicide prevention programmes.

In practical terms, there is clearly a need for specific targeted suicide prevention initiatives. These are likely to focus on at risk individuals and attempt to modify the relevant risk factors. However, there is also a need for a sensitivity to the wellbeing of Māori society in policy inside and outside the health, education and welfare domains.

This sensitivity will have greater likelihood of resulting in action if we do not restrict ourselves to one type of explanatory model of the relationship between ethnicity, culture, mental health and suicide. It is possible that a tendency has developed to conflate "ethnicity" with "culture". However, some of our participants articulated their ideas about social conditions generated by ethnic difference as being somewhat distinct from the properties of contemporary Māori culture. It is likely that there are other distinctions to be made that were not described by our participants. In terms of the continued development of practical approaches to be taken by different sectors of government and society, distinctions of this sort are important. For example, compensation for loss of land does not negate the systematic exclusion of Māori from the benefits of some health services. For death by suicide, as with death from other causes, the effects of material deprivation and social and institutional bias (Ajwani 2003), and the characteristics of the culture, may all exert independent effects.

Conclusion

The findings of this study indicate that among selected Māori experts, social and cultural factors are of primary importance in the explanation of the increases in suicide rates among Māori in recent decades. This is consistent with current opinion about the causes of increases in suicide rates among other indigenous groups and with perspectives that have been widely expressed in New Zealand (Lawson-Te Aho 1998). The apparent lack of integration of these ideas into mental health practice as commonly found in New Zealand at present warrants attention because some suicide prevention initiatives are associated with health services, and with the proposed advent of the national all ages suicide prevention strategy in New Zealand in 2005, more are likely to be so. A better understanding of how cultural and social factors influence mental health and pathways to suicidal behaviour in Māori may be gained by exploration of possible distinct effects of different social domains such as culture, ethnic bias and material deprivation.

The views expressed by our participants may not reflect the views of other Māori. The results of this study are not intended to be generalisable, but do point to potentially useful areas for further exploration.

Q: He aha te mea nui o te ao?
A: He tangata, he tangata, he tangata.

Q: What is the most important resource of all?
A: It is people, it is people, it is people.

Appendix: Interview – Final Version

Questions for interview of Māori key informants having given prior informed consent

Research context

Briefly explain the project, context and method, and the scope of the Māori component. Gain consent for taking an audio record of the interview, and for informant validation of the transcript draft.

Standard introduction

Thank you again for agreeing to discuss suicide and Māori with me. I'm going to ask a series of questions about Māori and suicide. I am interested in hearing any reasons why you might think suicide has become an increasing problem among modern Māori. I'm most interested in your ideas pertaining specifically to the Māori situation in Aotearoa, although you may wish to discuss other people from overseas if you wish.

Instructions

Please take as long as you need to think before answering, and I may ask additional questions along the way, or follow an idea you may raise.

There has been a steady increase in the number of Māori people committing suicide in recent decades.

Q: What do you think the reasons may be for the increasing number of suicides seen among Māori? *All responses to be audio recorded and transcribed for analysis.*
Cue: *If explanation not given, give cue: Could you explain why you think that this/those reason/s is/are important?*

Q Looking back over time, from as far back as you wish, what have been the key changes in our society that may have contributed to increased Māori suicide rates?
Cue: *If respondent doesn't mention: What about changes in Māori social structures or lifestyles, or whānau functioning?*

Q: What about any key changes in the past several decades during the time we have seen increased suicides?
Cue: *Since the 1970s with increased social unrest and the Māori 'cultural renaissance' or the 1980s and 'Rogernomics', what were key social trends/changes in the 1990s?*

Q: Do you have any thoughts or explanations for why Māori youth in particular appear to be vulnerable to committing suicide?
Cue: *If respondent doesn't mention: What about changes to gender roles of Māori in the context of a changing Māori society or culture?*

Q: In your opinion, does cultural identity *(explain if required – understandings and participation)* play any role in explanations of suicide among Māori?
Cue: *If so, in what ways might cultural identity be related to suicide among Māori?*

Q: Are there any other areas of explanation you can think of that may help explain why suicide has been a growing social problem for Māori (eg, abuse, isolation, a cultural perspective of who 'Māori' are)?

Q: Can you think of any protective factors in modern Māori society or culture that may be helpful to improve the situation regarding suicide trends among Māori?

Q: Finally, are there any solutions you can think of to improve the situation in future for Māori in terms of suicide?

Thank you for providing your expert input into this study of explanations for suicide among modern Māori. Your responses will be transcribed for accuracy and you will have a chance to check the transcript of our interview before we analyse your responses.

Lastly do you have any questions about this interview or the study?

Kia ora

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