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Kua takoto te mānuka, mā wai e hiki ake? Advancing a Te Tiriti o Waitangi-led approach to mental health education in schools

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ABSTRACT

This article engages mātauranga Māori, social psychology and the sociology of education to argue that an individualistic approach to mental health education in schools is inadequate. In this article we discuss a recent national school curriculum policy that demonstrates the ways mental health education can be framed by Te Tiriti o Waitangi, informed by the determinants of health, and culturally located in worldviews representative of Te Ao Māori. This framework encourages schools take a 'whole of school' approach to mental health education, embedded in teacher development, curriculum learning, and community engagement. We argue that this approach – aligned with the three articles of Te Tiriti o Waitangi – necessarily involves schools consulting with diverse ākonga (learners) and communities, involving them in mental health curriculum development, implementation, and evaluation. When conducted in culturally and socially conscious ways, the relationship between boards, schools and the wider school community can embody effective governance (article one), honour hapū, iwi and Māori rangatiratanga (article two) and encourage equal participation and inclusion for equitable mental health education and outcomes (article three). We argue that this approach to mental health is Te Tiriti-led, relational, and more likely to be well-being enhancing for diverse young people and communities.

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curriculum; schools; policy; mana; well-being; mental health; mātauranga Māori; hauora

He whakaaro timatanga – introductory thoughts

Aotearoa, like many places internationally, is perceived to have a 'problem' with youth mental health, and the education system is under increasing pressure to respond.

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While interventions based in health promotion-informed approaches are popular internationally, we argue that an educative approach to mental health and well-being in schools – one aligned with Te Tiriti o Waitangi and the unique potential/possibilities of the Aotearoa school context – is more likely to have both a much greater chance of success, and a more significant impact for ākonga (students), young people and communities. This article assumes the pre-eminence of the Māori language text of Te Tiriti o Waitangi under the rule of contra proferentum (Suter 2014). The authors of this article contend that a Te Tiriti led approach to mental health education is justified in that it centres the well-being of all New Zealanders (Tangata Whenua and Tangata Tiriti) and highlights the social determinants of mental health and well-being, rather than positioning mental health as singularly individualistic. Moreover, the 2020 Education and Training Act (Ministry of Education 2020) stipulates that even in contemporary times, Te Tiriti o Waitangi (henceforth referred to as Te Tiriti) obliges schools, as Government organisations, to ensure that they are bringing Te Tiriti into effect. The 2020 Act stipulates that schools must give effect to Te Tiriti by working to ensure their plans, policies and local curriculum reflect local tikanga Māori (protocols), mātauranga Māori (knowledge/wisdom) and te ao Māori (worldviews) (Ministry of Education 2020). To make this argument, we discuss the content and direction of a new national curriculum policy for all state schools – Mental health education: A guide for teachers, leaders and boards of trustees (Ministry of Education 2022). This new policy sets the direction for mental health education in all state schools in Aotearoa New Zealand. The authors of this article also wrote this curriculum policy, and we aim here to articulate the conceptual positioning taken in the document, which combines mātauranga Māori with social psychology, education sociology, health education and health promotion to offer a way forward for schools. While we do not deny the evidence that young people are experiencing more highly reported rates of distress, we also want to question whether 'crisis' discourse is helpful for either young people or schools.

In a UNICEF report on EU and OECD countries (Gromada et al. 2020), Aotearoa was ranked 35th overall for child mental-well-being, physical health and academic and social skills. Within this report, Aotearoa was measured last of the 38 countries for child mental well-being outcomes. The same report states that youth (15–19 years old) in Aotearoa have the second highest suicide rate in the world (Gromada et al. 2020). Youth19 survey data suggest that 23% of young people are showing clinically significant depressive symptoms and 6% made a suicide attempt in the 12 months preceding the study (Fleming et al. 2020). More recently, 28% of secondary school aged participants in the What About Me national youth health and well-being survey reported symptoms of serious mental health distress and 12% had made a suicide attempt in the past 12 months (Ministry of Social Development 2022). These statistics were particularly high for those living in high deprivation areas. Māori and Pacific children are more likely than Pākehā children to live in low-income households or households experiencing material hardship (Statistics New Zealand 2021).

If we consider these statistics through a lens informed by Te Tiriti and one which attends to the contexts of health and well-being, it is obvious that mental health and well-being are inextricably connected to New Zealand's complex social and political histories, including the ongoing impacts of colonisation and racism. Articulations of the latter with social class, deprivation, gender inequities and other social exclusions mean

that mental health and well-being are impossible to understand, or to impact, without deep engagement with social, political and historical contexts. Mental health and well-being, like other health issues, are helpfully contextualised via the determinants of health (Allen et al. 2014). However, the statistics – like those above – are typically presented as 'fact' devoid of social and political contexts. The solutions then tend to also be informed by approaches that ignore context. It follows then that the majority of school-based interventions, both nationally and internationally, focus on individualised approaches. We argue here that such interventions, while offering important insights, are alone inadequate.

In this article, we first consider the wider 'policyscape' of Aotearoa and argue that we are uniquely placed to address mental health in an educative way led by Te Tiriti. We then canvass common approaches to mental health education internationally, which tend to be informed by positive psychology, mindfulness and social and emotional learning. We then explore the connections between the articles of Te Tiriti and a whole-school approach to mental health education and hauora[1] programmes in Aotearoa New Zealand. We argue that the new national curriculum policy for mental health in Aotearoa offers a new kind of learning intervention that values both individual and social/political contexts for well-being.

Education policy, Te Tiriti o Waitangi and the United Nations declaration on the rights of indigenous peoples

All policy is produced within particular national and international contexts that inform both the possibilities and limitations at any given historical moment. Mundy et al. (2016) explain educational policy in relation to what they call 'policyscape', which they define as 'meta-discourses that shape what can be thought' (p. 8). According to Mundy et al. (2016) policy involves three different layers:

> [t]here is an important distinction between policies as meta-discourses that shape what can be thought (policyscapes); policies as formalized rules and regulations; and policies as socially constructed enactments that span text and practice. Policy involves all three layers of action, including processes both before and after text production, and sometimes including formal evaluation processes. (p. 8)

Policyscapes are a messy articulation of located social, political and historical contexts in conversation with global discourses. Any particular educational policy is only made possible by the global and national policyscapes it is situated within and emerges from. Educational policy in all western nation-states is increasingly shaped by global ideological and social discourses (Rizvi and Lingard 2010), including neoliberalism. In the context of the new policy document under discussion here, international research on mental health and well-being in schools collides within the policyscape with New Zealand's unique history, wherein Te Tiriti is fundamental. New Zealand's history of colonisation can help us to understand the mental health inequities evident in the statistics mentioned earlier. The Treaty was first drafted in English, and then translated into te reo Māori (the Māori language) to become Te Tiriti, the document agreed and signed by British officials and rangatira in 1840. Te Tiriti was structured as a preamble and three articles. The preamble highlights an intention to achieve just and peaceful relationships as well as

recognising the full sovereignty of Māori (Came et al. 2021; Mutu 2010). A fourth article was discussed orally and specifically acknowledges the importance of wairua (spirituality), rongoā (Māori modes of healing) and well-being (Came et al. 2021). The rights and responsibilities according to the three *written* articles of Te Tiriti that are discussed more fully in this article are:

· The right and responsibilities of the Crown to govern (**Article 1 – kāwanatanga** – governance)

· The collective rights and responsibilities of hāpu iwi and Māori, as Indigenous peoples, to live as Māori and to protect and develop their taonga (**Article 2 – rangatiratanga – self-determination**)

· The rights and responsibilities of equality and common citizenship for all New Zealanders (**Article 3 – mana ōrite/rite tahi – equality**).

From the 1970s, Māori activism has led to some recognition of Te Tiriti as the country's founding constitutional document, and a formal social policy of biculturalism, with iwi (tribes) positioned as treaty partners with the state (Haig-Brown and Hoskins 2019). Te Tiriti and the political and social violations, innovations and possibilities that stem from it provide significant opportunities for education, particularly in terms of co-designing bicultural and community-informed approaches to mental health and well-being education in schools. Additionally, rights-based approaches to well-being for Indigenous peoples internationally, such as those confirmed in the United Nations Declaration of the Rights of Indigenous Peoples (Reweti et al. 2022), emphasise the prioritisation of approaches to health initiatives which promote Indigenous people as the drivers of well-being. Rights-based approaches also prioritise Indigenous involvement in every component of health and well-being initiatives – including funding, planning, implementation and evaluation, and the inclusion of Indigenous knowledges and practices of well-being. Such approaches align with Māori collective aspirations for tino rangatiratanga (self-determination), mauri ora (a state of flourishing), and mana (a sacred force connoting dignity and spiritual vitality) (Durie 2001; Pohatu 2011; Royal 2006). These aspirations contrast significantly with international approaches that tend to favour western epistemologies and centre individualised approaches to well-being in schools.

Popular approaches to school-based mental health programmes and interventions

The mental health and well-being of children and young people is increasingly on the global agenda and there is pressure on health systems and schools to respond. The monitoring and reporting of youth mental health has increased internationally. For example, the Global Burden of Disease tool published by the Institute for Health Metrics and Evaluation (2021) reports that just under 12% of youth aged 5–19 worldwide have a mental health condition. The institute states that this number increases to 14% for 10–24 year olds. The tool employed in this example defines 'mental health conditions' as depressive disorders, anxiety disorders, eating disorders, bipolar, schizophrenia and other mental disorders such as autism spectrum disorder and intellectual disability. Studies like these and a myriad of others add to a growing awareness of the impacts of

mental health issues and is leading to a range of interventions worldwide. Schools have been identified and utilised as key intervention sites (Greenberg et al. 2017; O'Reilly et al. 2018) due to their ability to reach a large number of students (O'Toole 2017) who are viewed as at an important developmental age to learn skills and practices for improved mental health outcomes (Chodkiewicz and Boyle 2017).

School-based mental health programmes have been dominated by the same epistemological foundations. Unsurprisingly then, many of these programmes take interventionist approaches that are informed by public health perspectives (Leahy and Simovska 2017) and conceptualised as treatment and prevention for mental health problems (Weare and Nind 2011). Due to their preventative aims, intervention approaches propose either universalist approaches (involving all students) or are targeted to particular groups, who are identified as being 'at risk' (Chodkiewicz and Boyle 2017; Taylor et al. 2017; Weare and Nind 2011). Such intervention programmes aim to '[r]educe psychological distress; strengthen well-being, coping and resilience' (O'Toole 2017, p. 459). Examples of interventions include those based on positive psychology, mindfulness, cognitive behavioural therapy, and social and emotional learning (Chodkiewicz and Boyle 2017; O'Toole 2017). In the case of positive psychology, programmes generally focus on the individual by 'teaching skills that encourage positive self-perceptions, positive emotions and positive behaviours' (Chodkiewicz and Boyle 2017, p. 68). Social and emotional learning (SEL) approaches look to develop competencies such as self-awareness, self-management, social awareness, relationship skills and responsible decision making (CASEL 2012, p. 9).

Large scale meta-analyses have been conducted for school-based mindfulness (Carsley et al. 2018), social and emotional learning (SEL) (Durlak et al. 2011; Sklad et al. 2012; Taylor et al. 2017), and growth mindset interventions (Sisk et al. 2018). These studies report on the effectiveness of positive psychology programmes according to different individual outcomes. These include mental health outcomes (emotional distress, anxiety, and depression) measured using student self-reports according to existing well-being, anxiety and depression scales (Carsley et al. 2018; Sklad et al. 2012; Taylor et al. 2017). When interventions claim to impact achievement outcomes, they are often measured using test scores and GPA averages before and after the intervention (Durlak et al. 2011; Sisk et al. 2018; Sklad et al. 2012). Behaviour is measured primarily using teacher and peer reports (Taylor et al. 2017) as well as school behaviour records pre- and post-intervention (Sklad et al. 2012). While studies have shown that positive psychology interventions can positively impact students' well-being, mental health, behaviour, and achievement, the focus remains on individual mental health and behavioural outcomes, rather than on learning – an issue we return to below.

The problems with an individualised intervention-driven approach

The interventions discussed above are incommensurate with both Te Tiriti o Waitangi and an educative approach to mental health. The World Health Organization (2013, 2019) recognises that the mental health and well-being of individuals and communities is deeply embedded in complex social, cultural and environmental contexts. Focusing interventions at the individual level then, is problematic because this approach ignores the social, political, historical and cultural contexts that determine health and well-being (Marmot 2015). Individualistic approaches misrepresent schools as apolitical

sites (Becker and Marecek 2008) and are particularly limiting for understanding the self and well-being as being deeply connected to the social world (Collie et al. 2017; Dobia and Roffey 2017). For reasons such as these, several research papers argue that contextual approaches to school-based mental health interventions are more effective than simplistic individualistic approaches (O'Toole 2017; O'Toole et al. 2019; Street 2017; Weare and Nind 2011). As Durie (1985) stated, 'full appreciation of health requires an understanding of a particular culture rather than an assumption that health principles are equally relevant to all situations' (p. 483). An individualistic approach to mental health denies that people are 'constituted by, and are inseparable from, the relationships and interactions that unfold within their social, cultural and political worlds' (O'Toole 2017, p. 453).

O'Toole et al. (2019) define a Tiriti-led approach as one that honours Māori as tangata whenua (people of the land) and recognises that culture and language are intrinsic elements of Māori well-being, identity and success. A Tiriti-led approach also requires whānau (family), iwi (tribe) and hapū (kinship group) Māori involvement, which enhances the efficacy and relevance of programmes, acknowledging that understandings of wellness are culturally located. O'Toole et al. (2019) suggest that Māori health and wellness concepts can extend the Western, individualistic foundations of, for example, social and emotional learning, and can draw attention to the importance of cultural identity for all students. Further, as Macfarlane and colleagues (2017) demonstrate, the Māori concepts of manaakitanga (to uphold and nurture the mana of others) and Te Whare Tapa Wha (Durie 1994 explained below) are complementary to social and emotional learning principles and valuable assets to Aotearoa New Zealand-specific mental health programmes. The next section builds on this work and speaks to the ways Te Tiriti can provide a framework to: (a) recognise the cultures, beliefs and experiences of all students in mental health education; (b) encourage students' direct and critical engagement with the social, political and contextual influences on the implementation of Te Tiriti, and; (c) continue to honour Māori people, knowledge and frameworks for understanding mental health education.

Te Tiriti as a framework for conceptualising mental health education in schools: a new policy

The new policy for schools – *Mental health education: A guide for teachers, leaders and boards of trustees* (MOE 2022, hereafter referred to as MHEG) – employed the three articles of Te Tiriti as a tuapapa (platform) for designing a whole school approach to mental health education, while also incorporating a range of disciplinary and cultural knowledges. The MHEG recognises Te Tiriti as a legal 'living document' that establishes a partnership between the Crown and iwi-hapū-Māori. Acknowledgement of Te Tiriti as a founding document of New Zealand is consistent with the National Education Goals (Ministry of Education 2019), the Teaching Council's (2017) Codes and Standards, The New Zealand Curriculum (Ministry of Education 2007), and the Education Training Act (New Zealand Government 2020). These documents affirm the significance of Māori as tangata whenua, and the importance of integrating mātauranga, te reo and tikanga Māori (correct protocols or procedures) in education for all ākonga in Aotearoa. The MHEG gives effect to the three articles

of Te Tiriti 'for improved hauora and mental health outcomes for all' (MHEG, p. 17). In the sub-sections that follow, we differentiate the articles of Te Tiriti o Waitangi and describe how they have been employed in the MHEG as a framework for mental health education policy for all schools in Aotearoa. We argue that this overarching framework provides an ideal basis for engaging with learning about mental health in a way that upholds Māori rights to an education that gives effect to Te Tiriti, but that is also inclusive for all.

Kāwanatanga (article one) and Rangatiratanga (article two)

Articles one and two of Te Tiriti o Waitangi outline the rights and responsibilities of the Crown to kāwanatanga (governance) and of Māori to rangatiratanga (self-determination). The synergy of these articles depend on rangatiratanga being upheld, particularly as Crown kāwanatanga 'has been the dominant authority' (Hoskins 2018, p. 162). By this, Hoskins is referring to the political backdrop that has seen education dominated by Crown objectives and rangatiratanga marginalised. This includes education policy failing to protect te reo Māori (Durie 1998) and a series of educational policies that have determined mainstream education based on Pākehā ideals, minimising rangatiratanga (Macfarlane et al. 2007). According to the Waitangi Tribunal and Aotearoa-New Zealand court rulings, the Crown has an obligation to recognise and protect rangatiratanga to achieve the equal status of Māori and the Crown as intended by the Te Tiriti (Te Puni Kōkiri 2002).

Durie (1998) defines rangatiratanga (self-determination) as 'the advancement of Māori people, as Māori, and the protection of the environment for future generations' (p. 4). For rangatiratanga to be possible, Hoskins and Bell (2020) suggest that Māori as tangata whenua must have independence from the Crown (in this article we refer to schools as agents of the Crown). Only when this is achieved can an interdependent relationship that mutually reinforces the unique mana (authority and status) of each group, occur. This condition of engagement is supported by academic literature that argues that Māori-Crown relationships are most effective when both groups are honoured as distinct and internally diverse groups that can collaborate and learn from the differences between them (Hoskins and Bell 2020; Hoskins and Jones 2020; Jones 2012; Jones and Jenkins 2008).

Fulfilling article one of Te Tiriti (governance) is inextricably linked to articles two (Māori self-determination) and three (equality) as effective governance is contingent on all articles being upheld. The MHEG gives effect to article one of Te Tiriti by clearly outlining the rights and responsibilities of the board of trustees as a Crown entity governing the school. It also includes information about the legal requirements of boards and examples of how these obligations can be effectively carried out. Section 127 of the Education Training Act 2020 (New Zealand Government 2020) stipulates that boards must honour Te Tiriti and ensure that schools are safe and inclusive environments for all ākonga and staff. Secondly, Section 91 requires schools to consult with the community about mental health education. Boards must understand and respond to community feedback and preferences in order to govern effectively. The MHEG provides tangible examples of what this looks like in practice and in relation to the following two articles of Te Tiriti.

The MHEG reflects article two of Te Tiriti by affirming rangatiratanga (self-determination) over the mental health education of ākonga Māori and the protection and development of Māori taonga including mātauranga Māori (Māori knowledge), hāpori (community) understandings of hauora (holistic well-being), whānau/hāpori aspirations for their tamariki, and ākonga Māori themselves. This is legally required in Section 127 (1)(d) of the Education Training Act (New Zealand Government 2020) which stipulates that boards must ensure that schools give effect to Te Tiriti by:

(i) working to ensure that its plans, policies, and local curriculum reflect local tikanga Māori, mātauranga Māori, and te ao Māori; and
(ii) taking all reasonable steps to make instruction available in tikanga Māori and te reo Māori; and
(iii) achieving equitable outcomes for Māori students.

The MHEG aligns with the Education Training Act 2020 and also align with policies such as Ka Hikitia (Ministry of Education 2020) and Tātaiako (Ministry of Education 2011) that insist schools (teachers, leaders, principals and boards) engage with mātauranga Māori and te ao Māori as well as support Māori to succeed as Māori as a means of enabling rangatiratanga Māori (self-determination). This is demonstrated in the core aims of the guidelines which aim to help schools plan policies and programmes to meet the needs and support the aspirations of ākonga Māori by positively promoting respectful engagement with mātauranga Māori concepts and practices including hauora, mauri, Te Whare Tapa Whā and the Mana Model.

Mātauranga Māori and the MHEG

Mātauranga Māori carries nuanced meaning for Māori communities as it is applied and adapted to a variety of contemporary contexts. However, Royal (2012) has argued that at its core mātauranga Māori links to indigeneity. In line with Hudson et al. (2020), the authors of this article recognise 'mātauranga as a body of knowledge, mātauranga as a system of knowledge, and mātauranga as a community of knowledge.' (p. 44). A policy framework developed by the Ministry for Research, Science and Technology (2007) states that mātauranga Māori includes three interwoven elements:

1. The quest for better relationships between human societies and the natural environments in which they exist.
2. The weaving of knowledge across different domains, in a cross-disciplinary and cross-cultural style.
3. The quest to revitalise the traditional knowledge bases, values and worldviews of formal indigenous cultures (p. 16–17).

As such, Mātauranga Māori encompasses traditional and contemporary knowledge that sits within and across a range of disciplines. Mātauranga Māori is foundational to the MHEG to reflect the bicultural intentions of Te Tiriti and recognise the intrinsic value of mātauranga Māori concepts and ideas to the lives and existence of all people in Aotearoa. Within this, concepts such as hauora, mauri and mana are important and

relevant alongside traditional and contemporary mātauranga that is defined, framed and operationalised by Māori people.

Hauora

Hauora is a holistic mātauranga Māori philosophy that is situated within a Māori world-view rooted in language, whakapapa (genealogy) and oral traditions. Hauora is highly relevant to the Western concepts of health, mental health and well-being, although importantly, its parameters extend beyond them. Mead (2006) defines hauora as ' "spirit of life, health, vigour", or "healthy, fresh, well" ' (p. 88). Hauora is also referred to as the breath (hau) of life (ora) (Marsden and Royal 2003) which was 'given to Hine-ahu-mai-i-te-one (first feminine form)' (Heaton 2018, p. 461). As such, hauora is closely tied with narratives of human creation and linked to mental health and well-being.

Durie's (1994) Te Whare Tapa Whā (four-sided house) is a dioramic expression of hauora that is included in the MHEG and in The New Zealand Curriculum (Ministry of Education 2007). Te Whare Tapa Whā was created by Durie (1994) after consultation with Māori communities. According to this model, there are four dimensions of holistic health. The four dimensions as defined by Durie (1994) are: taha wairua (the spiritual side), taha hinengaro (thoughts and feelings), taha tinana (the physical side) and taha whanau (family). These four components are interdependent and are all important elements of health and well-being from a Māori perspective. Although Western approaches to health at the time recognised the importance of holistic health (physical, mental and social), the consensus among Māori tribes and elders was that the spiritual side (taha wairua) was central to Māori health and this dimension was particularly lacking in Western health understandings (Durie 1985). The inclusion of Te Whare Tapa Whā in mental health education affirms the importance of mātauranga Māori for rangatiratanga and also allows all students (including non-Māori) to engage and learn from Māori concepts under the reciprocal relationship afforded by Te Tiriti.

Mauri

Mauri is a life force or spark of life that is within every living being. Mead (2006) describes mauri as an active component of the self that is closely associated with the physical and social health of a person, 'if there is something wrong with the mauri, the person is not well' (p. 81–82). McLachlan et al. (2021) contend that mauri 'has connotations of internal balance and well-being, and connectivity between people and the natural elements' (p. 79). Penehira (2011) uses mouri (an alternative spelling of mauri) to discuss the energy and force within every person 'that activate[s] us to do things and operate and interact with our world' (p. 10). For Māori, restoring mauri ora (well-being) involves engagement with cultural beliefs, activities and practices that increase 'social cohesion, reflecting, learning, sharing, and talking about iwi (tribe[s]), hapū (sub-tribe[s]) and its history; pūrākau (stories), immersion in whakapapa, and re-visiting significant landmarks' (McLachlan et al. 2021, p. 79). In this way, mauri is enhanced through engagement in learning that transforms one's sense of self in relation to others and the environment.

Mana

Mana is a Māori concept and principle that is difficult to define in English but encompasses the prestige, authority, and presence of an individual or collective. Mana has been used to refer a person's 'sense of honour and cultural pride' (Webber and Macfarlane 2020, p. 27) and their 'influence and profound ability to impact upon, affect and positively transform the lives of others' (Dell 2017, p. 93). Royal (2006) has argued that it is mana that influences our sense of self-worth and the degree to which we feel empowered and good about ourselves. As such, the concept of mana is important for understanding the participation, engagement and achievement of students at school because it relates to their sense of well-being, motivation to achieve and personal and collective identity through 'mana-enhancing' practices that uphold and enhance mutual respect.

The Mana Model (Webber and Macfarlane 2018, 2020) provides an Aotearoa specific model to understand how the mana of all ākonga can grow, contributing to ākonga developing a sense of rangatiratanga over themselves and their learning. The model was initially developed from a Te Arawa Iwi case study (Macfarlane et al. 2014) that focused on the family, school and community conditions that contribute to Māori success. The Mana Model has subsequently been tested and refined using data from a larger national study (Alansari et al. 2022; Webber and Madden-Smith 2023; Webber and Waru-Benson 2022). The Mana Model challenges the notion that mental health can be individualised and asserts that ākonga develop social psychological skills and knowledge from, with, and for their whānau, social groups and communities. The Mana Model speaks to five forms of mana that support student's success and well-being at school and beyond. The Mana Model is grounded in social psychology and depicts ākonga thriving from a Māori perspective unique to Aotearoa (*see* Figure 1). This article argues that all students and teachers in Aotearoa can benefit from better understanding the concept of mana and the mental health education content, conditions and contexts that enable its development.

The MHEG makes recommendations underpinned by these notions of mana. Central to this is the involvement of ākonga, whānau, and Māori communities, who are best placed to inform schools on how to incorporate mātauranga Māori and culture within the school and mental health curriculum. By centralising these mana types in learning, mātauranga Māori is validated by the school and recognised as important knowledge pertaining to ākonga success, mental health and well-being. Webber and Macfarlane (2020) argue that Māori community involvement in the education of ākonga makes it more likely for them to enact mana and become confident in their rich social and cultural identities alongside their academic identities.

It is important that schools understand the complexities of including any form of mātauranga Māori in curriculum. Hetaraka (2019, 2020) argues that the education system in Aotearoa continues to simplify Māori language and concepts, defining them 'in ways that remove them from the field of mātauranga [Māori]' (2019, p. 164). Similarly, confining hauora within the parameters of 'well-being' or as 'Te Whare Tapa Whā' has been criticised for being 'simplistic' (Heaton 2011) and 'sanitised' (Salter 2000). Heaton (2011) argues that the elements of mātauranga Māori that are included in the curriculum often 'fit' within Eurocentric understandings of health and well-

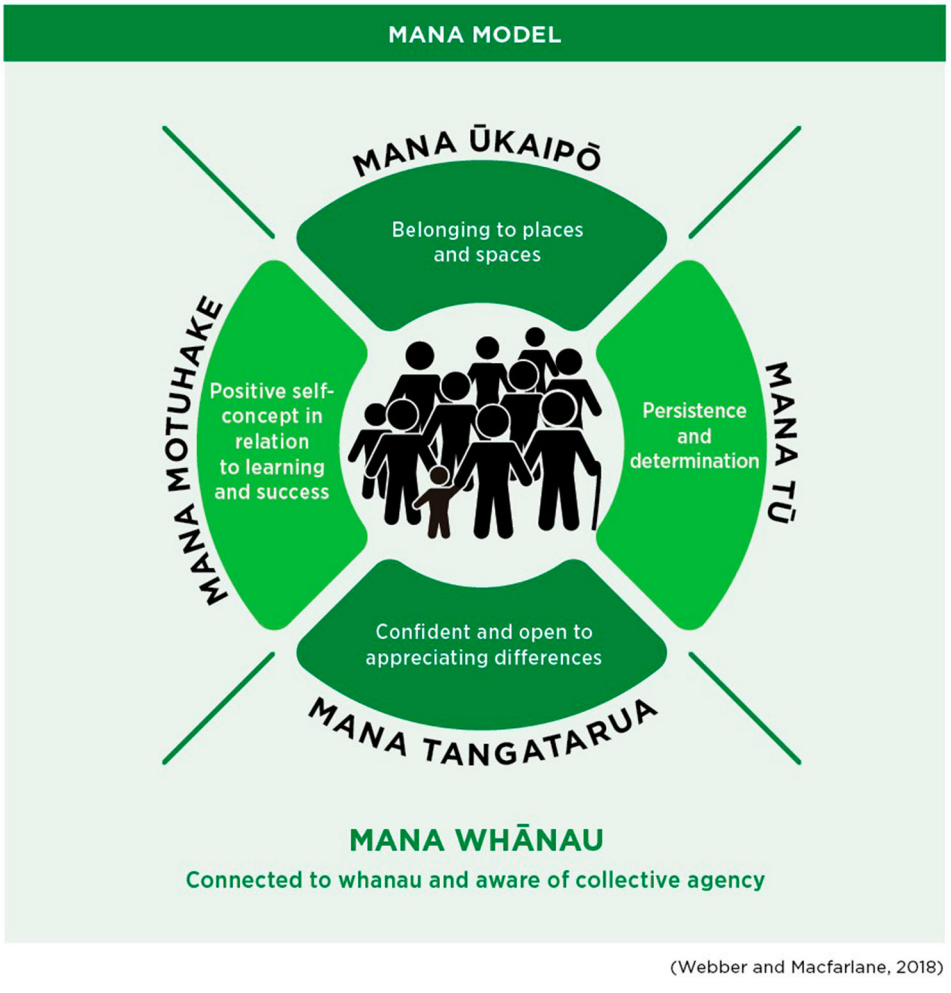

Figure 1. Mana Model (Webber and Macfarlane 2020) here.

being, or as Hetaraka (2019) states, they are packaged in a way that makes them fit. Thus, their inclusion ultimately benefits dominant and hegemonic discourses and the Westernised education system (Heaton 2011; Hetaraka 2020). These debates are important to consider when constructing and teaching mental health education curriculum. They push educators, schools and boards to incorporate hauora and other Māori concepts in meaningful ways and in partnership. The MHEG respond to these challenges by centring Māori communities as experts in how mātauranga Māori is defined and disseminated.

Mana ōrite / rite tahi (article three)

Article 3 guarantees rite tahi (equality) for all New Zealand citizens (Human Rights Commission 2010). This concept is sometimes referred to as 'mana ōrite', a reciprocal power sharing partnership (Berryman et al. 2018). Te Tiriti ensured 'the Māori people of New

Zealand … all the same customs as the people of England' (Mutu 2010, p. 20) in the statement: 'nga tikanga katoa rite tahi ki ana mea ki nga tangata o Ingarani'. More recently, given the growing diversity in Aotearoa, this right to equality has been understood as referring to all tangata (people) who call Aotearoa their home. The relationship between Māori and the Crown that is established through article one and two of Te Tiriti extends to all Tangata Tiriti. While much of the discourse surrounding Te Tiriti focuses on biculturalism (the Māori-Crown or Māori-Pākehā relationship), Omura (2014) and Dam (2018) have highlighted the need for immigrants to be recognised within the Tiriti and bicultural discussions. In line with Omura (2014) we contend that Te Tiriti 'is capable of hosting the scope of multiculturalism' (p. 25).

Tangata Tiriti is a term that encompasses the diversity of Aotearoa. Durie posits that Te Tiriti o Waitangi provided a legal basis for people who do not whakapapa Māori to live in Aotearoa New Zealand and become equal citizens (Network Waitangi Ōtautahi 2020). Thus 'Tangata Tiriti' which translates to 'treaty people' or 'people of the treaty' is a useful term to represent the relationship between all non-Māori in Aotearoa and Te Tiriti (Network Waitangi Ōtautahi 2020; Treaty Education for Migrants 2006; Turia 2016). The Treaty Resource Centre (2007) uses the term 'Tangata Tiriti' to refer to 'people who have come to Aotearoa/New Zealand under the authority of the Treaty (aka 'tauiwi'), including but not limited to Pākehā, Pasifika peoples, those from Asia, Africa and South America' (p. 8). As Tangata Tiriti, non-Māori must also uphold and respect Te Tiriti articles including Crown governance and the rangatiratanga of Māori as tangata whenua. In return, article three guarantees tangata whenua (Māori) and Tangata Tiriti (all others), 'mana ōrite/ rite tahi' – equality.

The MHEG recognises that mental health education is situated within unequal socio-ecological relations. A wide variety of factors including cultural, social, political, and historical realities influence individual and group experiences of mental health. For example, minority ethnic groups are more likely to experience multiple forms of discrimination and racism, (Cormack et al. 2018) and experience higher rates of mental health issues (Fleming et al. 2020; 2023; Lucassen et al. 2014). Gender and sexual minority youth (Ministry of Social Development 2022; Roy et al. 2023) also exhibit higher mental health distress than their peers, and youth with disabilities experience increased bullying prevalence and mental health distress (Kavanagh et al. 2018; King et al. 2018). These statistics illustrate that mental health is inextricably linked to issues of discrimination, racism and exclusion. Decades of research in Aotearoa highlight the impacts of systemic, institutional and interpersonal racisms on achievement, student experiences of school, and well-being (for example, Bishop et al. 2003; Bishop and Berryman 2006; Alansari et al. 2020). The MHEG takes into account this research and suggests that schools allocate the differentiated attention, resources and opportunities needed to reach equitable outcomes in mental health education. It also suggests that schools study the origins of these issues.

As a part of the social justice-based underpinnings of the MHEG, ākonga learn about discrimination, different experiences of and approaches to mental health, and explore values such as respect and care for themselves and others. Furthermore, the MHEG recognises the particular needs of specific Tangata Tiriti groups and suggests strategies to respond to these needs so that mental health education can be culturally sustaining, evidence based, and equitable. This is needed as eurocentric approaches to

education and curriculum continue to be the 'taken-for-granted' norm in schools, which disadvantages and excludes minority students (Boyd et al. 2021). The MHEG recommendations focus on what can be learnt about mental health education from mātauranga Māori and other knowledge systems, equity in access, learning, and visibility of diverse worldviews and perspectives so that all students have the opportunity to succeed.

Pacific Ākonga and communities

The MHEG argues that schools must engage with the diverse and ever-changing sociocultural experiences and realities of Pacific populations as well as Pacific mental health concepts in order to diversify curriculum and support the learning and visibility of Pacific ākonga and communities. Māori and Pacific peoples share whakapapa. Subsequently, many of the principles, values and approaches that underpin Pacific ways of being, knowing and doing align closely with Māori (Enari and Haua 2021; O'Reilly et al. 2018). As Tangata Tiriti – the MHEG gives examples of existing Pacific frameworks that may be helpful including Tapasā (Ministry of Education 2018), the Fonofale model (Agnew et al. 2004; Pulotu-Endemann 2001) as well as engagement processes such as Talanoa (Vaioleti 2006). In this way, the MHEG encourages schools to provide learning that is accessible to Pacific ākonga and communities, drawing on relevant and inclusive Pacific mental health education worldviews and realities.

Asian Ākonga and communities

While recognising that Asian communities are diverse and encompass multiple ethnicities and cultures, the MHEG suggests key considerations for schools in the teaching of Asian ākonga. For example, the MHEG recognises the stigma attached to mental health in some Asian communities that impacts the disclosure and attitudes around mental health. Generally, Asian understandings of mental health, like Māori and Pacific, are holistic (Sobran-Maharaj and Wong 2010). It is therefore important that schools consider holistic, collectivist, and respectful approaches to mental health and well-being and reflect Asian mental health concepts in curriculum – for instance the concept of 'saving face' (Hu 1944; Qi 2011) – to support Asian ākonga.

Takatāpui and LGBTQI+ ākonga and communities

Takatāpui and LGBTQI+ students are also specifically recognised in the MHEG and schools are encouraged to consider and act on the additional cisheteronormative obstacles to good mental health and well-being that some gender and sexual minority youth face including homophobia and transphobia (Chiang et al. 2016; Clark et al. 2014; Fenaughty 2019;Roy et al. 2023). Responding to these factors means ensuring that teachers, schools, and curriculum are inclusive of, and responsive to, the needs of takatāpui and LGBTQI+ ākonga. The MHEG suggests that 'Programmes should acknowledge gender, sexual, and sex characteristic diversity and make sure that resources and teaching address the full range of these identities' (p. 78).

Disabled Ākonga and communities

The MHEG asserts that including disabled ākonga is a 'matter of social justice because everyone should have access to learning in a way that works for them' (p. 78). Disabled ākonga are a diverse group each with unique intersecting identities including cultural, ethnic, language, sexuality and gender. The MHEG emphasises that programmes need to be inclusive of disabled ākonga, their experiences and individual learning goals, it states, '[i]t is important that mental health education programmes are inclusive of neurodiversity and neurodivergent experiences. All ākonga need to be able to identify their needs when things in the environment (physical and social) are impacting on their mental health and need to feel comfortable taking action or advocating for change to meet those needs.' (p. 79) The MHEG also recognises that there are likely further groups within school communities whose needs must be considered and recognised in curriculum. These include but are not limited to '[r]efugee' and 'other cultural and religious groups' (MHEG, p. 32).

Mental health education must ensure that all students (Māori and Tangata Tiriti) develop a sense of rangatiratanga (authority and self-determination) over their own mental health and education. Bishop (2003) defines self-determination from a kaupapa Māori perspective as 'the right to determine one's own destiny, to define what that destiny will be and to define and pursue means of attaining that destiny' (p. 225). One's own destiny is of course intrinsically tied through whakapapa to the destiny of all others, and it is the recognition of this that also underpins Māori understandings of rangatiratanga. Key to self-determination for ākonga is the need to feel as though they are connected to others who support their aspirations, connected to spaces and places that affirm their identities, and equipped with the socio-cultural and psychosocial competence to navigate difference and diversity. These skills function to sustain mana ōrite / rite tahi – experienced as student academic efficacy, mental health and well-being in the face of adversity (Webber and Macfarlane 2020).

A Tiriti-led approach to consultation and connection with communities

Te Tiriti o Waitangi can provide a framework for the relationship between schools (and their boards of trustees) and the communities they are a part of. When conducted in a culturally and socially conscious way, this relationship can embody effective governance (article one), can honour Māori as tangata whenua (article two), and can encourage equal participation and inclusion for equitable mental health education and outcomes (article three). Boards, as governance entities, are responsible for adopting and following a consultation process (kāwanatanga) that reflects Te Tiriti is in two key ways – by consulting with the Māori community (rangatiratanga) and the wider school community (mana ōrite / rite tahi).

The arguments explored in the 'Kāwanatanga (article one) and Rangatiratanga (article two)' section above highlight two key elements to the former two articles of Te Tiriti (1) the risk of simplistic/binary understandings of groups and relationships (Bell 2014; Hoskins 2017; Jones and Jenkins 2008) and (2) the power and possibilities when engaging in relationships that are collaborative and reciprocal (Hoskins and Jones 2020) and that recognise existing power relationships without accepting them (Jones and Jenkins 2008).

We suggest that collaboration with school communities is therefore a vital expression of Tiriti informed relationships if conducted in a way that considers the needs and rangatiratanga of all ākonga and community groups. Engaging in consultation that reflects Te Tiriti is twofold – consulting with the Māori community (rangatiratanga) and the wider school community (rite tahi). As a whole, Tiriti informed engagement demands openness and reflexivity from all parties particularly schools who we suggest must enact a listening and learning (teina) role. Parent engagement and voice can enable curriculum and school wide mental health approaches that support rangatiratanga and are mana enhancing for all students. Here, we briefly outline what this process requires of school as it aligns with the articles of Te Tiriti.

Firstly, schools must actively engage with the Māori community including but not limited to ākonga, whanau, iwi, hapū and other Māori community groups. The Education Training Act (New Zealand Government 2020), section 10(1) states that the Māori community is an essential part of a school community. Additionally, rangatiratanga (as guaranteed by Te Tiriti) can be enacted through Māori community decision making about mental health education, ensuring Māori have authority over mātauranga Māori in the curriculum and wider school. Specific practices must involve Māori at every stage, communicate in warm and open ways, ask Māori what mental health looks like for them, and incorporate tikanga in school practices. Face-to-face engagement is also a key practice that has been discussed by Hoskins and Bell (2020) as a powerful practice linked to Te Tiriti relationships that, when conducted effectively, can enhance the mana of both parties.

Secondly, all Tangata Tiriti should be included in the consultation process. Throughout the document, the MHEG make clear that schools need to create protocols to engage and form relationships with parents, caregivers and the wider school community. These protocols must include specific considerations for 'Māori, Pacific, Asian, takatāpui and LGBTQI+, Refugee, Disabled, and other cultural or religious groups in a school's community' (MHEG, p. 32). In order to successfully engage with these groups social, cultural, and other factors specific to each group need to be considered. These considerations can provide an equitable foundation for school and board consultation practices, which will influence curriculum and school-wide mental health education.

Lastly, when boards and schools work with school communities effectively, they take on a teina role. Traditionally, tuakana (senior/older sibling) and teina (junior/younger sibling) were defined by birth order, whakapapa and mana (Winitana 2012). Tuakana are percieved to have a higher social position and more status than teina (Mead 2006). In pedagogy, the tuakana-teina relationship is considered a reciprocal method of learning in which both the tuakana (tutor) and teina (student) benefit. In the context of engagement, taking a teina role means engaging in an active learning process, open to being taught by the community who are experts in how to support and educate their tamariki about mental health and well-being. Hetaraka (2019) states how a 'focus on discussion positions the school as expert; had the focus been on listening, schools could potentially position whānau and parents as experts on their children' (p. 164). Thus, schools are encouraged to enact a teina role, and listen to develop the mana and rangatiratanga of their communities.

In their discussion of community development, Munford and Walsh-Tapiata (2006) identify the two core components of self-determination – 'having one's voice heard

and having opportunities for developing knowledge so that participation can be extended and strengthened' (p. 435). By allowing ākonga and communities to define mental health and well-being for themselves and say how this is reflected in curriculum, pedagogy, and wider school culture, schools are developing the rangatiratanga of ākonga and communities.

He whakaaro whakamutunga – concluding thoughts

This article has argued that individualistic approaches to mental health education are inadequate. It lays down a challenge for schools, through the development of the MHEG, a new curriculum policy that is contextually relevant to Aotearoa. We argue that when guided by Te Tiriti o Waitangi, mental health education policy can give clear direction for schools and boards, be inclusive of diverse worldviews and experiences, and be community-led. This article has explored the MHEG as an example of how Te Tiriti can be used as a framework to not only honour Māori as tangata whenua, but also respond to and include the current multicultural and diverse population of New Zealand. The MHEG emphasises the kāwanatanga responsibilities of boards and schools to create safe and inclusive school environments and consult with their communities about mental health (article one). Furthermore, by working with Māori communities and weaving mātauranga Māori into mental health education in meaningful ways, rangatiratanga is honoured and developed (article two). Lastly, mana ōrite / rite tahi (article three) is developed when the rangatiratanga of all students is a central focus. This is assisted by appropriately consulting with diverse school communities and embedding the perspectives of Māori, Pacific, Asian, takatāpui and LGBTQI + and disabled communities within school-wide mental health approaches and mental health curriculum. When curriculum policy is Te Tiriti-led, mental health education is enriched with diverse worldviews and uniquely rooted in Aotearoa, representative of, and relevant to, the communities in which schools are located, and enabling of the rangatiratanga of all ākonga.

Note

1. A Māori word for health and wellbeing that signals to be fit, well, healthy, vigorous, in good spirits (Te Aka). It has a strong place in health education curriculum policy as connected to Mason Durie's (1994) Te Whare Tapa Wha model.

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