Exploring Frontline Police Responses to, and Interactions with, Māori Experiencing Mental Distress in South Auckland, Aotearoa New Zealand

Kiri Hunter

Ngāti Kahungunu, Rangitāne, Ngati Maniapoto, Pākehā

A thesis submitted to
Auckland University of Technology
in fulfilment of the requirements for the degree of
Doctor of Philosophy (PhD) Health

2024

School of Clinical Sciences

Karakia timatanga

Kia hora te marino
Kia whakapapa pounamu te moana
Hei huarahi mā tātou i te rangi nei
Aroha atu, aroha mai
Tātou ia tātou katoa
Hui e! Tāiki e!

May the peace be widespread
May the sea be like greenstone
A pathway for us all this day
Let us show respect for each other
For one another
Bind us all together![1]

[1] The term 'karakia timatanga' used in this thesis means opening prayer. This karakia contains a proverb that speaks of the willingness for calmness in the face of turmoil and threat, and that drawing from the strengths of the past will provide for a healthy future.
Te Reo Māori (Māori language) words and phrases are used throughout this thesis and approximate English translations are provided alongside each word or phrase in brackets, in text, or as a footnote. A glossary of all Māori terms and phrases is also provided in *Appendix D*: Glossary. These English translations are provided to ensure that this thesis can be understood by all readers.

Abstract

Emergency mental health demand in Aotearoa New Zealand currently stretches beyond the 'ideal' functions of frontline policing. Mental distress callouts range from welfare checks to mental health crises, with around-the-clock police responses occurring at the nexus of mental health, social, and criminal justice systems. This means that when frontline police work alongside mental health professionals, the practice boundaries that should ideally define their discrete functions become blurred. In recognition of the government's accountabilities under the nation's founding document, Te Tiriti o Waitangi, New Zealand Police value being culturally and equitably responsive to Indigenous Māori. However, social justice discourses endure as Māori health disparities persist. This study therefore informs an under-researched topic and strategic priority for both Māori and New Zealand Police. It explores frontline police responses to, and interactions with, Māori experiencing mental distress in South Auckland, or Counties Manukau Police District.

With a critical kaupapa Māori lens informed by intersectionality, my study is complementary and sympathetic to Indigenous and Western theoretical perspectives. It relies on data generated from qualitative research methods conducted over two distinct phases. The whānau experience phase involves kaupapa Māori narrative inquiry with five participants from three different whānau interviewed during marae-based hui. The narratives are interpreted using a whakapapa and intersectionality framework. The police experience phase involves six months of ethnographic fieldwork, with ride-alongs and informal conversations with 32 frontline police conducted over 120 hours, and five semi-structured interviews. Through reflexive thematic analysis a richly contextualised and interpretative narrative of the police experience dataset is produced. The biphasic findings are then analysed as a complete, integrated data set, and responses to the study questions established.

My findings emphasise the intersectional impact of multiple marginalised social positions for whānau Māori and the diversity of mental distress events. Frontline police played a key role in maintaining unwell, or otherwise mentally distressed whānau in the community, yet they also acted as agents of social exclusion and criminalisation when complex events led to more reactive and formalised pathways. Inherent to frontline policing are the concepts of power-holder legitimacy, coercion, and identity management yet, despite the perception that frontline police have considerable power, the reality is they often felt powerless to act in people's best interests. As default mental health providers police encountered mental health service access barriers, they managed complex cross-sector relations and occupied a liminal 'waiting room' space. They also received minimal mental health or Māori cultural responsiveness training. With no mechanisms for police to advocate for broader hauora Māori needs, biomedically centred public mental health services were instead viewed as the triage service that should lead the mental health and cultural needs of whānau. Frontline police worked to counter existing stereotypes around police bias and discrimination towards Māori, yet that mindset meant they treated all people equally. A state of stereotype paralysis existed which inhibited more equitable responses. Given the huge volume and repetition of the work by police dealing with mental distress events, it was made clear that failures in the mental health response, both clinically and culturally, must be urgently addressed. A cross-sector approach that recognises police's place as a social service provider that protects the public, that considers the interactive effects of multiple minority status, and that promotes an equitable and holistic te ao Māori sociocultural model of health is required.

TABLE OF CONTENTS

List of figures

List of tables

Attestation of authorship

I hereby declare that this submission is my own work and that, to the best of my knowledge and belief, it contains no material previously published or written by another person (except where explicitly defined in the acknowledgements), nor material which to a substantial extent has been submitted for the award of any other degree or diploma of a university or other institution of higher learning.

Signed: Kiri Hunter

Student ID: 20119548
Date: 30.03.2024

Acknowledgements

While this thesis carries my name, completion of this qualitative kaupapa Māori study would not have been possible without the vision and forethought of the Marsden project lead investigators, wider research team, and the New Zealand Police Marsden oversight committee. I therefore want to acknowledge and thank you for the opportunity to be involved in such a valuable and timely project. Also, to those whānau Māori whose homes and places I entered and lives I witnessed during my ride-alongs and fieldwork observations, and to the police located across Counties Manukau Police District, ngā mihi nui ki a koutou - thank you for the insights and study support.

To my wise supervisory team of four 'Aunties', Professor Jacquie Kidd (Ngāpuhi), Associate Professor Katey Thom, Associate Professor Sarah Gordon; and my original academic mentor, inspirer and inspiration, Associate Professor Catherine Cook. Each of you has generously shared your own subject expertise and wider knowledge with me. Your support throughout this study has been outstanding and I would not have learnt as much without you - arohanui ki a koutou - huge respect.

I remain grateful for the support and guidance of kaumatua Pare Rauwhero (Ngāti Te Ata, Ngāti Pāoa, Ngāti Hine, Ngāti Maniapoto), study advisors Stella Black, Manu Sione, Kerrie Butler, Patricia Riley, and Tau Huirama. Also, Papakura Marae staff Tony Kake, Karena Wilson-Stephens, Jordana Tangaere, Kahikatea Wilson, Misipati Vui, and Kiri Kawakawa-Creagh. My proofreader and reference checkers, Dr Angela McLean and Don George.

There are many other individuals and organisations, employees, critical friends, guides and whānau who have supported me to complete this doctoral journey. They include Clive, my daughter Ruby, mum and dad Andrea and Richard, and sister Justine. Also, Professor Stephen Neville, Dr Sue Adams, Dr Annette Huntington, Nicole Akuhata, Susan Stephens, Hāmihi Duncan, Suzanne and Henry across-the road, Megan Williams, Melissa Banks, and my waka girls.

The following scholarships, grants, and funding received over the past three years have enabled full-time study. The Royal Marsden PhD Scholarship, Waikato-Tainui Doctoral Scholarships 2021-2023, Te Rau Ora Māori Health Leadership Scholarships 2022-2023, Ngāti Kahungunu Iwi Inc. Scholarships 2021-2023, Hauora Māori Scholarships Manatū Hauora/Ministry of Health 2021-2022, and Te Pitomata Te Aka Whai Ora/Māori Health Authority Scholarship 2023, Maniapoto Māori Trust Board PhD Grant 2021, Nelson Marlborough Institute of Technology Research Fund 2020.

Auckland University of Technology Ethics Committee (AUTEC) Human Research Ethics approval was received March 2022. Ethics application no. 22/25 Exploring police responses to, and interactions with, Māori experiencing mental distress in South Auckland (Appendix A: Ethics Approval). My Ngāti Maniapoto whanaunga[2] passed on to me the following words of wisdom from our tupuna[3] Te Puea Hērangi (1883–1952) as a korowai[4] for this study:

Whaia te matauranga engari me hoki mai he whaariki mo to iwi.

Pursue knowledge but always return to your people to share the benefits of your learning.[5]

[2] The te reo Māori term 'whanaunga' used in this thesis means relatives.
[3] The term 'tupuna' means ancestor.
[4] The term 'korowai' means a traditional Māori cloak.
[5] This phrase is an example of a whakatauākī or Māori proverb, where the original speaker is known.

1. INTRODUCTION

1.1 Researcher position

Ko wai au?	Who am I?
Ko Ruahine rāua ko Motakiora ōku maunga	Ruahine and Motakiora are the mountains
Ko Mākāretu rāua ko Mangaokewa ōku awa	Mākāretu and Mangaokewa are the rivers
Ko Takitimu rāua ko Tainui ōku waka	Takitimu and Tainui are the voyaging canoes
Ko Ngāti Kahungunu rātou ko Rangitāne,	Ngāti Kahungunu, Rangitāne,
ko Ngāti Maniapoto ōku iwi	and Maniapoto are the tribes
Ko Ngāti Mārau rātou ko Ngāti Rora,	Ngāti Mārau, Ngāti Rora,
ko Ngāti Apakura ōku hapū	and Ngāti Apakura are the subtribes
Ko Rākautātahi rāua ko Te Tokanganui-a-Noho	Rākautātahi and Te Tokanganui-a-Noho
te whare tūpuna	are the ancestral meeting places
Ko Kiri Hunter tōku ingoa	My name is Kiri
Hunter[6]	

My inclusion in a particular socio-historical and cultural context will influence the way I see and interpret other peoples' worlds. To position myself as primary researcher within this kaupapa[7] Māori informed PhD study is to identify myself and where I come from, so there is no guise of neutrality or assumed objectivity (Ministry of Social Development [MSD], 1999). Inspiration for my thesis, like my own bicultural and healthcare professional background, developed from two places of personal and professional value: firstly, my aroha[8] for whānau Māori[9]; secondly, my respect for individuals whose public service inclinations have led them to pursue a career in the New Zealand Police (NZP) service.

My study of Māori, NZP and mental distress involves two distinctly different social groups and cultures, meaning my boundaries between insider and outsider status are at times blurred. To explain, I am neither a member nor practitioner within the occupation of policing and, prior to this study, did not possess intimate knowledge of the NZP community. I therefore began this study of police work from the broad and largely objective perspective of a naïve inquirer. I am however a wahine[10] Māori; my whakapapa[11] or Māori ancestral connections to the Pacific descend through my paternal grandparents. I am therefore tangata whenua[12], an Indigenous person of Aotearoa New Zealand (Aotearoa NZ).[13]

---

[6] This 'mihimihi' or formal introduction is my way of introducing myself in Māori culture. It is a 'pepeha' or story that identifies who I am as an indigenous Māori, where I'm from and where I belong in Aotearoa NZ.
[7] The te reo Māori term 'kaupapa' used in this thesis means Māori principles and ideas used as a basis for action.
[8] The term 'aroha' used in this thesis means love and compassion.
[9] The term 'whānau Māori' is used throughout this thesis refers to extended family of Māori participants, those with genealogical links to Indigenous Māori, or simply from my researcher perspective - extended family.
[10] The term 'wahine' used in this thesis means woman.
[11] The term 'whakapapa' used in this thesis means genealogy, layers of descent.
[12] The term 'tangata whenua' in this thesis means Indigenous person of the land.
[13] 'Aotearoa' is the te reo Māori name for New Zealand, the country of focus for this thesis. The name was originally used by Māori in reference to only the North Island, with the whole country being referred to as

I am also of fair features and have blue eyes, which spurs my Māori father to link me to the Māori folktale of the fairy people, Patupaiarehe - heard in the Waikato and King Country, Ngāti Maniapoto[14] region where my grandmother originates from. In Māori mythology, Patupaiarehe[15] are supernatural beings (he iwi atua[16]) that are described as pale to fair skinned, with blonde or red hair (Cowan, 1921). I am pleased at this connection; it makes me smile. In effect, I am also of northern European descent on my maternal side: we are, Scottish, Lebanese, and English of origin. I am therefore also tauiwi[17], or Pākehā.[18] My physical and spiritual identity and whakapapa affords me a truly bicultural lens typical of the diversity of Māori indigeneity today.

In a study that considers intersectionality, where social modes of existence shape interactions, my personal experience in Aotearoa NZ is of strangers socially assigning me to the dominant ethnic group of Pākehā/European. Other Māori similarly assigned as Pākehā recognise this public misconception as both advantageous and a protective factor (Gillon et al., 2019). In retrospect, my ngākau[19] Māori (heart and soul) leaves me painfully alert to what is effectively a racialised and white superior Aotearoa NZ society, where the discursive processes of marginalisation and inequity persist because of colonisation.

Navigating a bicultural identity has provided me a depth of social and cultural understanding, and opportunities to gain wider behavioural repertoires and competencies. Of significance to this study is my holding true to Māori values, perspectives, beliefs, and knowledge. I have a well-developed sense of genealogical and cultural place within Aotearoa NZ. As the following whakataukī[20] infers:

E kore au e ngaro; he kākano ahau I ruia mai I Rangiātea.[21]
I can never be lost; I am a seed sown from Rangiātea.

My reasons for completing this doctoral research extend beyond a personal desire to develop as an academic, create new openings, and professional opportunity. At the core is my sense of responsibility to actively contribute to the advancement of Māori health and social wellbeing. My professional identity stems from over thirty years' experience as a registered nurse working in both Aotearoa NZ and Australian healthcare and education settings. I am an educator and researcher of cultural safety, Kawa Whakaruruhau[22], the nation's treaty (Te Tiriti o Waitangi)[23], de/colonisation and Māori health topics. I also research issues around professional socialisation and role modelling for nurses. I am therefore uniquely positioned to work with diverse community and institutional partners to support community-centered equitable approaches to improve the health and safety of whānau Māori.

Aotearoa me Te Waipounamu (North Island and South Island). 'Aotearoa NZ' is the abbreviated name for and is selected for use throughout this thesis. See 2.8 *Study locality* Figure 1.

[14] 'Ngāti Maniapoto' is a Māori iwi (tribe) based in the Waikato-Waitomo region of the North Island.

[15] 'Patupaiarehe' are considered by Māori to be supernatural beings.

[16] The te reo Māori phrase 'he iwi atua'in this thesis means ancestor with continuing influence, supernatural being.

[17] The term 'tauiwi' used in this thesis means people from other lands.

[18] The term 'Pākehā' used in this thesis means non-Māori white New Zealander.

[19] The term 'ngākau' used in this thesis means heart and soul.

[20] Whakataukī are proverbs with unknown origins, they give insight into Māori thought.

[21] Rangiātea is a place in Hawaiki and point of final dispersal of some migration canoes. It is also a mountain of significance in Ngāti Maniapoto territory.

[22] The term 'kawa whakaruruhau' means cultural safety within the context of nursing Māori.

[23] Te Tiriti o Waitangi/ The Treaty of Waitangi as the nation's founding document and is further described in 1.3 *Study rationale.*

1.2 Preamble

During the decade until 2020, in my previous kaiako neehi[24] - nurse educator role, I noticed a distinct increase in the prevalence of tertiary students who were experiencing mental distress. Anecdotally, students shared with me their stories of past trauma and of complex whānau and social histories. I heard accounts of interactions with police officers, emergency department personnel, and mental health professionals. The commonality of physical self-harm amongst these students had also become evident to me. Often, but not always, these young adults identified as Māori.

In my pastoral care and tauira[25] Māori support function, I would listen and counsel. At the forefront of my enquiries and concerns was their existing relationships with whānau, and connections to social or mental health support networks. I would sometimes encourage their access to primary healthcare services, including general medical practitioners and Māori health providers, and was ever mindful of peer group dynamics (and distractions) across learning spaces.

My memory of Tui (pseudonym), a young wahine Māori with chronic and debilitating mental ill-health, remains vivid. Sometimes weekly, and over several years, frontline police and mental health professionals from the local crisis team would be called to Tui's various lodgings. They were tasked with managing and supporting her through and beyond multiple suicide attempts. In the classroom and over time, I noticed a shift from en masse peer group concern for Tui, to her almost complete social exclusion.

I would often pause to speak with Tui in the campus cafeteria, her hang-out place. One day she shared with me that she had plenty of stories about police, ranging from good to 'absolutely shocking'. The frequent deployment and practices of frontline response officers during her times of mental health crises left an indelible impression on her. The situation made me wonder about the police personnel who attended Tui – how prepared they were, what they thought, how they behaved, and how they coped? Tui's haerenga[26] through life had become such a well-known and almost predictable story of such desperate intent.

[24] The te reo Māori terms 'kaiako' and 'neehi' used in this thesis means teacher, and nurse respectively.
[25] The term 'tauira' used in this thesis means student.
[26] The term 'haerenga' used in this thesis means journey.

1.3 Study rationale

The focus for my thesis has developed from several assumptions about the position of Māori in Aotearoa NZ, and the role of frontline police working at the nexus between mental health and justice systems. As the principal law enforcement agency, New Zealand Police (NZP) are an integral part of the social service sector focused towards supporting the safety and wellbeing of people and communities (Policing Act 2008; Public Service Commission, n.d.). Māori continue to experience inequities in access, treatment, and outcomes across police and health services compared to non-Māori however.[27] A key focus of this study is considering the rights and needs of systematically underserved Māori, in the context of police responses to mental distress.

This research is framed from a social justice position where cross sector support to deliver equitable outcomes for Māori is paramount. Equity is a guaranteed right under the text of the nation's founding document Te Tiriti o Waitangi (te Tiriti).[28] The text of te Tiriti and declarations made during its signing outline bi-cultural principles that are primarily concerned with how the Crown[29] and Māori behave in their interactions with each other:

> The Crown (New Zealand Government), as the kaitiaki[30] and steward of the health system (under article 1 of Te Tiriti), has a responsibility to enable Māori to exercise authority over their health and wellbeing (under article 2) and to achieve equitable health outcomes for Māori (under article 3) in ways that enable Māori to live, thrive and flourish as Māori (Ritenga Māori declaration[31]) (Ministry of Health [MOH], 2023, p. 8).

There is much evidence of the enduring and repugnant effects of colonisation upon Māori despite this constitutional agreement, however (Human Rights Commission [HRC], 2022; Jackson, 1987; NZG, 2022; Waitangi Tribunal, 2023). Prior to developing the proposal for this study, my past research evidenced the challenges faced by Māori nurses across Aotearoa NZ healthcare settings when integrating Māori cultural imperatives into clinical care. Evidenced in the practices of other healthcare professionals, including non-Māori, were culturally unsafe approaches to care that disempowered the cultural identity, mana[32] and wairua[33] of Māori, including stark examples of personally mediated and structural racism (Hunter, 2019; Hunter & Cook, 2020a, 2020b). Ongoing discrimination occurs towards Indigenous Māori, despite a directive that registered nurses be culturally safe and honour the principles of te Tiriti (Nursing Council of New Zealand, 2011, n.d.). Discriminatory practices towards Māori are of ongoing cultural, political, and social concern, and demonstrate the extent to which Māori health and wellbeing is not currently protected (Wikaire et al., 2022).

For NZP, public satisfaction is not attributed to a single factor but is the outcome of how well police officers meet community expectations across several areas including: cultural awareness, ethical behaviour, empathetic response, and fair and equitable outcomes (NZP, 2022). In the 2019/2020 NZP Citizens' Satisfaction Survey, a positive association was established between policy and police satisfaction with a relatively high public satisfaction score (77%) (NZP, 2020). However, those of

[27] Māori inequities are discussed in 2.5 *A right state of distress* and 2.6 *The criminal justice system.*
[28] Further discussion of te Tiriti is presented 2.3 *Health and tikanga as taonga.*
[29] The Crown in Aotearoa NZ is the executive government made up of government agencies.
[30] The term 'kaitiaki' in the context of te Tiriti and within this thesis means guardian.
[31] According to Te Puni Kōkiri - Ministry of Māori Development (2001), the Ritenga Māori declaration (often commonly referred to as the 'fourth article') was drafted in te reo Māori (the Māori language) and read out during discussions with rangatira (Māori leaders) about te Tiriti. It recognises and protects Māori customary rituals (known as Ritenga Māori), which are framed by the Māori world (te ao Māori), enacted through Māori philosophy and customary practices (tikanga Māori), and encapsulated within Māori knowledge (mātauranga Māori).
[32] The te reo Māori term 'mana' used in this thesis means prestige, status, or spiritual power.
[33] The term 'wairua' used in this thesis means spirituality or spirit.

European descent are significantly overrepresented in this survey and are also more likely to give positive ratings. For Māori, police satisfaction levels have progressively declined from a baseline of 76 per cent in 2009, to 65 per cent in 2020 (NZP, 2009; Gravitas, 2020). Although NZP recruit training briefly covers components of Māori culture and protocol[34] (NZP, n.d.-b), and Māori responsiveness and te Tiriti feature in the curriculum and across organisation messaging (M. Cole, email, 27th June 2023), there is no specific workforce directive that frontline officers must demonstrate cultural awareness or competence. So how does Māori cultural responsiveness and equity translate into frontline police work with whānau who are experiencing mental distress?

Along with other researchers, I challenge that attempts to embed a commitment to address racism and promote health equity have become all too familiar across government organisations with promising shifts in power-sharing that only partially fulfil te Tiriti responsibilities (Came et al., 2021; Rae et al., 2023). Organisational strategies that look promising, yet fail to translate to practices on the ground, may be considered tokenistic as they neglect to redress the damage and disempowerment of Māori (Independent Working Group on Constitutional Transformation, 2018; Wikaire et al., 2022). As Came et al. (2021) argue, the meeting of te Tiriti obligations is hindered by the overwhelming influence of neoliberalism on social policy and continued decontextualised universalism. The implications of this hindering continue to deny and denigrate the collective needs of Māori. Ross (2020) concurs that colonisation continues in the ongoing protection of benefits by and for those who already have power and resources. Community-based evidence and localised solutions are required to bridge the gap between disproportionate inequities and NZP service objectives.

There is a dearth of research examining police approaches to Māori experiencing mental distress in Aotearoa NZ, or/including the impact of police responses and interactions. This absence is problematic in an era where delivering equitable health, justice and social services is key to transforming Māori health and wellbeing. I wonder how frontline officers demonstrate responsive to Māori and te Tiriti, and if tikanga[35] Māori, or cultural beliefs and values inform their engagement? Given the findings of my previous study, I wonder whether Māori cultural imperatives are considered by police at all during interactions? For example, consideration of the mana or unique identity of Māori; of whanaungatanga[36], or the importance of kinship ties; and of manaakitanga[37], or the importance of showing respect and care for others. As the following whakatauākī infers, there is much Māori-centred reclamation work in progress today that endeavours to redress the decline of Māori culture and language and improve the lives of whānau living in Aotearoa NZ. This kaupapa Māori study is, therefore, a response to ongoing colonialism.

Kua tawhiti kē tō haerenga mai kia kore e haere tonu, He nui rawa āu mahi kia kore e mahi tonu.

We have come too far not to go further; we have done too much not to do more.

Sir James Hēnare (1911-1989)

[34] Further discussion around NZP training is provided in 3.11 *Flax roots training of NZP and beyond*.
[35] The te reo Māori term 'tikanga' in this thesis means protocols and customary system of Māori values and practices.
[36] The term 'whanaungatanga' in this thesis means relationship or a sense of connection.
[37] The term 'manaakitanga' used in this thesis means the process of showing respect, kindness, hospitality and care for others

1.4 Study overview

Ngā hiahia kia titiro ki te tīmata, ā, ka kite ai tātou te mutunga.
You must understand the beginning if you wish to see or understand the end.

This whakataukī encapsulates how important it is to frame my study well from the beginning. This chapter will introduce the topic of New Zealand Police (NZP) frontline response staff[38] as first responders to mental distress events involving Indigenous Māori of Aotearoa NZ[39]. The research aims, methods for data collection, and analysis will follow. The chapter will conclude with a structural overview of subsequent chapters.

1.4.1 Police, Indigenous Māori, and mental distress

> What the existence of police makes available in society is a unique and powerful capacity to cope with all kinds of emergencies... rushing to the scene of any crisis whatever, judging its needs in accordance with canons of common-sense reasoning, and imposing solutions upon it without regard to resistance or opposition. In all this they act largely as individual practitioners of a craft... (Bittner, 1974, p. 34)

Ngā Pirihimana o Aotearoa[40] - NZP have performed a trusted and central role in keeping Aotearoa NZ communities safe for more than 180 years. The longevity of the police constabulary reflects a long-held expectation of the public that police will be the first to respond in life-threatening events and emergencies. It also "reflects the effectiveness of having people with broad powers and protections, and an equivalently broad operational discretion, who take on a personal accountability to promote safety and security" (Police Act Review Team, 2007, p. 41). The adaptive nature of policing, as earlier portrayed by Bittner (1974), is critical to NZP involvement in mental distress events today. Mental health crises and calls to emergency services via 111 often represent critical intersections in people's lives.

Legislation provides a legal framework for NZP responses to mental distress. According to the Policing Act 2008, frontline officers are expected to help victims and witnesses and protect the vulnerable, and their around-the-clock availability means they are highly accessible. The Mental Health (Compulsory Assessment and Treatment) Act 1992 (MH Act)[41] gives police the legal authority to intervene when people are believed to be suffering from a 'mental disorder'. Under Section 109 of the MH Act, NZP have powers in relation to a person found mentally distressed in a public place. They may take that person to a hospital, mental health facility or police station and arrange for a mental health professional to examine the person, however this power does not apply to people on private property. Whereas under Section 38 a Duly Authorised Officer (DAO)[42] intending

[38] New Zealand Police frontline response staff are police constabulary officers, with the powers and duties attached to that office, and who are available to attend incidents and offences.
[39] Māori hold a distinct and special status as the Indigenous peoples, or 'tāngata whenua', of Aotearoa NZ.
[40] Since the 1840 Tiriti o Waitangi was legally ratified in 1975, the indigenous status of Māori has been increasingly recognised including te reo Māori translation of New Zealand Police (Ngā Pirihimana o Aotearoa). The Māori name literally translates to 'the Police Officers of New Zealand'.
[41] According to the source the MH Act is a New Zealand legislation that defines the circumstances and conditions under which individuals may be subjected to compulsory psychiatric assessment and treatment and provides better protection for their rights. The Act was assented on 15 June 1992 and is administered by the Ministry of Health.
[42] Duly authorised officers (DAOs) in Aotearoa NZ are health professionals designated and authorised by a Director of Area Mental Health Services to perform the functions and exercise the powers conferred by the MH Act.

to conduct an assessment examination may request police assistance in transporting a person. A police officer may then enter the premises, detain and/or transport the person under Section 41.

Key to this thesis is NZP's role as a frontline responder to mental health-related events involving Indigenous Māori. At an organisational policy level and situated within NZP values[43], NZP evince a commitment towards being an active and engaged te Tiriti partner, and value being responsive to Māori as tāngata whenua (NZP, 2020c). To this end, they are committed to applying principles originally derived from the underlying tenets of te Tiriti: partnership, protection and participation[44] (NZP, 2020c, 2022). However, the Aotearoa NZ criminal justice system is an area of ongoing concern, with relationships between NZP and iwi Māori[45] long affected by historical, social, economic, and political complexities[46] (R. Webb, 2017). Frontline police are therefore vulnerable, working at the forefront of a system where issues of structural discrimination and ethnic bias are evident (HRC, 2022; Workman, 2011). Of relevance to this study is that mental health-related emergency callouts involving Māori remain a police matter, until such time as a health professional becomes involved.

Mental health-related incidents represent a significant proportion of calls to the NZP service. Despite increasing prioritisation of mental health care over the last decade, there is an increasing rate of mental ill-health and suicide events in the community (NZG, 2018; Wikaire et al., 2022). New Zealand Police attended more than 77,000 1M (mental health-related) and 1X (self-harm/attempts suicide) coded events nationwide over the year 2022/2023; an increase of 64 per cent in the last five years, with further increases predicted (Brook, 2022; NZP, 2023a). A contributing factor is the under-resourcing of mental health services whereby not enough early intervention and primary prevention pathways are provided, instead mental distress is treated once health is deteriorated (Durie, 2018; NZG, 2018; Office of the Prime Minister's Chief Science Advisor, 2017). The involvement of NZP has steadily increased with the limited availability of crisis services, and in recent years, the COVID-19 pandemic and its lasting impacts (NZP, 2022).

Included within mental health-related calls to NZP is a disproportionate increase in the number of lower-priority events. Nearly 80 per cent of mental health-related calls for service actually pose no immediate risk to people or property (Macdonald, 2018; NZP, 2017). Regardless, NZP are unable to meet the demand, with half of all such calls cancelled as higher priority events take precedence (NZP, 2021a). During lower priority calls that police do attend, the nature of police discretion is wide and little transparency over its exercise is required (Hendy et al., 2022; Li et al., 2020). Whilst the statutory obligation of NZP is to protect the safety and welfare of the public (Policing Act 2008), the debate over police having become default frontline response personnel to mental health-related-events, persists.

New Zealand Police frontline response staff are constables deployed to undertake a broad range of general duties. They are the face of policing and are responsible for responding to distress calls directed to police. However, NZP are careful to point out that they are not the lead agency, nor are

[43] New Zealand Police values are represented within the abbreviated term 'P.R.I.M.E.D.' which stands for: Professionalism, Respect, Integrity, Māori & the Tiriti, Empathy, and Diversity.
[44] A further discussion of the nation's treaty and principles follows in 2.3 *Health and tikanga as taonga.*
[45] The term 'iwi' used in this thesis means tribe, these are the largest socio-political units in Aotearoa NZ Māori society, 'iwi Māori' refers to all Māori people.
[46] Historical, social, economic, and political complexities are discussed further in chapter 2. *Contextualising the study.*

officers trained mental health specialists (NZP, 2022). One may argue that facilitating access to a health-related pathway, or providing access to supports during the police interview process necessitates a wider set of skills, including appreciating that whānau/ family and social distress and mental ill-health are often experienced together (Office of the Prime Minister's Chief Science Advisor, 2017; Thomas & Watson, 2017). An additional reality is that frontline police staff experience mental health-related calls as complex, stressful and varying in severity, they often involve no offence, or require lengthy co-ordination of cross-sector services to respond appropriately (Every-Palmer et al., 2022; NZP, 2022).

The current situation has the NZ Police Association[47] president imploring that "...unfortunately our police are far too often acting as an emergency mental health service" (Forbes, 2021). This theme of over-reliance is similar to concerns raised by former Chief Inspector J. F. Glynn 50 years ago:

> The increasing burden of public demands on the police in recent years has resulted in policemen themselves questioning how far they should be involved in matters that seem to bear no direct relationship to the routine work of crime prevention and detection and preserving public order (Glynn, 1975, p. 52).

Without increasing their capacity, any additional burden is considered to be at the expense of routine police work (Li et al., 2020).

There are international concerns that meeting the demand to resolve non-crime issues will limit police capacity to respond to potentially more serious and immediate demands, including their ability to fight crime (Dodd, 2023; NZP, 2022). Police in the United Kingdom (UK) are threatening to stop attending mental health-related calls, based on their own claims that individuals who need medical experts are being failed when a police officer attends (Dodd, 2023). There are inherent complexities should this occur, including failing to protect the safety needs of the public and individuals at risk. Alongside a commitment to being responsive to the safety needs of Māori, NZP acknowledge their role in supporting public mental health.

Police interactions are an important structural health determinant with many international police agencies realising their accountability (Marcus & Stergiopoulos, 2022). Diverse jurisdictions demonstrate that police first responders can be positive agents of harm reduction and health promotion in the communities they serve (Cloud & Davis, 2015). Police are therefore well positioned to help mitigate mental distress at the gateway of mental health and justice systems and alleviate core social problems (Every-Palmer et al., 2022; Lamb et al., 2002; Shapiro et al., 2015). Indeed, frontline police can successfully link whānau with the support they need when that support is available. However, certain police and societal discourses advance acts of coercion, and for marginalised groups this can translate to disproportionate experiences of formal police dispositions, such as arrest, charges, and detainment.

A key issue seen internationally is that police are viewed as intimidating authority figures within an institution of social control. This power imbalance may provide little reassurance to whānau who are already emotionally vulnerable. There is notable dissonance between the use of coercion, with its disempowering and negative effects on mental health, and using just processes which acknowledge the humanity of whānau (McKenna & O'Brien, 2013). There is also perceived criminalisation and stigmatisation of individuals, and escalation of police aggression that result in violence (Marcus &

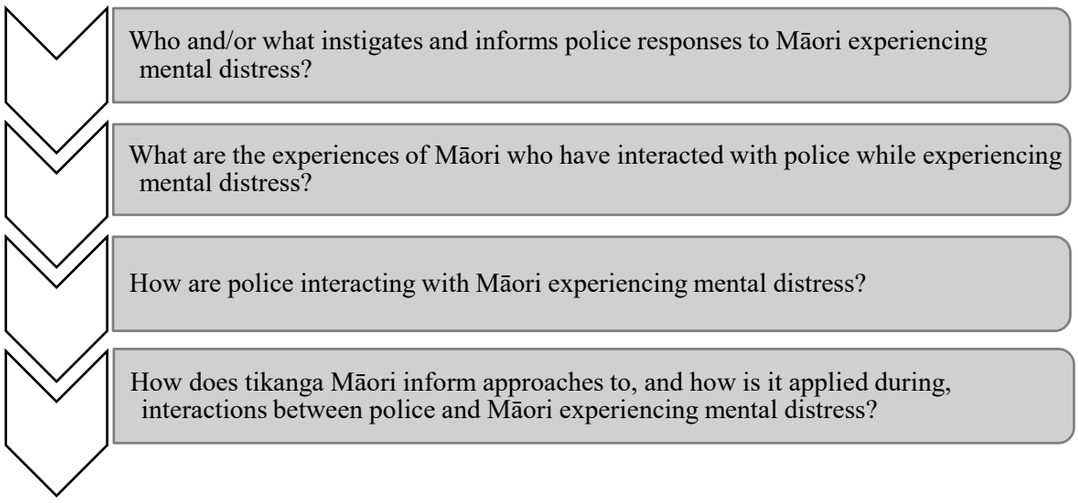
[47] The NZ Police Association (Te Aka Hāpai) is an organisation dedicated to enhancing the wellbeing of police and their families representing and supporting members with advocacy and industrial expertise.

Stergiopoulos, 2022). International evidence further attests that police responses and interactions contribute towards health inequities rather than improving public health (Fleming et al., 2021; Watson et al., 2010). Moreover, in situations where racial and ethnic minorities are experiencing distress, there are substantive fears around police bias and excessive use of force. However, there is a paucity of evidence-based literature about what NZP frontline response officers do across the range of mental health-related situations they attend, and how they go about supporting Māori in mental distress. These perspectives have informed this study, the shape of which is outlined below.

1.5 Study aim, purpose, and questions

The aim of the current study is to explore how frontline police officers respond to, and interact with, Māori experiencing mental distress. This research aligns with NZP strategic direction regarding preventative and culturally responsive service delivery. It also aligns with social inclusion aspirations, affirmative actions and recommendations for improving mental health and addiction service delivery, as well as hauora Māori strategies[48] (MOH, 2023; NZG, 2018). The overall purpose of the study is to consider the implications of findings through a te ao Māori[49] lens and contribute to the development of required pathways to improve community mental health-related responses towards Māori. This research will likely provide evidence to inform the NZP prevention-based operating model and their mental health policy.

The study location of Counties Manukau Police District (CMPD) or South Auckland was selected by NZP, who have co-produced the wider project this study is nested in.[50] To inform a decolonising perspective and provide a fair and holistic account of the topic, a cross-section of perspectives is needed. The study therefore focusses on the lived experience accounts of whānau whose voices are often underrepresented, and the working day practices and experiences of frontline response officers. The following four questions were developed from the study aims, the literature,[51] and Māori community consultation:[52]



[48] Hauora Māori (Māori health and wellbeing) government and non-government, iwi-based strategies are further discussed in 2.7 *Kāwanatanga in health and policing*.
[49] The te reo Māori term 'te ao Māori' used in this study means Māori worldviews that acknowledge the interconnectedness and interrelationship of all living things.
[50] The wider Marsden fund project is described in 4.9 *Arising from co-produced origins.*
[51] Extant literature pertaining to the study topic is presented in chapter 3. *Narrative review,* and chapter 2. *Contextualising the study* provides further background information.
[52] The process of seeking local Māori community advice and guidance throughout the study is described in 5.1 *Kaupapa Māori study advisors,* and 5.3.1 *Access to South Auckland Māori participants*.

The first study question focusses on the experiences of whānau. The following two questions consider the experience of frontline police; including where mental health-related calls originate from, and what information, knowledge and experience officers draw from to influence their responses. The behaviours and actions of police during encounters with whānau experiencing mental distress are also explored. The final question considers the combined perspectives of police and whānau and focusses on Māori cultural priorities, and the cultural awareness of frontline police during mental health-related interactions. The overall approach to the research is introduced next.

1.6 Research approach

The current study has a qualitative kaupapa Māori design that is both complementary and sympathetic to Indigenous and Western theoretical perspectives. The kaupapa Māori approach embodies the theoretical themes, values, assumptions, and beliefs of Indigenous Māori worldviews. It combines Māori ways of knowing and Western critical thinking to inform data collection and analysis. The current study also draws from the categorical approach of intersectionality to ensure further holistic and critical analysis of whānau and police participant experiences. The likelihood of discrimination and oppression, and how Māori indigeneity, mental distress, and other marginalised social identities intersect to influence and inform NZP responses and interactions are of key focus.

To answer the study questions, the research methods needed to encapsulate the experiences of whānau Māori and Police, as well as serving to legitimise my researcher perspective. I therefore undertook two data collection phases: the whānau experience phase, and the police experience phase. Each phase has their own qualitative procedures of inquiry and research methods which readily connect to guiding principles identified within kaupapa Māori and intersectionality frameworks[53] (Levac et al., 2018; Pihama, 2001; Smith, 1997; Ware et al., 2018). This design has ensured that my study remains true to the context in which both sets of data are collected, analysed, and interpreted; and positions me as researcher close to the source of the data. My approach towards the whānau experience phase is introduced first.

1.7 Biphasic methods

The whānau experience phase of the current study applies kaupapa Māori principles and procedures to undertake Indigenous narrative inquiry. Five kanohi ki te kanohi[54] (face to face) in-depth interviews were held on one South Auckland marae[55], with six Māori participants from four different whānau sharing their stories. Each participant had encountered frontline police whilst they, or a close whānau member, had been experiencing mental distress. Whānau hui[56] were supported by marae-based hauora Māori service provider team members[57] who practiced research support methods

[53] Theoretical framework principles referred to in the indicated sources include reciprocity, reflexivity, respect, relevancy, responsibility, relationality, responsivity, and reverence.
[54] The phrase 'kanohi ki te kanohi' used in this thesis means face to face, the social meaning of the phrase emphasises physical presence and even a sense of commitment, to whānau (family), to a place, to a kaupapa (purpose).
[55] The 'marae' is a sacred place in Māori culture. The term used in this thesis refers to the whole complex including the buildings and the ātea or courtyard which is used for welcoming ceremonies.
[56] The term 'hui' used in this thesis means gathering or meeting.
[57] The marae-based mental health service provider team members involved in this study are called 'arataki koropupu' or 'arataki', or life coaches. An explanation of their role in this study is provided in 5.3.1 *Access to South Auckland Māori participants*.

developed for this study called ngā kōrero pūmanawa.[58] Whānau kōrerorero[59] (conversations) were then re-presented as full narratives back to participants, with three narratives then interpreted using a research analysis framework[60] based on whakapapa and intersectionality. This form of narrative inquiry aligns with the subjective nature of Māori research and involves researcher reflexivity.

The police experience phase focusses on ethnographic fieldwork conducted over a six-month period in Counties Manukau Police District (CMPD), South Auckland. Data collection involved 120 hours of researcher participant observer ride-alongs, informal conversations, and five semi-structured interviews with frontline police. The interview transcripts were analysed using reflexive thematic analysis. The four main themes and sixteen subthemes provided a contextual framework into which fieldnotes, researcher reflections, and photographs were then incorporated. In alignment with ethnography, the concept of providing a thick description that is richly contextualised and interpretative was therefore applied (Geertz, 1973; Ponterotto, 2006).

Both phases of the research, including the findings, are presented in their respective whānau and police chapters.[61] The overall purpose is to weave a story of how frontline police in CMPD respond to, and interact with, whānau Māori experiencing mental distress. Given that interactions between police and Māori experiencing mental distress are inherently tied to issues of power and authority, as well as social forces such as discrimination and stigma, it was important to explore these issues and present their influence within the final discussion chapter.[62] The final critical discussion draws from kaupapa Māori and intersectionality theory, and the wider literature. Findings are therefore analysed as a complete, integrated data set, and responses to the study questions established.

1.8 Thesis structure and chapter summaries

This thesis is made up of 12 chapters including this first one. **Chapter one** introduces the research topic and my researcher positioning. The preamble is a personal reflection of whānau Māori, mental distress, and police interactions. The importance of police, social justice, and health equity research for Indigenous Māori people has been discussed as part of the study's rationale. An overview of the role of frontline police in mental distress callouts, and their responsiveness to Māori was also presented. This chapter then outlined the research aim, its purpose, and the four questions developed for the study. The research approach was described, as well as the data collection and analysis methods for the separate whānau and police experience phases.

Chapter two contextualises the study by introducing traditional hauora Māori (health and wellbeing) constructs. Mental health-related terms are critiqued, and key terms used throughout the study, including 'mental distress' and 'mental ill-health' are rationalised. Te Tiriti o Waitangi (the nation's treaty), and the colonial structural processes that have resulted in significant disparities for Māori are then presented. Current policing, government, non-government, iwi and marae-based justice and mental health system initiatives are noted. The study locality of CMPD, South Auckland, its demographic, socio-cultural and economic profile is portrayed.

---

[58] 'Ngā kōrero pūmanawa' are methods of support that helped to set and monitor the tone during conversations about distressing events. The term 'pūmanawa' symbolises the beating heart and the act of drawing in a long breath. Full details are in 5.3.4 *Hui process, ngā kōrero pūmanawa and interview design*.
[59] The term 'kōrerorero' used in this thesis means dialogue, conversation, discussion.
[60] For whānau narrative analysis details see 5.4 *Whakapapa and intersectional analysis.*
[61] Whānau experience findings are presented in 6. *Whānau kōrerorero.* Police experience findings are presented from chapter 8*. Agents of the board,* to, and including, chapter 11. *The Apprentice's toolbox.*
[62] Final study discussion is presented in chapter 12.

Chapter three provides an international and national narrative review of the role of police in mental health- related events. In the review there is a focus on stigma, discrimination, and the policing of ethnic minority groups, including Indigenous peoples. The review also provides a critique of contemporary police mental health response models, and outlines NZP recruit and workplace training and initiatives for mental health-related callouts. This chapter builds on chapter two to inform the study topic, and questions, and identify any knowledge gaps.

Chapter four outlines the study's qualitative kaupapa Māori research approach, and the principles and critical theoretical perspectives that the study draws from. The philosophical assumptions that are concerned with Indigenous Māori, social constructionist, and transformative worldviews are detailed. There is an explanation of the study's co-produced wider project origins. The biphasic research design of the study, including the ethnographic and narrative procedures of inquiry, and the data collection and analysis methods are then presented. Broader ethical considerations conclude this chapter.

Chapter five presents how the kaupapa Māori whānau experience phase was planned and undertaken. The guidance and advice proffered by South Auckland Māori community members, mental health lived experience, and academics is described. Indigenous narrative-based inquiry which encompasses a kaupapa Māori principled approach and the oral tradition of kōrerorero (conversations) are explained. The chapter then details the research partnership formed with one South Auckland marae and Māori health service to recruit and support whānau. The hui (meeting) process, including ngā kōrero pūmanawa (support method) and the in-depth interviews are then described. This chapter introduces the whakapapa analysis framework that draws from intersectionality to interpret findings.

Chapter six further defines the whakapapa relational layers and intersectional analysis method used to interpret narratives collected in the whānau experience phase. The findings of three whānau kōrerorero (conversations) from five participants are presented, and marginalised social identities are identified that have shaped interactions. Researcher reflections provide additional insight into the experiences of Māori who have interacted with police while experiencing mental distress.

Chapter seven outlines the police experience phase and the longitudinal ethnographic fieldwork approach to data collection. Access to police participants over a six-month period across all CMPD areas is described. Details are given explaining how 120 hours of police ride-along observations and informal conversations with frontline officers were conducted, how safety and ethical issues were managed, and how field notes and reflections were recorded. Also explained is the process for frontline police interview recruitment, as well as the semi-structured interview design and conduction process. Details of the reflexive thematic analysis of six interview transcripts, and how field data were then integrated across all related themes, concludes this chapter.

Chapter eight first provides an overview of the police findings, with four main themes and sixteen subthemes identified. The chapter continues by presenting the findings of the first main police theme, **agents of the board** and four subthemes. These themes are all evidenced with interview excerpts and authorial comment, field notes, and photographs. This theme begins to highlight what instigates and informs police responses, and how police interact with whānau. Findings include the operational demand and challenges experienced by police during responses that necessitated mental health service and/ or legislative involvement. Evidence also describes how partner-agency and wider systemic and socio-cultural issues impact frontline police responses.

Chapter nine presents the findings of the second main police theme, **the scope of affairs** and four subthemes. This chapter further highlights what instigates and informs police responses, and how police interact with whānau Māori experiencing mental distress. Findings include the common origins of mental distress calls to frontline police across South Auckland, the job dispatchment process, and how incident details are recorded, shared, and prioritised by NZP and their partner-agencies.

Chapter ten presents the findings of the third main police theme, **the kaitiaki imperative** and four subthemes. These themes further highlight what instigates and informs police responses and interactions, and how police interact with whānau who are experiencing mental distress. There is evidence provided of how frontline police interpret, enact, and experience their accountabilities, responsibilities, and obligations during mental health-related callouts. This chapter highlights how frontline NZP endeavour to protect public safety and welfare, whilst navigating unpredictability, police role stigma, and own moral dilemmas.

Chapter eleven presents the findings of the fourth main theme, **the apprentice's toolbox** and four subthemes. These findings emphasise how police are trained and socialised into their role and illustrate how the frontline workplace is a place of experiential on-the-job learning with effective teamwork and support essential. This chapter also presents findings around Māori cultural responsiveness, including if and how tikanga Māori cultural imperatives inform approaches and interactions between police and whānau who are experiencing mental distress.

Chapter twelve is an overall discussion of study findings. It begins by reintroducing the study aims and questions and presents the final tāniko weaving design. The tāniko design and this chapter represent the drawing together of the biphasic findings. The practical and theoretical significance of the research is considered, including the impact of multiple marginalised positions and frontline police responsiveness. The boundary work of frontline police in this liminal mental health space is then thoroughly explored. Tensions and implications for both police and whānau are identified and contributions of this study to existing knowledge are highlighted. A summary of key discussion points is then provided.

Chapter thirteen presents final thoughts on the overall study. It includes the study strengths and limitations and views towards future research.

Summary

This chapter commenced with an introduction and description of my bicultural and healthcare background and positioning within the study. This introduction has ensured that my experience, credibility, and biases as a doctoral researcher is made transparent. A preamble about the topic from a personal perspective followed. The study rationale and overview provided background to the overall topic of police, Indigenous Māori, and mental distress. The study aim, purpose, and questions have been identified and an outline of the research approach and biphasic methods provided. An outline of each chapter in this thesis has also been provided. The following chapter provides a background of Māori health and mental distress constructs, Aotearoa NZ colonial processes, and contemporary knowledge and developments relevant to the topic. The study location of South Auckland is also introduced.

2. CONTEXTUALISING THE STUDY

Introduction

The current study explores the unique contexts in which both frontline police and whānau Māori find themselves during mental distress events, and how they each make meaning of their experiences. This background chapter begins by introducing traditional Māori health constructs, and then critiques the terms 'mental distress' and 'mental ill-health' and their use within this study. There follows an exploration of colonial processes that have resulted in significant health, socio-economic and justice system disparities for whānau Māori, and a description of some contemporary day policing, justice and health system initiatives. The study locality of Counties Manukau Police District (CMPD), or South Auckland in Aotearoa NZ is then introduced, including its demographic profile and the socio-cultural and economic landscape.

2.1 Steadfast notions of te ao Māori

Kia whakatōmuri te haere whakamua.
I walk backwards into the future with my eyes fixed on my past.

This whakataukī encapsulates how the past is central to, and shapes, both present and future Māori identity. To understand contemporary Māori experiences of mental distress, an overview of traditional, historical, and political forces that underpin Māori perspectives and experiences of culture and health is required. This discussion, and the work of others, describes distinct epistemological differences between Māori and non-Māori constructs of mental health, and ways of understanding wellbeing (Durie, 1994; Durie, 2001; Taitimu et al., 2018; Wikaire et al., 2022).

Pre-colonial Māori approaches to health and wellbeing reflect a cultural and social framework that remains relevant today. Notwithstanding historical trauma, Taitimu et al. (2018) assures that alongside psychosocial and biomedical constructs, spiritual and cultural beliefs and practices related to Māori mental health endure. Although Mead (2016) concedes that whilst every Māori is born with spiritual attributes, not every Māori is aware of them. The multiple faces of contemporary Māori reach far across a continuum, from traditionalist to those with lost identity.

For Māori, mental wellbeing concerns were traditionally a rare concept, with mental distress not aligned with te ao Māori (the Māori worldview). At the origins of Māori philosophy, all power and authority arise from higher forces, atua or gods (Durie, 1994). Central to Māori wellbeing and existence is wairua (spirituality or spirit), and a secure cultural identity that is intrinsically linked to whakapapa and whenua (genealogical and land connections, respectively). The depth and complexity of mātauranga Māori[63] (traditional knowledge) and spirituality is inferred in the following explanation:

[63] The te reo Māori term 'mātauranga Māori' used in this thesis means Māori knowledge, traditional knowledge.

> Every Māori child is born with a wairua, implanted in the embryo by the parents and nurtured in the womb...It is not until the eyes form in the foetus that the wairua becomes activated and becomes a spiritual part of the new life, developing rudimentary powers of thought (Mead, 2016, p. 55).

According to Best (1924) the wairua is subject to attack and has many characteristics, including having the consciousness to warn the individual of impending danger though visions and dreams.

Further to understanding a Māori cultural perspective are the spiritual terms 'mauri'[64] and 'hau'.[65] Mauri is defined as the life force, or the spark of life which is mediated by hauora[66] - (or the breath of the spirit of life), another common word which has 'hau' as a component (Mead, 2016; Royal, 2003). The state of balance where the mauri is at peace is described as mauri tau[67], and if something is wrong with their mauri the person is deemed unwell. A state of shock or surprise is mauri oho[68] and the mauri may leave the body, an event described as mauri rere[69], literally flying mauri (Mead, 2016). Kaupapa Māori mental health kaumatua[70] and expert Baker (2021) describes te oho mauri[71] as a state whereby behaviours become automatic, a state of delirium exists, and where self-harm and/or suicide may be imminent. In addition, when mana, or a person's spiritual power is impacted by trauma, te mauri mate[72], or an absence of vibration may follow, which can contribute to te oho mauri (Baker, 2021). Māori also recognise powers of spiritual insight and perception, or the gift of matakite[73] (Royal, 2003). At times, psychotic experiences are understood as signs of such giftedness.

Māori approaches to health emphasise holistic understandings and multiple dimensions that cannot be separated (Moewaka Barnes & McCreanor, 2019). The whare tapa whā model[74] is a renowned Māori model that is commonly used as a starting point for understanding holistic health (Durie, 2001). Rather than focusing on the emotional manifestations of illness alone, the physical, spiritual, social, and emotional dimensions of people are interrelated. The term 'ora'[75] refers to one's holistic wellbeing which is a complex phenomenon not easily described. The cultural construct of experiencing optimal health is mauri ora[76], whereby the mauri was transformed into life principle by the infusion of life itself (Royal, 2003). In example, the importance of mauri as a key symbiotic aspect of Indigenous wellbeing was fore fronted during practitioners' psycho-social responses to the COVID-19 respiratory pandemic (Valentine et al., 2023).

Notable throughout the current study is my purposeful reference to 'whānau Māori' rather than focusing solely on the individual Māori person, or tangata Māori.[77] The use of the term 'whānau' acknowledges the holistic place and importance of immediate and extended family and friends for individuals experiencing distress, and also reflects my own whakapapa Māori. The term 'whānau' or

[64] The te reo Māori term 'mauri' used in this thesis means life force, spark of life.
[65] The term 'hau' used in this thesis means breath, wind.
[66] The term 'hauora' used in this thesis means the breath of the spirit of life, Māori health and wellbeing.
[67] The term 'mauri tau' used in this thesis means a state of balance, without panic, to be relaxed.
[68] The term 'mauri oho' used in this thesis means a state of shock or surprise, to be activated.
[69] The term 'mauri rere' used in this thesis means to be panic stricken.
[70] The term 'kaumātua' used in this thesis means Māori elder of either gender, respected for their tribal knowledge and experience.
[71] The term 'te oho mauri' described in this thesis means a state whereby behaviours become automatic, and a state of shock or delirium exists.
[72] The term 'te mauri mate' used in this thesis means the absence of vibration unseen.
[73] The term 'matakite' used in this thesis describes powers of spiritual insight and perception.
[74] Te whare tapa whā Māori model of holistic health includes the dimensions of: taha hinengaro – health of the mind, consciousness, awareness; taha wairua – health of the spirit, soul; taha whānau – health of extended family, family group, taha tinana – physical health.
[75] The term 'ora' used in this thesis means life, alive, health.
[76] The term 'mauri ora' used in this thesis means optimal health, a flourishing state.
[77] The term 'tangata Māori' meand Māori person, the plural is tāngata.

family group is often referred to in relation to Māori concepts of mental wellbeing (Wikaire et al., 2022). Māori values focus on the whānau collective as being the functional unit of belonging and healing. Experience of imbalance, disconnection, and mental ill-health within the whānau, hapū, iwi (Māori society structures) or whenua can affect the wellbeing of individuals, families, and the community (Taitimu et al., 2018).

Whānau ora[78] is therefore about supporting Māori families to achieve their maximum health and wellbeing. A Māori approach to understanding distress will also seek to find the agitator or cause, whereas a non-Māori approach will focus on the individual. In situations where relationships are disempowering, leaving the individual's mauri in a weakened state, one is constrained by apprehension and a loss of hope, and the state of mauri noho[79] arises. Alternatively, mauri ora is demonstrated by a spirit enlightened, a mind that is thinking positively, a fit and healthy body, and with nurturing and rewarding relationships (Durie, 2015).

To further expand on Māori constucts of health, Māori knowledge references varying states of mind rather than illnesses, with distinctions made between abnormal and normal reactions to stressful events (Stewart, 1997; Wikaire et al., 2022). The term 'pōrangi'[80] describes a form of mate Māori[81], or an abnormal reaction to stress, where there is a state of disconnection between the surface of darkness and the sky, and behaviour is characterised by impulsive and disinhibited acts (Stewart, 1997; Taitimu et al., 2018). Wairangi[82] is another such state, where the mind is thought to be between water and the sky. Normal reactions to stressful events include wareware[83], which refers to a stress-induced state of forgetfulness, and whakamā, which is a state of shyness and/or shame which can result in withdrawal and depression (Stewart, 1997). A thorough exploration of all interpretations of various states of mind is outside the scope of this thesis, but examples are indicated here to illustrate the uniqueness of Māori cultural perspectives of health.

There are further significant concepts that are considered part of everyday life. An understanding of the balance between tapu[84] and noa[85], and mākutu[86] are integral to understanding Māori wellbeing. In terms of health, tapu can be seen as a preventative measure as well as a cause of sickness (Durie, 1994). Tapu is regarded as a Māori legal system consisting of rules around prohibition and protection to ensure whānau thrive (Taitimu et al., 2018). Adverse consequences may occur when there has been a breach of laws of interaction, or situations accessed that are deemed off limits. Physical and spiritual ailments including emotional suffering are a manifestation of tapu (Durie, 1994; Wikaire et al., 2022). For example, mate Māori is a form of Māori illness caused by transgressions of tapu (Durie, 2001; Lyndon, 1983; Taitimu et al., 2018). In contrast the concept of noa denotes a state of relaxed access, requiring no protective mechanisms or restrictions (Durie, 1994). Although mākutu, or sorcery is less of a contemporary day concern, it is still an important part of Māori culture and history (Hiroa, 1910).

[78] The te reo Māori term 'whānau ora' used in this thesis means Māori families achieving maximum health and wellbeing.
[79] The term 'mauri noho' used in this thesis means being inactive physically, mentally, and spiritually.
[80] The term 'pōrangi' used in this thesis means a state of disconnection of the mind between the surface of darkness and the sky.
[81] The term 'mate Māori' used in this thesis means Māori sickness - psychosomatic illnesses attributed to transgressions of tapu or to mākutu (these two terms are expanded upon in the following paragraph).
[82] The term 'wairangi' used in this thesis describes a state whereby the mind is thought to be between the water and the sky.
[83] The term 'wareware' used in this thesis means a stress-induced state of forgetfulness.
[84] The term 'tapu' used in this thesis means sacred or prohibited, with restrictions.
[85] The term 'noa' used in this thesis means safe and unrestricted, it denotes an absence of limitations or conditions.
[86] The term 'mākutu' in this thesis means sickness or disaster of supernatural origin.

Abuse, neglect, and violence are modern life examples of hazards that similarly damage the wairua of a person. Traditional healing activities encompass both spiritual and symptomatic approaches, with healers known as tohunga[87] delineating between tapu and noa and seeking to re-establish balance (Durie, 1994).

An understanding of tikanga, with its philosophical base of mātauranga Māori[88] provides a basis through which Māori actively engage. Tikanga, or the appropriate way of behaving, reflects Māori values, beliefs, and worldviews (Mead, 2016). Considered as a means of social control, tikanga practices have a place across every social aspect and situation for Māori. Tika[89] refers to what is good and what is right for any situation, allowing for flexibility to enable context-specific responses to changing or new situations. Manaakitanga and whanaungatanga are values that underpin tikanga Māori, with high value placed upon enhancing whakapapa and nurturing relationships (Mead, 2016). The preservation of mana by applying manaakitanga is at the forefront of respectful relationships. Cultural imperatives and constructs of health within te ao Māori are therefore both unique and powerful. The terms 'mental distress' and 'mental ill-health' are integral to this thesis and will now be defined in context.

2.2 The unsteady state of mental distress

The current study aims to provide a nuanced perspective of NZP responses to, and interactions with, Māori experiencing mental distress. However, defining mental distress and mental ill-health in general is problematic and can have practical consequences. Attempts to define mental health simply illuminate the ongoing medical-philosophical debate that arises from defining health and disease. Health and illness, and in particular mental health, have largely been defined and categorised using biomedical perspectives and using Western constructs on diverse cultures (Rogge, 2010; Vaka et al., 2020). For example, labelling madness as 'insanity' is primarily a social act, a Western cultural construct that has effectively meant isolation, repression, and exclusion throughout history (Foucault, 2006). Furthermore, the proliferation of diagnoses in official diagnostic manuals, for example, the Diagnostic and Statistical Manual of Mental Disorders, or DSM (American Psychiatric Association, 2024)[90] offer structure to mental-health disorders, which in effect are far less differentiated than otherwise conceptualised by definition (Office of the Prime Minister's Chief Science Advisor, 2017; van der Linden & Schermer, 2022).

Language such as 'mentally ill', and 'people with mental illness/es' are used in Aotearoa NZ population scales[91], although people experience a far broader range of distress than is captured by these and other terms, including feeling isolated and not being able to cope (Flett, 2020; Kvalsvig, 2018). The World Health Organization (WHO) describe mental health as more than just the absence of mental disorders, rather that mental health exists on a complex continuum which is experienced differently amongst different people, with varying degrees of distress, social, and clinical outcomes

[87] The te reo Māori term 'tohunga' in this thesis means traditional Māori healer, an expert practitioner of any skill or art, either religious or otherwise
[88] The term 'mātauranga Māori' used in this thesis means traditional Māori knowledge,
[89] The term 'tika' used in this thesis means to be correct, right.
[90] This discussion refers to the Diagnostic and statistical manual of mental disorders (DSM) produced by the American Psychiatric Association. The manual is a taxonomic and diagnostic tool. In the United States (US), the DSM serves as the principal authority for psychiatric diagnoses.
[91] According to these data sources the New Zealand Mental Health Monitor (NZMHM; pooled from 2015, 2016, and 2018) and the Health and Lifestyle Survey (HLS, 2018) report findings related to mental distress experience, including discrimination.

(WHO, 2022). Indeed, epidemiological evidence indicates that only a minority experience enduring good mental health (Schaefer et al., 2017). In reality, "many who do not suffer from mental illness do not possess good mental health and may be in a vulnerable state if put under stress: mental, physical, emotional or financial" (Office of the Prime Minister's Chief Science Advisor, 2017, p. 5).

Inevitably, there is also ambiguity in the defining of mental health and distress in the policing context. In the past two decades a variety of terms have been used in police studies to define and categorise individuals with mental health-related concerns (Frederick et al., 2018; Hallett et al., 2020). Frederick et al. (2018) undertook a scoping review of 92 articles on the topic to contest that standardising a definition of mental illness or a person in crisis is problematic for many reasons. Authors warn of measurement variability, that labelling of something as 'a problem' is a social process that reflects issues of power, and that emphasis is often placed on "issues related to the mental health system and police training - to the detriment of other forces related to the issue such as housing, poverty, stigma" (Frederick et al., 2018, p. 1037). Oliva et al. (2010) also reminds that the cause of crisis events involving police are diverse and not always about mental illness.

Changes in behaviour that arise from mental distress may manifest in many ways including a wide range of physical and psychological conditions. Contributing factors may include lack of sleep, chemical brain imbalance, use of drugs and alcohol, interpersonal conflict, physical illness, assault, or accidents (Frederick et al., 2018; Gordon, 2021; Li et al., 2020; Office of the Prime Minister's Chief Science Advisor, 2017; Oliva et al., 2010; Taitimu et al., 2018). Police claim that much of their work stems from mental distress, including calls not coded 1M (mental health-related) or 1X (self-harm/attempts suicide) (Macdonald, 2018; NZP, 2017; 2022a). Undoubtedly, many other calls involving distress stem from wider harm and dysfunction, including colonisation, poverty, and intergenerational harm. We are reminded that when people experience conflict, the physical and behavioural manifestations can be wide-ranging, with imperceptible or life course impact.

New Zealand Police adopted the term 'mental distress' in 2014 to describe the psychological distress experienced by people they interact with (Independent Police Conduct Authority [IPCA], 2015). The term was subsequently developed into the following definition for use in police training about recognising, engaging and responding to mental distress:

> Mental distress is a serious and/or prolonged change in the way we think, feel, or behave (and sometimes all three) that makes carrying on with normal activities difficult and causes us or others to be concerned or upset (Gordon et al., 2018, p. 9).

Similar to educational approaches which seek to address police discrimination (Davey et al., 2021), use of the expression mental distress is intended to normalise the experience rather than to infer illness. In the NZP context, therefore, mental distress is about variable thoughts and emotions that affect behaviours, experiences, and relationships.

In light of demonstrating respect for the preferences of those with lived experience of mental distress, and in consideration of Māori philosophical and sociocultural contexts, the current study refers to the terms 'mental distress' and 'mental ill-health' in place of definitions that are otherwise descriptive and serve to socially exclude (Boardman, 2011; Flett, 2020; Russell, 2018). In this study, mental distress encompasses a large grey area of behaviours involving not only those who experience mental ill-health crises, but mental health-related events where whānau are seriously upset or reacting normally to a stressful situation, such as bereavement (NZG, 2018; Wood et al., 2017). The term 'mental health' therefore relates to a continuum of wellness, applicable to any whānau that can change

over time. This study explores a broader set of mental health-related events rather than stipulating a particular scenario, the degree of mental distress, or a pathologically defined illness. The individual, contextual and interactional factors that shape and inform frontline police responses to whānau Māori who are experiencing mental distress are also investigated.

This study is clearly positioned at the interface between two cultures: the sociocultural and political Westernised worldview and culture of NZP, and Indigenous Māori, whose differentially defined behaviors and experiences of mental distress arise from multiple explanations. To understand how the past has significantly suppressed and marginalised Indigenous Māori people, the early colonial project and current resonations are described next.

2.3 Health and tikanga as taonga

Confusion about the nature of mental ill-health and philosophies of care permeated Māori society soon after the founding documents of Aotearoa NZ were signed in the early 1800s. He Whakaputanga o te Rangatiratanga o Nu Tirene / Declaration of Independence and two versions of the treaty, Te Tiriti o Waitangi/ and The Treaty of Waitangi were written and signed in 1835 and 1840 respectively (NZG, 2022). The development and adoption of these two founding documents articulate the authority of iwi Māori as sovereign people of Aotearoa NZ and confirm the priority that is to be afforded to equity of health status. In exchange for Māori signatory, there was a broader expectation that the interests of Māori, including health, would be promoted, and protected (Durie, 1998; Kingi, 2007). The right for the Government to govern is qualified by this obligation.

The treaty formalised the initial relationship between Māori and the Crown and is made up of five parts, a preamble, three articles, and a postscript (the Ritenga Māori declaration) (Orange, 1987, 2015; Te Puni Kōkiri - Ministry of Māori Development, 2001). Each article was envisaged to operate simultaneously, including kāwanatanga (honorable governance for mutual benefit), tino rangatiratanga (Māori self-determination/ absolute authority), ōritetanga (equity and protecting Māori rights), and wairuatanga (upholding belief systems) (NZG, 2022). A draft of the treaty was translated from English into Māori to become te Tiriti o Waitangi. As Claudia Orange writes, the English version (The Treaty of Waitangi) translated thereafter, was essentially a treaty of cessation which resulted in a transfer of sovereignty (or absolute control) from Māori to the British Crown (Orange, 1987). In the Māori version te Tiriti, the idea of sovereignty was interpreted by Māori as governorship or Crown management but also some form of Māori control, with rangatira (Māori leaders) continuing to exercise full authority (mana) over physical and socio-cultural resources on behalf of whānau, hapū, and iwi.

Article three of te Tiriti contains a provision which guaranteed equality between Māori and other New Zealanders. Here within, Māori health and customary practices are deemed taonga[92], with an explicit guarantee of tikanga, or customary procedures and imperatives. Counter to anticipated Māori health development however, the 1800s were characterised by a significant change in Māori health profiles and sustained de-population. Many of the social infrastructure and practices that enabled Māori autonomy, and that existed to promote and protect Māori health and justice, gave way (Kingi, 2007;

[92] The te reo Māori term 'taonga' used in te Tiriti and in this thesis means that which is treasured, including health. Rev. Māori Marsden (further referenced in 4.10 *Weaving the biphasic research design*), offers that there is no specific term in Māori for the word 'value', rather the idea is incorporated into the inclusive holistic term 'taonga' – a treasure, something precious. The object or end valued may be intangible or intangible, material or spiritual.

Wikaire et al., 2022). Complexities such as land and tribal wars, and susceptibility to introduced diseases, are well-cited contributing factors (Durie, 1994; Kingi, 2007; Moewaka Barnes & McCreanor, 2019). To the detriment of Māori culture, discriminatory laws were also enacted that effectively sought to both modernise and alienate Māori.

2.4 Laws and oppression

From 1846 various militia came together to form the first New Zealand Armed Constabulary Force, to "combat Māori hostiles and to keep civil order" (Rākete, 2020, para. 1). The formation of the NZP Force as a specialist bureaucracy independent of the military and the criminal justice system occurred fourty years later when the Police Force Act came into effect (Hill, 1995). From a non-Indigenous people's perspective, Police historian Hill's account of policing from 1886-1917 describes a relatively tranquil period, whereby "Māori were sufficiently assimilated - or if not, sufficiently isolated from mainstream NZ life – for the state policing apparatus to pay little heed to them" (p. 248). Hill also viewed that there was a settled and increasingly Europeanised society where socially conscious non-discriminatory policing approaches like the following training standard could proliferate:

> It was because they were frequently the lone negotiators of social control at grass-roots level that the police authorities were determined to raise training and education standards and reminded serving police from time to time about their discretionary responsibilities; in 1905 for example they were cautioned that 'mere poverty and distress' must not be treated as 'vagrancy' (Hill, 1995, p. 248).

In stark contrast, countless iwi Māori historical accounts from the earliest period of colonisation reveal an entirely different perspective about the way Pākehā NZ was built.[93] Racist laws and aggressive policing of Māori communities proved disastrous for iwi and hapū with constabulary reinforcing the Native Land Acts (1862, 1865). This legislation enabled tauiwi settlers to possess and profit from Māori 'land' and resources (Moewaka Barnes & McCreanor, 2019). Whānau Māori endured intense intolerance and were manipulated, dominated, and managed into landlessness, discrimination, poverty, and destitution (HRC, 2022). These breaches of te Tiriti o Waitangi by the settler government contrast greatly with symbiotic Māori understandings of whenua.

Another significantly oppressive law that held a critical role in hauora Māori development gives further context to mistrust Māori people have in the police today. The Tohunga Suppression Act passed in 1907 purposefully undermined Māori self-determination with the Crown making illegal the role and practices of Māori healers and spiritual leaders. Recalled by police author Hill:

> By the turn of the century a number of influential police were coming to the conclusion that the most serious impediment to 'civilisation' amongst Māori was the influence of their 'thought policeman' the tohunga (healer, spiritual guide, or – in the minds of many Pākehā- 'witch-doctor') (Hill, 1995, p. 246).

By outlawing traditional Māori healing practices that sought to address mate Māori (illness attributed to transgressions of tapu), police then had legal means to suppress Māori customs and values. Ultimately, the net impact of Pākehā law and cultural imposition weakened Indigenous Māori attachment to tribal sanctions, stunted generations of development activities, and created reprehensible intergenerational trauma.

[93] See for example historical accounts of violence and dispossession of Māori land for Te Atiawa Taranaki Iwi at Parihaka in 1881, on the site Parihaka Te Kāhui o Taranaki Iwi (https://taranaki.iwi.nz/our-history/parihaka/) and of Ngāi Tūhoe in 1916, on the site Tuhoe History (https://www.ngaituhoe.iwi.nz/our-history).

The arrival of Western psychology further disregarded Indigenous contributions to Māori health development (Russell, 2018; Wikaire et al., 2022). As part of the early colonial project, the introduction of psychiatric facilities and institutions claimed the authority of colonial medicine (Cohen, 2014; Stewart, 1997). Consequently, Māori were subjected to psychiatric theories, practices, and injustices, and cultural meanings and experiences may have been over diagnosed, misdiagnosed, and/or simply ignored (Moewaka Barnes & McCreanor, 2019; Taitimu et al., 2018). Traditional Māori constructs of wellness were transformed into a narrative of mental illness. For example, 'pōrangi' is used as a stigmatising term today within Māori communities, with some Māori experiencing this form of mate Māori having been misdiagnosed with what Western mental health experts call schizophrenia (WHO, 1979).

Like changing notions of Māori health and wellness, the subsequent building and influence of a Eurocentric[94] criminal justice system oppressed Māori notions of justice (Jackson, 1987; R. Webb, 2017). In his foundational report, Māori and the Criminal Justice System, or He Waipaanga Hou, Jackson (1987) found that the use of legal instruments and the building of prisons immediately following te Tiriti signing, were in breach of te Tiriti and therefore part of the enduring process of colonisation. The movement of Māori from rural to urban areas in the 1950s and 1960s also saw Māori struggle to maintain connections with their tūrangawaewae.e[95] Having no viable economy, limited political power, and a foreign education system resulted in Māori becoming a disadvantaged minority (Ross, 2020). The consequent degradation of Māori language and customs was inevitable, with the Māori way of life and its belief system "… retained [by Pākehā non-Māori] only for its myths and legends" (Ross, 2020, p. 32). These racist acts preserve white privilege and wealth and intentionally seek to dehumanise Māori.

Although Māori rates of admission to mental hospitals remained lower than Pākehā until the late 1950s, a dramatic increase in rates soon followed (Wikaire et al., 2022). In correlation with increasing rates of Māori admission to mental health hospitals, so too did the rate of criminal offending rise (Butterworth, 2005; Dunstall, 1999). The cultural dislocation caused by urbanisation and the youthful structure of the Māori population initially contributed "relatively minor drink-related street offences" (Butterworth, 2005, p. 244). However, alcohol had been a problem since the early days of colonisation, with the racially discriminatory nature of the liquor laws creating a further point of friction (Dunstall, 1999). Māori also tended to fare worse in the court system than young Pākehā, often because whānau "rarely had legal representation and often did not understand the legal process, …pleading guilty as a matter of course" (Butterworth, 2005, p. 245).

The police constables initially worked alongside Māori forms of authority, with the authority of Māori elders as kaumatua, rural community runanga or tribal councils, and Māori Wardens[96] usually accepted, "to divert young offenders from the court process wherever possible" (Butterworth, 2005, p. 245). Pākehā police and courts were used as a resource for Māori victims and offenders if the outcome was to be to their advantage (Dunstall, 1999; Police Act Review Team, 2007). However, there is no doubt that "Police as an organisation was resolutely monocultural in recruitment, training and regulations" (Butterworth, 2005, p. 245).

[94] The term 'Eurocentric' refers to a worldview that is centred on Western civilisations or biased views that favour it over non-Western civilisations, including Indigenous Māori.
[95] The te reo Māori term 'tūrangawaewae' used in this thesis means a place to stand and belong to.
[96] Māori Wardens are volunteers that provide support, security, traffic and crowd control and first aid, under the Māori Community Development Act 1962.

Although local patterns suggest different degrees of cohesion in Māori communities, the rate of charges against Māori for offences against people, property and public order continues to increase. Contemporary Māori experience disproportionate levels of contact as offenders, and experience high levels of victimisation, with Webb (2017) attesting that "a number of discernible discourses have constructed Māori as a population in need of active state intervention" (p. 683). Initiated in the early colonial period, this theme of shortcomings in the Māori people remains to the present-day, with increased mental health-related needs of whānau becoming part of the deficit narrative.

2.5 A right state of distress

There is overwhelming evidence that colonisation and its associated deprivation, intergenerational trauma, and institutional racism is increasing the prevalence of mental distress and discrimination towards Māori (Came et al., 2020; Curtis et al., 2023; Graham & Masters-Awatere, 2020; Harris et al., 2018; HRC, 2012). Although government policies saw the repeal of the Tohunga Suppression Act in 1962, and the closure of mental health hospitals in 1972 resulted in community-based mental health service delivery (Wikaire et al., 2022), experiences and outcomes of mental ill-health remain vastly different for Māori compared to non-Māori. Enduring inequities present distinct challenges for whānau today, including reinforcing marginalisation and social exclusion. Curtis et al. (2023) explain that the influence of positions of power and privilege, alongside racism, play a causative role in creating and maintaining such inequities.

Māori wellbeing, including experience of mental distress, are largely affected by the broader determinants of health[97] - determinants, which Reweti (2022) attests, are essentially controlled by colonisers. The imposition of monocultural laws by the Crown, and dynamics supporting racism, injustice, and inequality, have damaged ideals of Māori social control, self-determination, cultural values, and cultural identity (HRC, 2012; 2022; Jackson, 1987; Kidd et al., 2021; Lawson-Te Aho & Liu, 2010; Love et al., 2017; Waretini-Karena, 2017; R. Webb, 2017). The MOH funded survey, Te Rau Hinengaro established that Māori have approximately double the rates of serious mental ill-health compared to non-Māori (Oakley Browne et al., 2006). The survey is based on data collected in 2003 and 2004 however, and there is now an immense systems level data gap of two decades. Māori mental health advocates believe further data collection by government agencies is required (Lockett et al., 2022; Mental Health and Wellbeing Commission [MHWC], 2023). Identifying the underlying causes of distress is integral to transforming the systems that support mental health and wellbeing.

In the interim, Māori continue to have higher mental health needs than non-Māori across the healthcare continuum. Previous studies generalise that Māori experience a higher rate of mental health diagnosis and self-reported mental distress (Baxter et al., 2006; MOH, 2019b). Other findings specify that common presentations relate to anxiety, substance, and mood disorders with high comorbidity and greater prevalence amongst those with multiple risk factors (Baxter, 2008; Baxter et al., 2006; Office of the Prime Minister's Chief Science Advisor, 2017; Tapsell & Mellsop, 2007). Evidence also shows that Māori are over-diagnosed and are subject to higher rate coercive practices compared to non-Māori, including an increasing rate of medication dispensing (McLeod, 2017; MOH, 2019a; MHWC, 2023). According to one study of national health board databases from 2009 to 2018 (Lees et al., 2023), the rate of court ordered Community Treatment Orders (CTO) under the MH Act is

[97] The World Health Organization (WHO) describe the determinants of health as the context of people's lives which determine their health, including the social, economic, and physical environment, and the person's individual charcteristics and behaviours.

higher in Māori, young adults, and in areas of socioeconomic deprivation. This phenomenon of higher mental health interventions occurs alongside a health system that, as discussed earlier, applies Western constructions of pathologising distress.

Despite unmet mental health needs, Māori reportedly make fewer visits to mental health services because of reduced access, long wait times and services unfit for meeting hauora Māori needs (Baxter et al., 2006; MHWC, 2023). Treatment is described as "restrictive and disempowering" …and "more closely aligned with clinicians needs than their own" (MOH, 2019a, p. 37). Late presentation where mental status has significantly deteriorated without treatment may result in heightened distress and subsequent police involvement. The increased distress or (re-)traumatisation can lead to an increased rate or overuse of CTOs (Meehan et al., 2019). The cyclical and ongoing nature of this occurrence highlights the need for health and social system redress.

Police responses to self-harm and suicide risk are another key focus of this study. The high rate of Māori suicidality and history of suicide attempts (among Māori youth specifically) compared to non-Māori is of great relevance and concern (Health Quality & Safety Commission [HQSC], 2019; MOH, 2012; MOH, 2019b; Theodore et al., 2022). Theodore et al. (2022) found inequities in the identification of rangatahi[98] Māori with mental health conditions, and particularly those living in high deprivation areas. Rangatahi are least likely to access services for mental health-related issues, and more likely to be identified through contact with specialist mental health services and hospital admissions for substance problems and self-harm (Theodore et al., 2022). Developing the capability of police officers to engage with, understand and work effectively with whānau Māori at risk of suicide is imperative. Of significance to this study, however, is that Māori who require mental health care report disproportionately harsh treatment by police (MOH, 2019a).

2.6 The criminal justice system

The current study is undertaken in a climate where Māori continue to be disproportionately represented in Aotearoa NZ criminal justice statistics. Māori criminal justice advocate Kim Workman (2016, cited in Husband) blames the overrepresentation of Māori in prison on wider issues such as colonisation, intergenerational trauma, and the marginalisation of communities. There is a growing body of evidence which recognises that higher arrest rates, conviction, and sentencing rates for Māori (compared with non-Māori) are a result of ongoing discrimination within the justice system (Houkamau et al., 2017; HRC, 2022; Morrison, 2009; Department of Corrections [DOC], 2007; Workman, 2011).

In recent years the number of Māori imprisoned each year has been on a continuous decline, from 5403 Māori in 2017 to 3139 in 2022 (Statistics New Zealand [Stats NZ], 2023). However, the overall percentage of Māori in prison has increased from 58.3 per cent to 61 per cent of the total prison population (Stats NZ, 2023). These statistics indicate that less non-Māori are currently being imprisoned. As part of an ongoing debate as to the reasons behind the overrepresentation of Māori in prison, there is a wider societal belief that Māori 'do all the crime', however there is also evidence of bias within the justice system, from apprehension through to sentencing (HRC, Elers, 2012; 2012, 2022). [99] The victimisation of Māori is also high, so there is a fallacy in the way we see victim versus offender generally.

[98] The te reo Māori term 'rangatahi' used in this thesis means youth or the younger generations of Māori.
[99] See also, further discussion in 3.6 *Ethnic minority groups and multi-discrimination*.

National media reports continue to raise issues around police attitude, discrimination, and ethnic profiling (Husband, 2016; Māori Council, 2019; "Police 'Unconscious Bias' Māori", 2021). They are complicit in portraying Māori unfairly in crime reporting, which publicly reinforces negative stereotypes and anti-Māori views (ActionStation, 2020; Barnes & McCreanor, 2023). One longitudinal study found apparent bias against Māori in comparison to non-Māori who had similar criminal histories and socio-economic backgrounds (Fergusson et al., 2003). More recently, Māori were found to be four times more likely than non-Māori to be searched without warrant, yet almost two thirds of searches yielded no charges (Bingham et al., 2020). A recent analysis of Independant Police Conduct Authority (IPCA)[100] reports of police shooting investigations between 1995 and 2019 noted a lack of ethnicity data gathered, which means the number of Māori victims is not evidenced (O'Brien et al., 2021). This data omission limits both the accountability of the IPCA and further discussion around ethnic profiling.

One foundational self-reported study titled ‘Police Perceptions of Māori’, was commissioned by the NZP and Te Puni Kōkiri (Ministry of Māori Development), in the late 90s. The study reported on data collected from 737 police officers to find that racial profiling leads to more Māori than Pākehā being identified and treated by the police as suspects (Maxwell & Smith, 1998, p. 34). Another significant police research project of the era, ‘Māori Perceptions of Police’ (Te Whaiti & Roguski, 1998), found that the police institution was a racist institution that perpetuated strong anti-Māori attitudes. The more recent HRC (2012) report on structural discrimination considers that the Aotearoa NZ criminal justice system is based on non-Indigenous values and practices, yet acknowledges that the higher distribution and youthful age of Māori meant that whānau are more likely to come into contact with the system. Regardless, it is apparent that Māori are victims of prejudiced policing, which contributes towards elevated levels of distrust in police.

One small study of police and mental health responses to mental health crisis in the Waikato district offers a different perspective (Holman et al., 2018). Researchers claim that although Māori are over-represented in police responses, there is no disproportionate use of force compared to non-Māori (Holman et al., 2018). In a later paper written in defence of police, the NZP Association president attributes the disproportionate representation of mental distress on the nationwide failure to address family harm and the mental health crisis (Gordon, 2021). This claim indicates that there are wider systemic and cross sectorial issues, with fragmented services not meeting the needs of whānau.

Throughout Aotearoa NZ, Black Lives Matter public protests resurfaced widespread concern about criminal justice system racism towards Māori (Nweke, 2020; Sommer et al., 2020; Woolf, 2020). Māori community objection also followed a controversial trial of Armed Response Teams (ARTs) in three districts, including the study site of CMPD (New Zealand Police, n.d.-a). Protests reflect a profound lack of trust and confidence in the police. Community members foresaw an increase in violence linked to the presence and use of guns and were largely concerned for the safety of whānau living in lower socio-economic areas (Chamas, 2020, June; Gravitas, 2019; Mental Health Foundation, 2019; NZP, 2020a). One civic participation survey of 1,155 Māori and Pasifika saw ninety-one per cent of respondents agree that they would not make contact for assistance if they knew the police were armed (ActionStation, 2020). This outcome is antithetical to the narrower police focus of establishing staff and public physical safety (NZP, 2020a). Due to overwhelming community

[100] The Independant Police Conduct Authority (IPCA) is an independent Crown entity that considers complaints against the police and oversees their conduct. It was established by Parliament in 1989.

concern for the initiative, the ART trial concluded and NZP remain a generally unarmed police service.

This dire situation, whereby Māori mental wellness is increasingly (dis)affected, is a critical social, racial justice and health equity issue, with "the Crown's failures in protecting Māori health… irrefutable" (Waitangi Tribunal, 2023, p. 161)[101]. The Waitangi Tribunal (2023) WAI 2575 stage one report on Māori health confirms widespread health system failure. If these disparities persist, the provision within te Tiriti which guarantees equality is not fulfilled. Public service provider responsiveness towards Māori and te Tiriti obligations are incorporated into contemporary legislation and policy, and across government services. However, to date, there has been no study of Māori and police encounters that explore the challenges and aspirations of whānau during times of mental distress.

2.7 Kāwanatanga in health and policing

In 2007 the Declaration on the Rights of Indigenous Peoples affirmed that all Indigenous people have equal rights to freedom and self-determination and should be free from any kind of discrimination (United Nations, 2007). More recently concluded by the Waitangi Tribunal (Waitangi Tribunal, 2014), the rangatira who signed te Tiriti did not cede their sovereignty, rather they agreed to share power and authority with the governor in an equal relationship whilst having different roles and spheres of influence. These significant legal standpoints and findings support the idea that Māori are a sovereign treaty partner rather than an ethnic minority.

Recognition of the Government's obligations under te Tiriti to protect Māori as a population group means continued strategic reprioritisation across systems and organisations. Being an active and engaged treaty partner means improving competence and capability to address Māori needs and aspirations. The public service role of NZP includes supporting the Crown in its relationships with Māori (Public Service Act 2020). Indeed, commitment to Māori and elements within te Tiriti have been identified as core institutional values of NZP since the mid-90s.

Māori and NZP are currently partnered to achieve the vision of Te Huringa o Te Tai (Te Huringa), a strategy which aspires to support Māori aspirations (NZP, n.d.-c). Te Huringa recognises the role and responsibility of NZP as a proactive treaty partner to ensure the protection of mātauranga Māori, te reo Māori, and tikanga Māori in police work (NZP, 2022). Other NZP responsiveness strategies over the past 20 years have included the establishment of Māori advisory boards and specialist Māori roles (within Māori, Pacific, and Ethnic Services), and Māori staff recruitment procedures (den Heyer, 2019; Doone, 2000; New Zealand Police, 2019; O'Reilly, 2014). New Zealand Police have long considered iwi Māori partnerships to be critical for addressing the disproportionate representation of Māori across all areas of risk (Doone, 2000).

[101] According to the source, the Waitangi Tribunal (Māori: Te Rōpū Whakamana i te Tiriti o Waitangi) is a New Zealand permanent commission of inquiry established under the Treaty of Waitangi Act 1975. It makes recommendations on claims brought by Māori relating to legislation, policies, actions or omissions of the Crown that are alleged to breach the promises made in the Treaty of Waitangi.

Over the more recent decade, Te Pae Oranga[102] iwi community panels use tikanga and kaupapa Māori and restorative justice practices to deal with crime and prevent reoffending. As the marae-based programme between NZP and iwi is set to expand across the country, one whānau ora service manager Lady Tureiti Moxon agrees, "...it is important to disrupt the current pipeline for many Māori who go from Oranga Tamariki [Ministry for Children] into youth homes, prisons and then on to mental health facilities" ("Tikanga Approach and Police", 2023, para. 3). JustSpeak (2020) is a youth-led movement for criminal justice who also agree that Māori-led diversion programmes and alternatives such as iwi community panels, and a fundamental shift in justice sector attitudes, values, and practices will better support transformational change.

With regards to improving mental health-related responses, in 2013 NZP established and resourced a dedicated mental health team (Davey et al., 2021). A mental health training programme was commissioned, and mental health was included as an additional driver of demand in the revised Prevention First National Operating Model 2017 (NZP, 2017a).[103] This latter strategy sought to raise national awareness and advocacy support for partner agencies to provide more appropriate mental health responses. The addition of 'mental health' as a driver of police demand was designed to support a reduction in mental health-related custody numbers, but also in favour of police, the demand on police resourcing (Li et al., 2020). The Prevention First policy has the potential to align positively with te ao Māori, however there are significant challenges for police being at the centre of disproportionate criminal justice-related statistics.

With regards to addressing Māori health inequities, recent government investment towards improving mental health and addiction services is notable (MHWC, 2023). Mental health and addiction system reports (MOH, 2019a; NZG, 2018), and ministerial responses (Ministry of Health, 2020) recommends system-level changes and across-service approaches to mental health crisis response. A co-response model where police, mental health services and paramedics jointly attend mental health callouts is one such example (NZG, 2018).[104]

Enabled through the Pae Ora (Healthy Futures) Act 2022, the publicly funded health system recently underwent reform in the face of concerns about equity, efficiency, financing, and sustainability. The recommended structural changes are significant to the mental health-related work of NZP, and includes the public, mental and Māori health services undertaken by Te Aka Whai Ora - Māori Health Authority, alongside Te Whatu Ora - Health New Zealand (New Zealand Government, 2023a; Te Aka Whai Ora - Māori Health Authority, 2023). This Māori health entity affirms the strong relationship between health and socio-economic deprivation and being Māori. Established in 2022, Te Aka Whai Ora was disestablished in 2024 under a new coalition government, however. There are also plans to introduce legislation that will seek to redefine legislation on te Tiriti and other policies that provide for Māori (National Party, 2023). Already gravely affected by historical injustices, the pathway to justice and health equity for whānau Māori communities continues to be threatened by contemporary colonising practices.

[102] Iwi Community panels - Te Pae Oranga, support people who have offended to plan to put things right. The te reo Māori phrase 'te pae oranga' means to talk, listen and become well

[103] This data source makes reference to the NZP Prevention First policy which initially identified five drivers of crime that contribute significantly to the harm that Aotearoa NZ communities experience: alcohol, youth rangatahi, families whānau, roads, organised crime and drugs. NZP now recognise these as drivers of demand, and have included mental health.

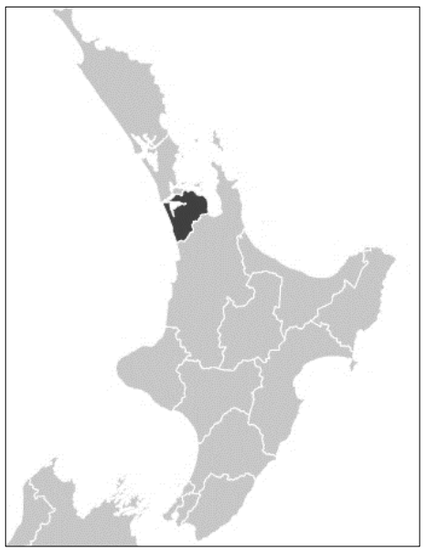
[104] See further discussion of police response approaches in chapter 3.10 *Nationwide response models*.

Regardless, there are a significant number of hapū and iwi-based, non-governmental organisations including marae that provide kaupapa Māori (Māori philosophical) approaches to primary healthcare, mental health and addictions, social, and community services.[105] Aside from their knowledge of Māori networks and cultural norms, Durie (1994) has long regarded that Māori providers are more likely to integrate healthcare with other aspects of cultural, social and economic focus. In line with the responsibility under te Tiriti of tino rangatiratanga – by Māori, for Māori - organisational standards and models of operation that draw from mātauranga Māori, with philosophies and practices of tikanga and kawa[106] continue to be an integral part of these services.

2.8 The study locality

New Zealand Police selected the sprawling district of Counties Manukau, or South Auckland, as the location for the current study.[107] In this district there is increasing police mental health-related demand, and NZP want to know what it is like for officers and the community. Although the name South Auckland is integral to the title of this thesis, it is not an official place name. South Auckland is however most often used to distinguish the irregularly defined southern suburbs and is therefore used interchangeably with Counties Manukau, and/ or Counties Manukau Police District (CMPD) throughout this thesis. Counties Manukau Police District is the southernmost of three districts located in Tāmaki Makaurau - Auckland on the upper North Island (Te Ika-a-Māui) of Aotearoa NZ.[108] It is one of 12 police districts nationwide. Counties Manukau Police District extends from Franklin in the south (bordering Waikato Police District) to Ōtāhuhu in the west (bordering Auckland City Police District) (Figure 1).

Figure 1 Map of Te Ika-a-Māui - North Island, Aotearoa New Zealand

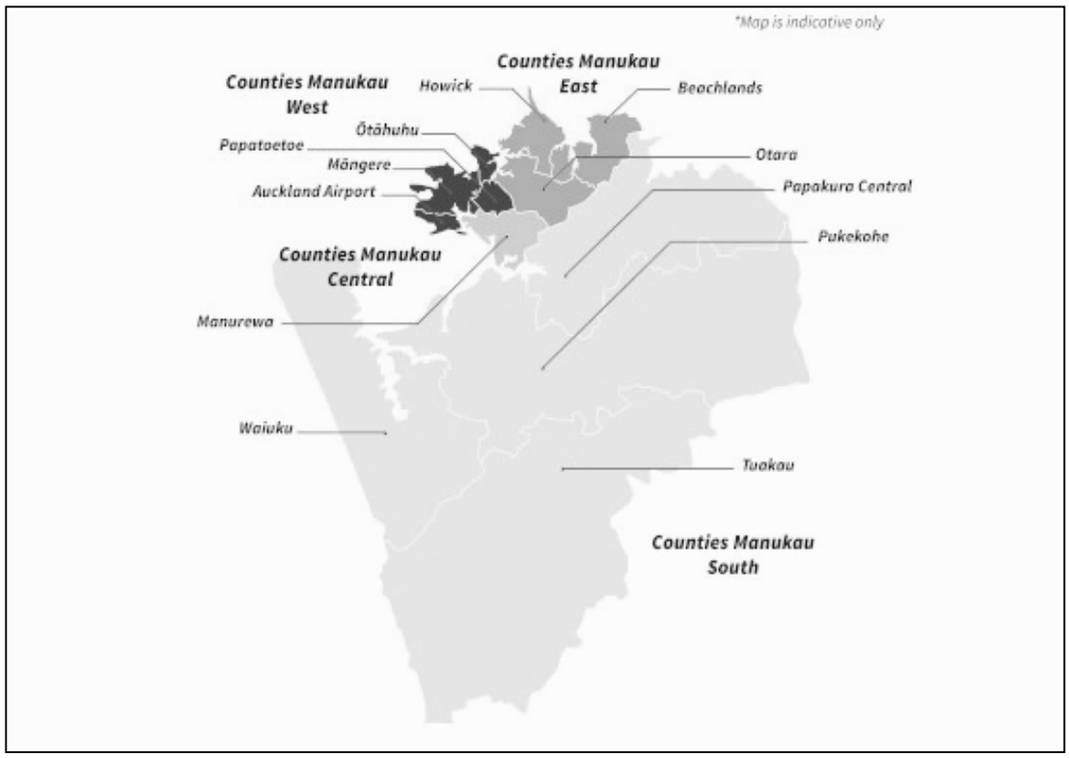


Note. Location of the Counties Manukau Police District (dark). Map adapted from Statistics New Zealand, 2020, Wikimedia Commons. Copyright 2020 openly licensed.

[105] The website www.healthpoint.co.nz lists South Auckland Kaupapa Māori and Mental Health & Addictions services and programmes.
[106] The te reo Māori term 'kawa' used in this thesis means protocols rules, and customs that guide behaviour and interactions within a community,
[107] New Zealand Police involvement in the current study is explained in 4.9 *Arising from co-produced origins.*
[108] The North Island of Aotearoa NZ is also officially named 'Te Ika-a-Māui'.

The district covers four areas, South from Pōkeno over the Bombay Hills, to West in Ōtāhuhu, and from the coastline of Maraetai (or Beachlands) in East, across Central to Port Waikato on the west coast (Figure 2). Manukau City is where CMPD Headquarters, or 'the Hub' is located. The district headquarters is where the 15 subsidiary and suburban police stations are managed, and a centralised custody facility is located.

Figure 2 Map of Counties Manukau Police District in North Island, Aotearoa New Zealand



Note. Location of four Counties Manukau Police District areas - Central, West, East, and South (highlighted). Map from New Zealand Police, 2024b, Copyright 2024 by New Zealand Police.

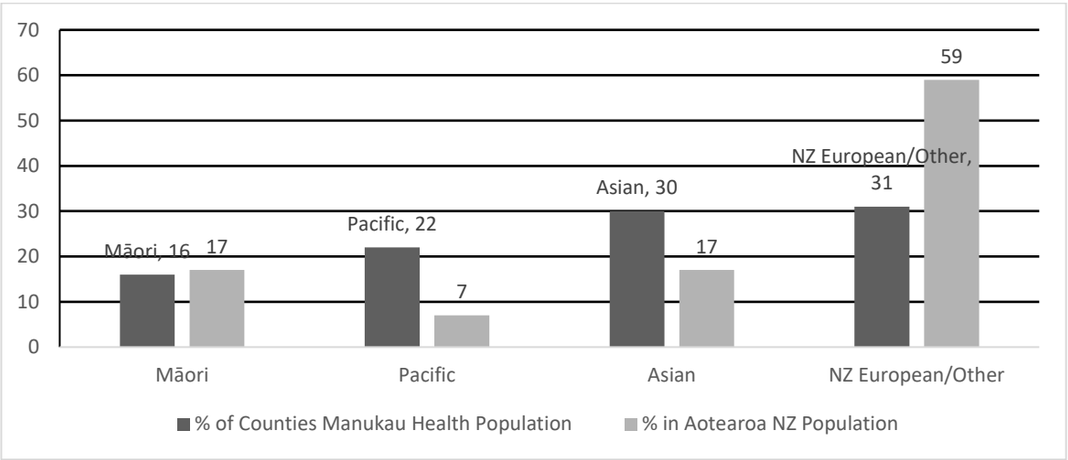
A nationwide review of NZP custodial management practices in 2015 confirmed that a critical focus of CMPD operations was the very high 1M coded (mental health-related) and 1X coded (self-harm/attempts suicide) event callout rate (IPCA, 2015). Counties Manukau had the highest rate of mental health-related custodial detentions and were also the only district to provide three weeks of role training to authorised officers (AO)[109] (IPCA, 2015). In response to the high rate of mental distress callouts, Counties Manukau police have worked with community and hospital-based partners around how best to deal with people who require medical assistance (Forbes, 2021; NZP, 2021). A change in CMPD frontline policing policy in 2021 has meant that people experiencing mental distress are now treated as a medical emergency and are not held in custody, which has resulted in a rise in police referrals that require mental health assessment. Patient numbers at Middlemore Hospital have subsequently increased from 13 patients (per year) seven years ago, to 367 in 2019/2020 (Forbes, 2021).

[109] Authorised officers (AOs) are non-constabulary police employees authorised to exercise many of the powers of police constables, except the power of arrest.

2.9 South Auckland demographics

The NZP website states that aspects of the South Auckland population contribute to some 'special policing needs' (NZP, 2023). This statement encompasses the fact that the population is very different from the total national population. The estimated overall population of South Auckland was 601,490 in 2021, representing 11 per cent of the total Aotearoa NZ population, and with a projected growth faster than other major cities in the country (Counties Manukau Health, 2021). The population is ethnically diverse with far greater proportions of Pacific and Asian populations and less NZ European/Other than nationally (Figure 3).

Figure 3 Counties Manukau Health Population Compared to Aotearoa New Zealand in 2021



Note. Graph adapted from data located in Counties Manukau Health, 2021, p. 23.

Of relevance to this study, South Auckland has the second largest Māori population in the country (Lees, 2021). Māori communities make up 16 per cent of the district's population and comprises 17.4 per cent of the national population (Counties Manukau Health, 2021; Stats NZ, 2022). Māori living in South Auckland that have ancestral affiliations to the area are referred to as mana whenua,[110] whereas Māori who have migrated to the area are mataawaka[111] (Auckland Council, 2018).

The ethnic makeup of the South Auckland population also varies with age. Younger populations have higher proportions of Māori and Pacific peoples compared with the population aged 75 years and over (where over two thirds are NZ European/Other groups) (Lees, 2021). Twenty-three per cent of the population was aged 14 years or younger in 2018, with the respective figure for the national population 19 per cent. Statistics NZ ethnic population projections indicate that the number of people of Māori ethnicity in the entire region of Tāmaki Makaurau/ Auckland could reach 257,600 by 2038 – an increase of 69,500 people from 2018 (Auckland Council, 2018). The high proportion of Māori youth, and rapidly growing population in the district, is significant in terms of mental health and policing demand, service planning, and provision.

[110] The te reo Māori term 'mana whenua' used in this thesis means the mana (status) held by local people who have authority over land or territory in a particular area, derived from whakapapa links to that area. Mana whenua are represented by the 19 iwi (tribes) or hapū (sub-tribes) with territorial affiliations to the Tāmaki Makaurau, Auckland area Aotearoa NZ.

[111] The term 'mataawaka' used in this thesis refers to Māori from other tribes and their descendants who in this context have migrated to Tāmaki Makaurau, Auckland from other parts of Aotearoa NZ, and Māori who have no connection to their hapū and iwi.

Both Māori descent (ancestry) and Māori ethnic self-identity (cultural affiliation) are counted in the New Zealand Census of Population and Dwellings (Stats NZ, n.d.).[112] However, the Māori response rate in the 2018 census was only 68 per cent, with about one-third of the population not responding to the survey (Piper, 2023). Media reports claim the poor representation is indicative of external factors, including mistrust between Māori and the government, and people not wanting to share their personal information (Forbes, 2023; Hurihanganui, 2023). The 2023 census is operating in an even more challenging environment with added issues of social cohesion, trust, and disinformation. The estimated return rate for Māori living in the entire region of Tāmaki Makaurau remains under the 90 percent target, with numbers at over 76 per cent (Lee, 2023). Data, including population, dwelling and Māori descent and iwi affiliation counts are not set for release until May 2024 and therefore are not able to be included in this thesis.

2.10 The socio-cultural and economic landscape

Key features of South Auckland contribute to a well-developed ideology, that "identifying as a Southsider is as much determined by social psychological and discursive decisions as it is by geography" (Borell, 2005, p. 192). South Auckland is renowned for being a unique neighbourhood of opposing societal discourses. The population is described as "young, vibrant, connected and ethnically diverse" (Lees, 2021, p. 3), but also has many socioeconomic challenges. One public health initiative considers the contexts of the community, culture, and natural environment to describe "youthfulness, dynamism, and a rich diversity of cultures ... a fast growing and dynamic urban area... facing similar challenges to cities around the world" (Conn, 2021, p. 3).

Studies of local South Auckland Māori and Pacific youth highlight great self and cultural pride and a shared sense of belonging as community insiders (Allen, 2015; Borell, 2005; Brett, 2016). Whānau living in South Auckland also describe humble but happy homes (Shepherd, 2018). However, Lees (2021) adds that the strengths, resilience and resourcefulness of the population, their community connection and cultural capital, is not represented at all well within data profiles. More apparent are multiple intersectoral factors that are placing "unmanageable stress and pressure" on whānau (Wikaire et al., 2022, p. 48).

One persistent and dominant discourse, reinforced politically and through media reporting, is that South Auckland is synonymous with poverty, crime, danger, delinquency, negligence, and reliance on government assistance (Borell, 2005). Counter to the narrative where young people are seen as an integral part of the vitality of the district, they are also seen as contributing to the dire situation. Widely evident in the media is a spike in youth crime activity with CMPD being one of the most prolific regions of stolen cars and shop burglaries, and government cross-agency interventions developed in response (Quinlivan, 2022). To indicate the extent of the issue nationally, a total of 1,715 arrests of offenders aged between 10-17 were made between November 2021 and October 2022 (Morton & Knox, 2022). This escalation in anti-social behaviour is similar to that reported nearly two decades ago (Maher, 2022; MSD, 2008). The scale and composition of social harm today is reflective of worsening poverty, and traumatic life experiences, including being victim of, or witness to family

[112]According to the source the census is a national survey of all people and dwellings in Aotearoa NZ generally held every five years. The survey provides a count of people, as well as information like ethnicity, religion, income, education, and housing. The results are used by communities, iwi, business, councils, and the Government to plan and fund services.

harm (Social Wellbeing Agency, 2022). These considerable difficulties impact the mental health and wellbeing of youth and whānau.

The impact of risk factors on Māori living in deprived areas such as South Auckland has long contributed to the higher prevalence of life stress and mental health-related 'disorders' (Pere, 2006). Area deprivation is strongly associated with poorer health, stigma and racial discrimination (Bécares et al., 2013). Access to mental health services is similarly affected by education, housing status, income, and social and cultural connections (Durie, 2018; 2020a; Health and Disability Commissioner [HDC], 2020b). High median deprivation rankings[113] across all these aspects of life confirm that CMPD is a socially deprived area from an epidemiological perspective (Yong et al., 2017). With regards to the high concentrations of neighbourhood deprivation in the district, in 2018, 58 per cent of the Māori population lived in NZDep2018 deciles 9 and 10 / quintile 5.[114] If the situation was equal to the rest of Tāmaki Makaurau - Auckland this figure would be 20 per cent (Lees, 2021). There is further evidence of major inequality and disparity in five South Auckland Local Board areas compared to the other 17 Auckland Boards, with their different livability and quality of life equations (Shepherd, 2018).[115] This information contributes to the narrative that Auckland is a tale of two cities. Hence, many Māori in South Auckland face substantial socioeconomic challenges with adequate housing continuing to be a major concern.

Police in CMPD work across a contrasting landscape with areas of sprawling rural properties and high-density urban housing. There are extensive housing developments in Counties Manukau South that will likely accommodate the fast-growing population (NZP, 2024a). South Aucklanders have lower household prosperity, skills, and labour than other areas in Auckland, despite job opportunities being available in the area (ATEED, 2020). In the district there are also more than 200 schools with 41 per cent of students attending decile 1 and 2 schools[116] (NZP, 2024a). Multi-family households are also more common compared to the rest of Aotearoa NZ, with overcrowding a significant issue. In 2018, 32 per cent of Māori living in CMPD were living in a crowded or severely crowded household (Lees, 2021). The impact of living in poverty is made even more challenging when faced with a global pandemic and numerous weather and climate-driven natural disasters.

Since 2020, South Auckland has been located at the centre of Aotearoa NZ's three waves of the COVID-19 pandemic. Whānau risk of exposure to the virus was far higher than elsewhere in the country with the district host to an international border, managed isolation and quarantine facilities, and many mobile essential workers (Horesh & Brown, 2020; New Zealand Government, 2023b; Parahi, 2020; Tokalau, 2021). One quantitative analysis on the effects of ethnicity confirmed that the functional impacts of COVID-19 are greater within Māori and Pacific people's communities, in lower socioeconomic areas, and amongst older adults (Steyn et al., 2021). Inadequate health care, poverty

[113] According to the source these data refer to the 2013 New Zealand Index of Multiple Deprivation which are a set of tools for identifying concentrations of neighbourhood-level deprivation.
[114] NZDep2018 deciles 9 and 10 / quintile 5 are areas defined as the most socioeconomically challenged in the 2018 NZ Census.
[115] The city's economic development agency Auckland Tourism, Events and Economic Development (ATEED) is an Auckland Council Organisation. They produced the first Auckland Prosperity Index in 2018 to inform the media and guide public services to understand and support levels of prosperity across the region at local board level. Their 2020 report referenced here is based on a Prosperity Index data produced by Infometrics for ATEED, using 2018 Census data together with Infometrics' own local economic data.
[116] A school's decile measures the extent to which the school's students live in low socio-economic or poorer communities. Decile 1 schools are the 10% of schools with the highest proportion of students from low socio-economic communities. In Jan 2023, the Government is phasing out the decile system and implementing the Equity Index (EQI) to better allocate equity funding and to identify schools that would benefit from additional resources.

(or a cultural preference for living together with wider whānau members) with resultant overcrowding of homes, and high rates of chronic disease heighten the risk of viral exposure and spread (Forbes, 2020; Parahi, 2020). Even prior to the pandemic government advisors offered that "the context of the way we live our lives as a society has changed and that imposes a greater burden on our mental health resilience" (Office of the Prime Minister's Chief Science Advisor, 2017, p. 1). The COVID-19 pandemic simply highlighted many of the health and social disparities that already existed in South Auckland.

The impact of COVID-19 risks has subsequently increased overall pressure on South Auckland communities. Since the pandemic, extensive research has shown that the fear, social isolation, limited access to mental health care, and socioeconomic burden contributed to stress-related mental health issues (Horesh & Brown, 2020; Kontoangelos et al., 2020; Sullivan et al., 2020). Alongside upheavals in the delivery of health and social services, COVID-19 has also contributed to a global increase in family harm incidents, which is now described as the shadow pandemic (Koziol-McLain et al., 2023). Family harm overlays many mental distress calls, with CMPD already experiencing over 23,000 police callouts to 5F (family harm police code) incidents each year (NZG, 2020). An outcome of the pandemic is that kaupapa Māori healthcare provider services across CMPD have established themselves effectively at the forefront of providing support services to whānau (Franks & Tokalau, 2022; Shepherd, 2018).

Social disengagement and crime are caused by complex factors which are indicated here to illustrate the climate within which my study was undertaken. Another factor influencing whānau Māori social identities, policing practices, and demand is the national trend of increasing gang numbers, tensions, and firearms violence (Cann, 2021; New Zealand Parliament, 2022). Department of Corrections data indicate that most gang affiliates identified as Māori, with nationwide numbers of those imprisoned increasing from 935 in 2010, to 1,929 in 2022 (New Zealand Parliament, 2022). The rhetoric that surrounds gangs in Aotearoa NZ is wide-ranging today, with little distinction made in the public discourse between youth and adult gangs, and organised crime networks, with any anti-social behaviour conveyed as 'gang activity' (Office of the Prime Minister's Chief Science Advisor, 2023). Frontline officers in CMPD subsequently work in close quarters to gang culture.

I reflect on conversations, thoughts, and impressions I had formed of South Auckland prior to commencing my data collection. I had infrequently visited the district, including local marae, over my lifetime, and stayed with whānau in South Auckland some 40 years ago. Despite my iwi Māori whakapapa, I do not reside in the region but had been exposed to aspects of cultural and socioeconomic diversity there. I reside in the upper South Island - Te Waipounamu, Aotearoa NZ and respectfully considered myself to be manuhiri[117], a visitor to the region. My outsider knowledge and perspective of CMPD were therefore largely informed by the media.

Early study planning discussions with NZP in Counties Manukau and kaupapa Māori study advisors[118] reinforced to me that there are frequent and harrowing incidents that significantly impact the lives and emotional wellbeing of police and whānau in the locale. I was therefore inclined to agree with local Māori researcher Borell (2005), that most media representations of South Auckland (continue to) drive the dominant societal discourse, that it is a place to avoid if possible. Throughout

[117] The te reo Māori term 'manuhiri' used in the context of this thesis means visitor.
[118] Study consultation with South Auckland Māori community members and mental health advisors is detailed in 5.1 *Kaupapa Māori study advisors*.

my study, intersectionality[119] is a means of attempting to understand another's experience and the systems that hinder or support that individual. I therefore argue that this locale is a significant marker that will likely affect the social identity and experience of both police and whānau participants.

Summary

This chapter has provided background information that related to Indigenous Māori from a traditional worldview, mental health, wider systems, and South Auckland perspective. The following chapter provides a broader narrative review of international and national policing of mental health related events. Extant literature is included which considers issues of stigma, discrimination and policing of ethnic minority groups, including Indigenous peoples.

[119] Intersectionality theory is described in 4.8 *Intersectionality theory.*

3. NARRATIVE REVIEW

Introduction

The current study explores how frontline police in Counties Manukau Police District (CMPD) respond to, and interact with, Māori experiencing mental distress. The previous chapter provided background information around the topic as it relates to Indigenous Māori from the study district and nation-wide Aotearoa NZ perspectives. This chapter provides an overview and critique of the body of existing knowledge around international and national police involvement and decision-making in mental health-related events. The chapter covers literature that pertains to the lived experiences of mental health stigma, discrimination, and police responses to ethnic minorities, including Indigenous peoples internationally. The chapter concludes with a narrative review of contemporary mental health response models, and approaches to New Zealand Police (NZP) recruit and workplace training. This review serves to highlight any gaps within the literature to inform the current study's aims and research questions.

3.1 Locating broader policing perspectives

A narrative literature review was conducted to identify the scope and gaps within previously published academic work and grey literature around the topic. A preliminary search of the literature encompassed a diverse range of digitalised databases and authoritative texts. Articles of all methodologies were considered including primary empirical research studies, literature reviews, and discursive articles. The databases were Scopus, SAGE Journals, CINAHL Complete, EBSCO, and Australian Criminology Database (CINCH). The following inclusion criteria informed the search: frontline police and policing; mental distress of the public; police studies based in other colonial jurisdictions. The initial search strategy for police involvement in mental health-related events, and mental health stigma, and ethnic minorities used a combination of the following keywords: Polic* OR "law enforcement" OR cops* OR Officers AND mental* OR "mental distress" OR "mental health". These initial results were expanded to include indigenous* OR cultur* OR ethnic* OR minority* and were limited to New Zeal* OR Australia OR Canada OR "United Kingdom" OR "United States". Search results were refined to full-text, peer reviewed works, and articles written in English. Alerts were set with Scopus to receive updated material. Publishing date parameters were adjusted according to whether discussion was historical or contemporary. Relevant historical references spanned from the 1960s, when there was increased attention around policing and mental distress responses because of health system changes, through to the late 1990s. The contemporary literature search parameters continued from 2000 through to the current day. This review starts with a narrow international focus on countries with a similar judicial system to Aotearoa NZ that informs their policing model and provides further insights into the practices of frontline police in responding to mental distress.

3.2 Historical tracings of the mental health-related practices of police

International literature confirms that police involvement in mental health-related events is a long-standing function of police work. As psychiatric care underwent reform across Western societies from the 1960s, early literature reflects concern for the expanded public health or social work role of police (Bittner, 1967; Turner et al., 1992). As also occurred in Aotearoa NZ in the early 1970s, mental health systems implemented bureaucratic, structural, and legislative changes resulting in less general public access to mental health emergency centres, and limited community-based mental health and social support (Bittner, 1967; Chappell & O'Brien, 2014; Teplin, 1983, 1984). Society's newfound reliance on the police for managing mental health-related events added complexity to policing practices. However, traditional policing approaches were inconsistent with the values required for social work, including tolerance and having a permissive attitude.

Well known for his ground-breaking studies of the relationships between police and society, Bittner (1967) mused that police have missed their true vocational calling, having defined themselves as 'crime-fighters' rather than as service providers and solvers of human problems. This leading quote from The New Zealand Policeman essay in 1975 supports that police of this earlier era were forced to see their role in terms of crime repression only. Glynn rationalises that police officers:

> ...cannot be blamed for wishing to avoid becoming involved in basic social reform. Apart from the un-realistic demands made upon them to 'cure' crime problems, they operate in a society which seems to believe that sanctions effectively administered will deter the evil-doer (Glynn, 1975, p. 53)

Unable to detail the scope of legitimate police function, Glynn concedes that policing objectives must however change in response to new demands and a changing environment. Indeed, the public service role that today's police perform as first-responders to distressed community members is different from the romanticised notion of policing being all about crime fighting.

Egon Bittner's (1967) foundational ethnographic police study involved ten months of fieldwork with a police patrol in the United States (US). Findings highlight layers of contextual factors that affect emergency apprehension and police discretion in the practice of what Bittner labels, 'psychiatric first aid'. Criteria for psychiatric hospital referral were based on "a scheme of prototypes to which police analogise in practice" (Bittner, 1967, p. 283), including evidence of external risk or suicide attempt, accompanied by serious signs of psychological disorder. Officers showed reluctance to seek practical resolution within the hospital system however, due to their fear of misdiagnosis, exploitation, and economy (Bittner, 1967). Police responses to people experiencing mental distress have become a complex socio-legal and health-related process.

3.3 Grey zone dispositions of police internationally

Police responses to mental health-related situations stretch from call initiation to resolution with geographical contextual knowledge, behavioural observations, and collateral information gathered at the scene generally informing police of a person's mental health status (Bohrman et al., 2018; Ritter et al., 2011). Police then consider a wide range of informal and formal dispositions and make critical decisions about whether to take no action, to manage situations informally, or initiate formal interventions by criminal justice, mental health, or social services (Watson et al., 2010). A consistent international finding for decades, however, is that most callouts involving mental distress are handled by police informally.

Although policing work may appear straight forward to outsiders, much of the work police undertake is within what has been termed a 'grey zone'. Within this grey zone there is considerable variability in how police respond, based on the individual attributes of the officer/s on the scene at the time. Teplin's foundational 1980's police study reveals that police dispositions selected from an informal operative code are the predominant means of resolution in 70 per cent of encounters (Teplin & Pruett, 1992). Personal ingenuity is often required with decision-making power of how to proceed contingent on knowledge and availability of options (Green, 1997; Morabito, 2007).

Frontline police seek to resolve situations informally by accepting temporary solutions, they also use their local knowledge to guide decision-making, including negotiating peace with complainants or call subjects (Wood et al., 2017). However, there is often limited transparency, few witnesses, or officer oversight during such encounters (Bittner, 1967; Teplin, 1983, 1984; Watson et al., 2008; Wood & Watson, 2017). Details such as police transport or the presence of mental distress are also rarely documented (Watson et al., 2010). In a more recent observational study of police calls in Chicago, Wood et al. (2017) confirms that most mental health-related calls do not involve violence or meet the threshold for apprehension and thus fall into the grey zone.

To better understand the grey zone aspect of police work during mental health-related calls, Bittner (1967) developed the 'horizons of context' framework. This framework conceptualises a range of factors that influence police discretionary decision-making. Fourty years later, Morabito (2007) used empirical data to highlight the utility of Bittner's framework. 'Scenic' horizon factors include normal (behavioural) deviance, community socioeconomic characteristics, organisational characteristics, workload, and linkages to community services. The 'temporal' horizon focuses on police knowledge, characteristics of the offender, and the background of the officer. Finally, the 'manipulative' horizon considers the immediate situation, including the safety of the community and officers. The attending officer/s likely base their responses on these multiple factors, with the decisions they make highly consequential and long-lasting for the person experiencing mental distress.

Wider literature confirms that frontline officers provide transport for persons requiring assessment by a mental health professional, accounting for up to one-third of all emergency health referrals, or, dependant on the situation, they will make an arrest (Bittner, 1967; Borum et al., 1998; Green, 1997; Hails & Borum, 2003; Lamb et al., 2002; Teplin, 1984; Watson et al., 2010). There is a need for further research to investigate the detailed experiences of frontline police officers responding to mental health-related calls in the community.

3.4 Rationalising criminal justice system numbers

For decades, the concerning trend of police criminalising people regardless of the degree of offence has held the attention of researchers (Engel & Silver, 2001; Green, 1997; Morabito, 2007; Teplin, 1983; Wood & Watson, 2017). Chappell and O'Brien (2014) summarise that with no model of police interaction in place "a well-known cycle of arrest, incarcerate, inadequate treatment and chronicity prevailed" (p. 321). Individuals who experience serious mental distress are 10-20 per cent more likely to be arrested than individuals who experience no such distress (Lurigio, 2012; Teplin & Pruett, 1992). Livingston's (2016) systematic review further evidence that one in four people with experience of serious mental distress has an arrest history. This disproportionate number is explained in the criminalisation hypothesis earlier coined by Abramson (1972), who researched the introduction of mental health laws whereby mandatory judicial hearings are followed by involuntary treatment.

Research shows that poor access to mental health and support services contributes towards the criminalisation of people. Police often encounter people whose mental health needs are unmet due to a lack of service initiation, or sustained treatment and engagement outside of crisis situations (Lamb & Weinberger, 2001; Wood et al., 2017). People will avoid seeking mental health care if discouraged by discriminatory attitudes and behaviours (Corrigan, 2004; Rafferty et al., 2014; Reavley & Jorm, 2012). Teplin (1983) examined evidence for the prevalence of 'mental disorder' among jail detainees to confirm that persons thought to be the most dangerous are amongst the most unwanted clients of mental health agencies.

A counterargument to the criminalisation hypothesis favours a criminality perspective, where experience of mental distress correlates neither with police use of force, nor an increase in arrest rates. Data collected from two large-scale, multi-site field studies of police behaviour found that after controlling for legally relevant and encounter-level factors, the source of the disparity in arrest rates was the behavioural result of impaired functioning, including acts of defiance (Engel & Silver, 2001; Novak & Engel, 2005). Ballard and Teasdale (2016) conclude that a lack of theoretical consensus regarding the cause of arrest disparity (being criminalisation or criminality), means that policing policies need to consider multiple perspectives during training and frontline responses.

The criminalisation issue continues to receive international interest. For decades, researchers and social justice movements have been arguing fervently against criminalisation (ActionStation, 2020; Cloud & Davis, 2015; Frederick et al., 2018; Godfredson et al., 2011; Lamb et al., 2002; DOC, 2007; Teplin & Pruett, 1992). Police officers themselves acknowledge that police cells are not a suitable environment for those experiencing mental distress[120] (McLean & Marshall, 2010). Criminal justice systems are significantly under-prepared to meet the health, wellbeing, and rehabilitation needs of people. Interventions from surveillance to interrogation, to arrest and detainment, exacerbate health inequities and expose marginalised communities to an extreme risk of harm (Jacobs et al., 2021). Custody also works against the recognition of mental distress. The experience of being held in custody heightens a sense of vulnerability and increases the risk of self-harm and suicide (Bradley, 2009; Jordan, 2011; Teplin, 2000). In one Australian-based study which surveyed 131 police officers, Fry et al. (2002) found that police officers' likely reasons for taking people into custody, rather than hospital or community facilities, is their lack of options, policing resources, and time.

Buttle (2017) further supports that "if people return to society traumatised and more dysfunctional than when they were incarcerated, the intent of community and self-protection is short-lived and recidivism likely" (p. 107). These factors, combined with inter-agency working difficulties, make officers feel powerless, angry, and frustrated (Davey et al., 2021; Fry et al., 2002; McLean & Marshall, 2010). In situations where mental distress is a result of an individual's opportunities, past experiences and life circumstances, connecting individuals to services that address the social determinants of health could be more beneficial.

[120] CMPD policy of not holding people in mental distress in police custody was mentioned in 2.8 *The study locality*.

3.5 The asymmetrical power relationship between police and the public

Police interactions are an important structural health determinant, yet significant power differentials exist that adversely affect marginalised groups (Cloud & Davis, 2015; Feldman et al., 2019; Footer et al., 2020; Watson et al., 2008). A critical viewpoint reinforced by Oriola (2020) is that "police are representatives of the moral order imposed by the dominant social category" (p. 721). Police are defined by their ability to use force, and the public expect that they will use coercion if necessary to handle a situation (Bittner, 1970). American police ethnographer Sierra-Arévalo spent 1000 hours with officers in the field to conclude that:

> …policing as an institution is born out of unequal power relations. It is borne out of unequal distribution of power, of resources and in many cases, particularly in the US context… that is a story about race (Bauman & Chakrabarti, 2020).

This sociologist also found that US police are taught to expect danger at every moment on the job, and that expectation is a major driver of police brutality (Sierra-Arévalo, 2021). In situations where people are agitated and aggressive, police perceptions of danger increase substantially (Watson et al., 2008). The potential for violence against police themselves is also raised when persons experiencing mental distress "...are psychotic, do not take their medications, and are substance abusers" (Lamb et al., 2002, p. 1268).

Research shows that certain societal discourses advance acts of coercion, including formal police dispositions such as arrest. Teplin (1983, 1984) views that the ever-increasing presence of the people who experience mental distress within the community, and society's intolerance of them, places pressure on the police as criminal justice system gatekeepers. Arrest is the likely disposition when the police believe that the subject's behaviours exceed the public's tolerance for deviant acts (Teplin, 1984). Ballard and Teasdale (2016) agree that "structural forces in society" (p. 22) are contributing factors, including stigma, discrimination, and societal pressure. People who experience mental distress are therefore a socially marginalised group who encounter expressions of societal values or priorities, including negative expectations, and social exclusion (Boardman, 2011; Godfredson et al., 2011; Gordon et al., 2017; Hudson, 2006; Oriola, 2020). People who experience mental distress are also more likely to become victims of crime and, when combined with substance use and transient living conditions, rates of psychological distress elevate further (Brekke et al., 2001; Hiday et al., 2002; Khalifeh et al., 2015; Ministry of Justice, 2020). People perceived as having co-morbid behavioural disorders, including both substance use and poor mental health, are also more likely to have force used against them, than people with a single, or no apparent disorder (Morabito et al., 2017).

Police officers' acts of coercion are a central, reactive aspect of their practice with multiple studies examining a continuum of coercive responses, including actions that transgress the social mandate extended to police. Responses include detainment of people for assessment, and overly aggressive tactics involving significant, or deadly, force (Cotton & Coleman, 2010; Engel et al., 2020; Hallett et al., 2020; O'Brien & Thom, 2014). Police contact is commonly described by people who experience mental distress as overreactive, degrading, and stigmatising (Jones & Thomas, 2019; Livingston et al., 2014). Kesic et al. (2013) and Watson et al. (2008) acknowledge that people experiencing mental distress are vulnerable and fearful of police brutality, and therefore become more resistive to police commands. Eleven mental health service-user participants interviewed in Boscarato et al.'s (2014) Australian exploratory study reported that police coercion only served to heighten their distress, with preference expressed for no police involvement. The negative evaluations and fear expressed by a

further 20 people who had experienced 67 encounters with US police, prompted the request for officers to "treat them like human beings" (Watson et al., 2008, p. 455). This research shows there is a small but growing body of evidence about the lived experiences of people who have interacted with police during a period of mental distress.

3.6 Ethnic minority groups and multi-discrimination

The relative power held by police in relation to their practice, and efforts to counter their own safety, works against some individuals in society more than others. Research highlights concern that public stigma around mental distress remains a powerful negative attribute in social relations, however, ethnic minorities must contend with double discrimination (Byrne, 2000). Disproportionate rates of law enforcement violence frequently occur against racial and ethnic minority groups internationally and are often well-publicised. One US study analysed data on 3933 police killings to evidence race and reasonableness in police judgement during situations resulting in deadly force (Fagan & Campbell, 2020). Findings also show that Black suspects are more than twice as likely to be killed than persons of other racial or ethnic minority groups.

Harris's (2010) US case study analysis of racial profiling or "criminalisation of blackness" (p. 49) shows that patterns of law enforcement conduct frequently occur against innocent Black Americans (such as racially biased pretextual traffic stops). Similarly in the UK, ethnicity persistently influences police officers' decisions to stop and question individuals (Lundman & Kaufman, 2003). The resultant disparate and degrading emotional impact on racial and ethnic minorities subsequently aggravates existing feelings of injustice and cynicism toward the criminal justice system (Fagan & Campbell, 2020; Harris, 2010; Sunshine & Tyler, 2003). Racially driven police responses such as these lowers police legitimacy and diminish the trust and confidence of minority communities.

Beyond individual ethnicity, neighbourhood and social contexts also matter during police interactions. Feldman et al.'s (2019) US study of police-related deaths (2015-2016) found that alongside ethnicity, greater concentrations of neighbourhood economic deprivation correlates to higher rates of death caused by police. Overall, rates of death are estimated to be highest in neighbourhoods with the greatest concentrations of low-income residents (versus high-income residents) and residents of colour (versus White residents) (Feldman et al., 2019). Cloud and Davis (2015) affirm that the reality of social deprivation increases the likelihood of police engagement, which suggests the need for police to consider social inequities in mental health policy.

The need for meaningful police reforms that protect both officers and the public has been raised globally. A series of incidents involving the killing of unarmed members of the public by US police sparked "public protests, civil unrest, widespread media attention, and heightened public scrutiny of police" (Engel et al., 2020, p. 722), and the formation of the Black Lives Matter (BLM)[121] movement. The term 'Ferguson effect' describes the changes in both police and public behaviour following the 2014 murder of Black American, Michael Brown. Legal scholar Zimring (2017) refers to subsequent killings by police as a pattern of problematic behaviour by police nationally, rather than as singular events. The ensuing wounding and murder of police officers countered the response 'Blue Lives Matter', followed by widespread adoption of the axiom 'All Lives Matter' (Engel et al., 2020). This

[121] Black Lives Matter is a decentralised political and social movement that seeks to highlight racism, discrimination, and racial inequality experienced by black people, and promote anti-racism.

statement essentially ignores the systemic racism that black people face and supports the system of power already in place.

Once regarded as an issue of crime policy or the regulation of police conduct, fatal use of force by police is regarded "as a question of civil rights" (Zimring, 2017, p. 15). Support gained through the BLM civil rights movement actively denounces structural racism and the taking of life through police use of lethal force (BLM, 2021; Krieger, 2020; Thom & Quince, 2020; Zimring, 2017). To this end, the 'defund police' social movement calls for systemic policing reform, including redistributing funds so that people in mental distress can receive help from alternative agencies, rather than from the police (Ashton-Martyn & Rapira, 2020; Jacobs et al., 2021; Levin, 2020; Vera Institute of Justice, 2020). The drive for reform to defund police services has since refocused towards increasing police education and investing in police to prevent crime (Lum et al., 2022).

3.7 Police and Indigenous peoples internationally

Akin to events involving racial and ethnic minority groups, Indigenous peoples internationally are vulnerable in police presence. Relationships between police and Indigenous minorities are a topic of interest in colonial jurisdictions such as Australia, the US, and Canada. Like Aotearoa NZ, these settler-colonies have similar histories, laws, political structures, and racial and economic inequities that affect their respective Indigenous communities (Evans-Campbell, 2008; Graham & Masters-Awatere, 2020; Harris et al., 2018; Kalinda et al., 2016). The psychological wellbeing of Indigenous peoples is negatively impacted by racial discrimination that occurs at social, cultural, economic, and spiritual intersections (Houkamau et al., 2017; Paradies, 2016; Smallwood et al., 2021). Hence, the criminal justice system and police interactions are an area of ongoing concern for many.

Trofimovs and Dowse's (2014) Australian study drew from extant administrative information on the criminal justice system and human services interactions. They purposively selected a cohort of 131 Indigenous men with a cognitive disability who had been in prison in the state of New South Wales. This quantitative study demonstrates that the presence of co-occurring mental illness fails to explain high levels of criminal justice system contact, rather that mental illness is one intersecting factor in a compound picture of social disadvantage and early life instability (Trofimovs & Dowse, 2014). The enduring intergenerational mistrust of police by Indigenous people because of their marked overrepresentation in the criminal justice system, and police use of coercion, contributes to accusations of ethnic bias in Australia.

In Canada, David and Mitchell (2021) quantitatively examined the prevalence of contacts with the police among Indigenous and non-Indigenous people. Their results suggest that Indigenous peoples are more likely to encounter the police for a variety of reasons including for law and non-enforcement reasons, being a victim or a witness to a crime, and for behavioural health-related 'issues'. In another Canadian study of police taser use, Oriola (2016) found that people who identify as White are three times more likely to support the use of tasers than Indigenous people. Despite police services and researchers seeking out more effective training, response models and approaches in general, there is a dearth of research that focusses on police responses to Indigenous peoples.

3.8 Procedurally-just policing

A range of police attitudes towards people who experience mental distress is apparent in the literature with some police ostensibly undertaking the mental health interventionist role. Police researchers have found that officers with more experience rate the importance of procedurally-just policing significantly higher than officers with less experience (Compton et al., 2014; Vermette et al., 2005). Personal familiarity, attitude, and less stigmatising views of mental distress influences an officer's ability to recognise, engage, and respond (Corrigan et al., 2003; Gordon et al., 2018; Watson et al., 2010). However, there remains an undesirable attitude and belief across police organisations, or within police 'canteen culture', that work with mentally disturbed people does not constitute valid police work (Borum, 2000; Fry et al., 2002; Lane, 2019). This evidence reinforces the need for proactive training initiatives that generate widespread attitudinal and behavioural changes to counter mental health stigma and discrimination.

A useful framework for police to appropriately interact with people, and one that is consistent with the values underpinning the previously introduced NZP Prevention First policy[122], is procedural justice theory. This theory postulates that people who believe they are treated with fairness regard the encounter as positive and perceive the police to be legitimate agents of social intervention, leading to co-operation and compliance (Hinds & Murphy, 2007; Livingston et al., 2014; McCarthy et al., 2021; Sunshine & Tyler, 2003; Tyler, 2006). The focus is therefore on promoting voluntary compliance without the use of physical force.

Ballard and Teasdale (2016) analysed data from a violence risk assessment study of individuals released from acute psychiatric hospitals in the mid-1990s and compared it to interview data from a non-patient community sample. They agree that if individuals are provided with extra time to convey their situation, and the calm required for them to do so, risk of arrest may be lessened. The Police Contact Experience Scale (Watson et al., 2010b) measures peoples' perceptions of procedural justice and coercion and supports the need for police to use procedural justice as a framework for interactions (Furness et al., 2017; Livingston et al., 2014). Unsurprisingly, interactions where people are treated with dignity and respect, allowed a voice, and trust is established, contribute towards a more preventative pathway (Jones & Thomas, 2019; Tyler, 2006; Watson & Angell, 2007). Other more recent studies use key components of procedurally fair behaviour: respect, benevolence, voice, neutrality, and accountability, to assess officers' endorsements of procedurally just policing (McCarthy et al., 2021; Trinkner et al., 2019). Overall, research illustrates the need for police to use procedural justice as a framework for interacting with people in mental health emergencies.

Of relevance to procedural justice and the intersectional focus of the current study is one recent quantitative survey, which informed the development of an identity prism (Rengifo & Slocum, 2020). This study sought to explain how social identity influences procedural justice and attitudes towards the police. For those people whose race/ethnicity is a central part of their identity, the larger historical and social context of the group's experience may influence their interpretation of specific police encounters. Rather than focusing on mental health-related events however, Rengifo and Slocum's study highlights Black and Latino/a's experience of engaging with police during vehicle stops. Of note is that the procedural justice studies discussed here have all imposed a quantitative framework.

[122] The NZP Prevention First Operating Model was initially introduced 2.7 *Kāwanatanga in health and policing.*

3.9 The case for alternate response models internationally

A valid issue raised in the literature is that neither the police, nor emergency mental health services, should respond to people experiencing mental distress discretely. For appropriate assessment and treatment, researchers attest that police and mental health specialists must work in partnership (Chappell & O'Brien, 2014; Lamb et al., 2002; Watson et al., 2010b). There are a range of response models and various team structures internationally. Most studies focus on models that have police and mental health clinicians collaborating, which is seen to reduce coercion and enable access for people who are experiencing distress to appropriate resources (McKenna et al., 2015; McLean & Marshall, 2010; Morabito et al., 2017; Ogloff et al., 2013).

Over the past two decades there has been interest in models such as Crisis Intervention Team (CIT) (Crisis Intervention Team Center, n.d.; Dupont et al., 2007), co-response models, and other models with less training hours than CIT. The CIT model is widely used throughout the US, with officers voluntarily applying to complete the 40-hour comprehensive training. Basic de-escalation training within CIT is widely accepted as a common-sense approach to reduce unnecessary police use of force (Engel et al., 2020; Zimring, 2017). Officer acquisition of effective communication and active listening skills during de-escalation is not dissimilar to the procedural justice approach. However, critics argue that a slower, preventative approach could increase the risk of officer injury (Engel et al., 2020; Oliva et al., 2010).

One recent systematic review established that CIT improves officers' self-efficacy and knowledge of mental illness, yet has little impact on official, observed officer behaviour outcomes, including reducing arrests and excessive use-of-force (Seo et al., 2021). Results from Franz and Borum's (2010) US study of the arrest rates of persons with mental illness argue that post-CIT discretionary arrests decline over time, yet a true pre–post comparison is missing. Tucker et al. (2008) agrees that methodological shortcomings in extant research prevent definitive conclusions regarding efficacy of police interventions post-CIT.

A variety of co-response models pair officers with mental health workers and are more commonly found outside of the US. Studies report mixed benefits of co-responding, including whether the approach favours the police and criminal justice system more than the public (Shapiro et al., 2015). Co-response models include: the Police and Clinical Early Response model (PACER), which has seen a noted improvement in people's perceptions of procedural justice (Furness, et al., 2017); Mobile Crisis Teams (MCT) (Kisely et al., 2010); and Crisis Assessment Teams (CAT) (Hollander et al., 2012). Of four collaborative interagency response models, Boscaroto et al.'s (2014) study most strongly supported the Ride-Along Model, which enables a police officer and a mental health clinician to jointly respond. However, of the small number of service users interviewed, most preferred that family members or friends intervened instead of police. In terms of effect, co-response models were found to outperform other front-line officer training models (Seo et al., 2021). However, further studies find that a police response is not necessarily perceived as less coercive with the presence of a mental health professional (Girard et al., 2014; Holman et al., 2018). For the mental health responder, tension between therapeutic and coercive practices may develop. Challenges therefore exist in creating interagency coordination and workable partnerships.

More recent alternative mental health initiatives that divert responses away from police have been reviewed with positive overall outcomes (Gonzalez Miranda et al., 2023). CAHOOTS (Crisis Assistance Helping Out On The Streets) involves a team of mental health crisis workers and paramedics or nurses that reportedly respond to around 17 per cent of emergency calls that mostly involve welfare checks (CAHOOTS Consulting, 2020; Waters, 2021). Other US-based non-police response programs include: the Behavioural Health Emergency Response Division (BHERD) where emergency calls are transferred to a counselling hotline and clinicians are directly dispatched (McNeilly et al., 2023); the Community Assistance and Life Liaison (CALL) model (Center for Justice Research & Policy, 2022); a Crisis Response Unit (CRU) (City of Olympia, n.d.); and Street Crisis Response Team (SCRT) model (City and County of San Francisco, 2022). These models have shown to improve response times, follow-up support, and reduce hospital admissions, with positive lived experiences also reported (Marcus & Stergiopoulos, 2022). One community forum group in Aotearoa NZ would prefer a co-response that includes paramedics, trauma and culture-informed (mental) health professionals (ActionStation, 2020). This alternative public health response model would also be without police.

3.10 Nationwide response models

Like international models, reactive co-response initiatives that include police are currently being implemented across select districts in Aotearoa NZ. Multi-agency partnership models involving three agencies (i.e., police/ambulance/mental health) have been initiated, despite limited evidence that examines their efficacy, safety, or value. A 2018 systematic literature review of tri-response models undertaken by Heffernan et al. (2022) identifies no clinical studies or grey literature that evaluates the effectiveness of tri-response models, particularly in reducing involuntary detentions of people experiencing mental health crisis. One co-response team (CRT) model piloted in the Wellington Police District throughout 2020-2021 has since been evaluated (New Zealand Police, 2022a; Police Media Centre, 2020).

As part of the Wellington CRT pilot evaluation, Every-Palmer et al. (2022) analysed data from 1273 callouts to identify whether a CRT would improve outcomes for service users, and reduce demand on hospital emergency departments and first responders. Researchers compared CRT to business-as-usual (no CRT) day responses, to find that CRT intervention increased the likelihood of resolution in the community, and reduced hospitalisations (32 per cent on CRT days, compared to 45 per cent on days without co-response) (Every-Palmer et al., 2022). However, there was no significant difference in use of force. Of those callouts involving a CRT which resulted in the person remaining in the community, a significant 75 per cent were referred to a crisis resolution service, mental health team, general practitioner, Work and Income (an organisation within the Ministry of Social Development) or non-government organisation (Brook, 2022). These numbers confirm significant demand reliant on the support of community-based services. With relevance to the current study, although ethnicity data were accessible in the health data, none were available from the police data to provide a picture of how CRT impacted on whānau Māori who experienced mental distress.

The apparent success of the tri-agency response pilot in Wellington has resulted in its extended delivery, and there are proposed plans for CRTs to be rolled out nationally (Hatton, 2023). In relation to this study's location of CMPD, a three-month proof-of-concept trial of CRT was undertaken from December 2021 to February 2022 (Brook, 2022). However, there has been no evidence of this becoming a permanent response model. Authors of the previous 2018 empty systematic review

(Heffernan et al., 2022) have posed the valid argument that the tri-service model is an expensive model when compared with a co-response model of police and mental health nurse. The ability to provide resourcing for three services may be a significant roadblock to progressing a nationwide roll-out of CRTs.

In many other areas throughout Aotearoa NZ, police have adopted a model of co-working where mental health professionals such as registered nurses and custody DAOs are based at major police hubs (Carswell & Paulin, 2008; NZP, 2022a). Dedicated staff provide advice and co-ordination assistance to frontline officers, and also assist the emergency communication centre through triaging and monitoring of relevant events (NZP, 2022a). Other regional initiatives include an online mobile referral tool called AWHI (Alternative Ways for Help Interventions), which enables police to connect people with a support agency or organisation (NZP, 2020). There is also a mental health triage line where 111 emergency callers can be transferred to speak with mental health practitioners (NZP, 2017). However, initiatives across police districts are inconsistent, particularly for those that benefit Māori who experience mental distress. The potential for police to do preventative work around mental distress is also understudied.

3.11 Flax roots training of New Zealand Police and beyond

Research has shown that a lack of education and training around mental distress influences police responsiveness. Despite decades of evidence, there has been relative inertia about addressing the issue. Nearly four decades ago Teplin (1984) highlighted that although the presence of mental distress increases the probability of arrest by 20 per cent, mental illness is largely under-recognised by police. Results of another US-based quantitative survey confirms that police training tends to under-prepare officers for responding (Vermette et al., 2005). Lack of sufficient training about mental illness is also a frequent finding of police fatality inquiries in Canada (Coleman & Cotton, 2014). Of relevance to this study's focus on Indigenous Māori, although race is identified as a key predictor regarding the use of force in the US, Fagan and Campbell (2020) note the absence of ethnicity or race-specific components in policing curricula.

In response to the significant increase in mental health-related callouts that required, "...a huge amount of shift time" (NZP, 2020d, para. 4), NZP have sought to improve training considerably over the past five-years (M. Cole, email, 27 June 2023). However, the proportion of basic training curricula dedicated to mental health is likely comparative to the average proportion delivered to police across US states - 1.1 per cent (7.28 hours) (Cohen & Bagwell, 2023). Supported by Cotton and Coleman (2010), education and training, in particular communication skills, are described as essential yet insufficient. Regarding the need for police to still develop skills in recognising, engaging and responding to people experiencing mental distress, regular anti-discrimination and behaviour-change education has been identified by Davey et al. (2021) as necessary for sustained change.

Frontline response staff in the NZP service receive mental health training through two main phases: induction, and workplace learning. Prior to becoming sworn constables, all recruits complete 16 weeks of training at the Royal New Zealand Police College (RNZPC) (IPCA, 2015). There is a self-directed learning approach applicable for all theoretical learning. Mental health training covers the MH Act, including police powers and the role of the DAO (NZP, 2020b). Training involves readings and written workbook activities about common mental illnesses, their symptoms, and definitions; the role and powers of police for dealing with people found in mental distress (public place and private

place) including use of force and transporting patients; and the relationship between mental illness and violent crime, alcohol, and drugs (M Cole, email, 27 June 2023).

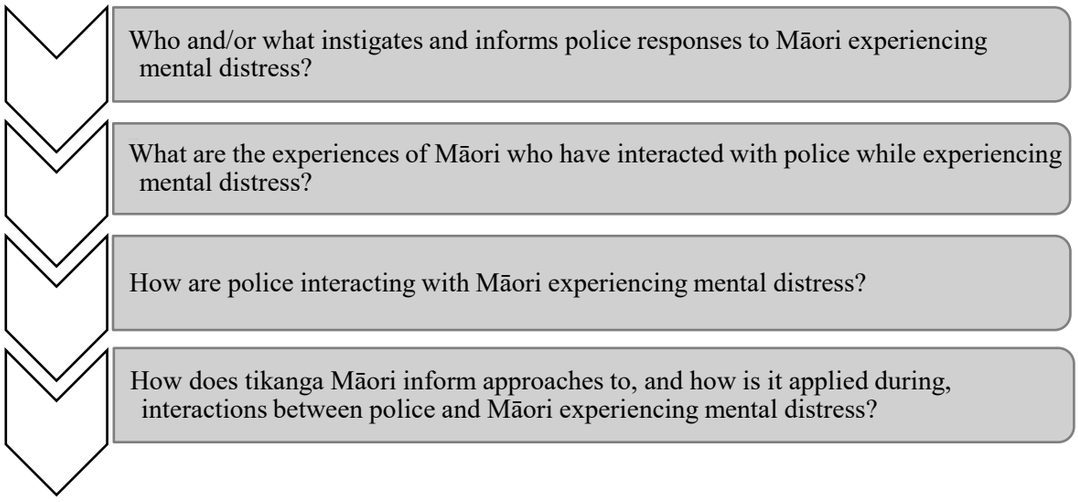
The recruit training workshop aims to foster understanding of the mental distress experience and to teach some simple communication tools (NZP, 2020b). There features a 'responding to people in mental distress' segment which is informed by lived experienced videos. The content covers understanding mental health, and the effects of stigma and discrimination; a Māori and cross-cultural component; empathy; practical advice on responding to behaviours (not diagnosis), and practice scenarios (Davey et al., 2021; Gordon et al., 2018; IPCA, 2015). The workshop opens discussion regarding unconscious bias and works to destigmatise mental ill-health. Training resources also include e-learning modules which are designed so that police can recognise, engage with, and respond to people, as well as increasing awareness of suicide indicators and how to meaningfully engage with someone threatening or attempting suicide. Recruits engage with practical scenarios where active learning, assessment, and feedback occurs.

In their first two years of frontline duty, probationary constables must satisfy their assessor that they know the relevant sections of the law, understand the Custodial Suicide Prevention Policy, and can effectively communicate with regard for cultural concerns (NZP, 2020b). The exact meaning of this last point around cultural concerns is not clear. More explicit is that officers must show that their actions and follow-up procedures are appropriate to the circumstances and that reports, including the Health and Safety Management Plan for Person in Custody, are completed as required (NZP, 2020b).

Every two years frontline staff have to refresh their learning of custodial management, which includes myths around suicide, suicide prevention, and a focus on dealing with vulnerable persons (NZP, 2020b). The inter-relationship between family harm, mental health, and youth training programs is also raised, so that recruits can see the link between subjects. Police attitude and behavior changes are proven to contribute towards more understanding, communicative, respectful, and compassionate police engagement (Davey et al., 2021; Gordon et al., 2018). However, the principle problem of police being able to facilitate prompt access to appropriate services for people experiencing mental distress remains an issue (Davey et al., 2021; Gordon et al., 2018). Research and development of collaborative across-service mental health-related responses and initiatives is therefore ongoing.

3.12 Review in summary

This narrative review highlights significant gaps in the extant literature around police interactions with Indigenous peoples who experience mental distress, including Aotearoa NZ Māori. In-depth exploration of the views of police, and people with lived experience of mental distress and police interactions, are rarely considered. The characteristics of NZP interactions during mental health-related responses, and the clinical, legal, and social characteristics of individuals (including Māori) have been recently explored (Holman et al., 2018; O'Brien et al., 2021; O'Brien et al., 2011). There are earlier accounts of police officers' attitudes towards NZP's community work (Winfree & Newbold, 1999), and publicised annually are quantitative measures of the extent of NZP commitment to reach community policing priorities, goals, and performance (NZP, 2021a, 2022). We can start to appreciate that much of the existing police, mental distress, and marginalised social identity research in Aotearoa NZ only tells part of the story, however. To address this knowledge, gap the following questions will be explored in this study:



Summary

The reality of police involvement in mental health-related events is underpinned by multiple globally recognised themes, which have been presented in this chapter. Mental distress response work encompasses a wide range of situations, from grey zone events that require informal police disposition, through to the initiation of formal responses, which raise issues around criminalisation and criminality. Many societal and police discourses also exist that advance acts of coercion, with individual police attitude and experience a key response factor. Whilst the beginning of this narrative review has covered these topics, the final section has focused on people with multiple marginalised identities, including mental distress and ethnicity, and their interactions with police. This chapter has concluded with a review of contemporary international and national mental health response models, and NZP recruit and workplace training. It can be determined that there is increasing interest by police agencies internationally around what works best in the management of mental health-related events. Although the literature identifies significant issues and strategies, none investigate how frontline police respond to, and interact with, Māori who experience mental distress. The following chapter presents the research approach of this study.

4. RESEARCH APPROACH

Introduction

This study explores how frontline New Zealand Police based in South Auckland respond to, and interact with, Māori experiencing mental distress. The previous chapter has reviewed the literature to provide a wider global context and identify knowledge gaps around the topic. The background chapters inform the study aims, and questions, which are:

- Who and/or what instigates and informs police responses to Māori experiencing mental distress?
- What are the experiences of Māori who have interacted with police while experiencing mental distress?
- How are police interacting with Māori experiencing mental distress?
- How does tikanga Māori inform approaches to, and how is it applied during, interactions between police and Māori experiencing mental distress?

This chapter describes and rationalises the current study's qualitative kaupapa Māori research approach, including the principles and critical theoretical perspectives it draws from. The philosophical assumptions, including those that I bring as researcher will also be detailed, followed by a description of the study's co-produced origins. Once the methodological, philosophical, and study origins have been explained, the biphasic research design, including procedures of inquiry and research methods, will be presented. This chapter concludes with broader ethical considerations.

4.1 A qualitative approach to Indigenous knowledge creation

Previous police studies seldom document experiences of frontline police contact across ethnically diverse communities, and none focus on Indigenous New Zealand Māori in mental distress. Similarly, the voices and perspectives of Indigenous Māori who have experienced both mental distress and a police response are missing from extant literature. In designing the current study, my aim was to explore frontline police responses to, and interactions with whānau Māori during mental health-related events in South Auckland. There is a need to identify an appropriate approach that both encapsulates the experiences of whānau Māori and police and legitimises my researcher perspective.

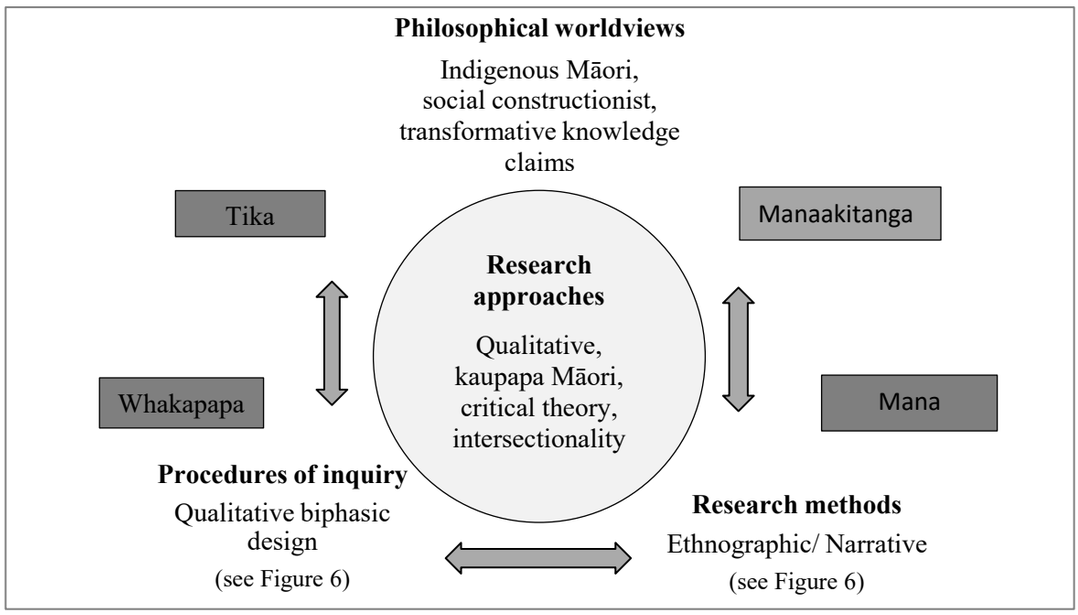
Data collection required my accessing and analysing participants' lived realities regarding their experiences, and then reporting on the complexity of their situations. Researchers agree that qualitative methodologies are useful for examining social interactions and how people make sense of the ways in which social factors impact upon their reality (Hunter & Cook, 2020a; Koziol-McLain et al., 2023; McKenna et al., 2015). Smith (2005) adds that when aligned with Indigenous epistemologies and incorporated into research strategies, a qualitative approach better informs understanding of Māori realities.

The current study is primarily concerned with Indigenous Māori inequities, social identity and marginalisation, as "sites of struggle that are strategically important for Māori" (Smith, 2012, p. 193). Although George et al. (2020) argues for methodologically relevant approaches that recognise inherent strength and capacity within Indigenous communities, other scholars advise against solely focusing on the marginalised population (Cram, 2001; Mahuika, 2008; Ormond, 2006; Smith, 2012). This rationale is based on the premise that discussing the voices and silences of the colonised alone can serve to further exploit or lay blame.[123] Therefore, alongside privileging Indigenous knowledge, this study also explores the experiences of police, and police culture, as derived from its monocultural dominant position of power.

4.2 Research framework

Crotty (1998) notes that the foundations of qualitative social research are based on four questions: what research methods to use, what approach governs the choice and use of methods, what theoretical perspectives underpin the approaches used to gain new knowledge, and what epistemology informs this theoretical perspective. The current study's design framework (Figure 4) comprises a qualitative kaupapa Māori research approach which is inflected with critical theoretical perspectives inherent to both kaupapa Māori and intersectionality. As a health and social project, the study weaves in and out of cultural beliefs and values, and Western ways of knowing (Smith, 2012). The philosophical assumptions of the current study are therefore concerned with Indigenous Māori, social constructionist, and transformative worldviews.

Figure 4 Qualitative Kaupapa Māori Research Framework



Note. Adapted from *"Research Design: Qualitative, Quantitative, and Mixed Methods Approaches"*, (6th ed., p. 252), by J. W. Cresswell and J. D. Cresswell, 2023, Sage. Copyright 2023 by Sage, and *"Te Ara Tika: Guidelines for Māori research ethics: A framework for researchers and ethics committee members"*, (p. 4), by M. Hudson et al., 2010, Health Research Council of New Zealand. Copyright 2010 by Health Research Council of New Zealand on behalf of the Pūtaiora Writing Group.

[123] Meihana (2023) explored how the prejudiced idea of Māori privilege is deployed to constrain Māori aspirations and maintain the power imbalance that colonisation achieved. A sole focus on the marginalised population risks reinforcing the view of 'anti-Treatyists' that Māori are an obstacle to the nation's development.

Kaupapa Māori research is an evolving and empowering body of knowledge with several layers and definitions. However, it is foremost "an approach to research and practise that is a theory, a research methodology, as well as being a cultural practice" (Eketone, 2020, p. 7). The kaupapa Māori research approach has broad tikanga principles and practices that go beyond any academic discipline (Bishop, 1994; Pihama, 2010). Te Ara Tika framework developed by The Pūtaiora Writing Group (Hudson et al., 2010) hosts guidelines for addressing Māori ethical issues and preventing adverse outcomes and/or experiences for participants. These kaupapa Māori principles inform practices and ethical decision-making processes around the study purpose, who controls the study, and how it should be done, as well as how participants and their communities should be looked after. Ethical principles from Te Ara Tika have therefore been embedded within the current study's overall design. The four principles are: whakapapa (relationships), mana (justice and equity), tika (research design), and manaakitanga (cultural and social responsibility). Each aspect of the study design is described further in this chapter, with the overarching kaupapa Māori research approach explored first.

4.3 Kaupapa Māori research approach

A kaupapa Māori research approach provides the foundation for the current study by structuring assumptions, values, concepts, orientations, and priorities from an Indigenous Māori perspective, and for demonstrating a recognition of Māori rights to self-determination. Graham Smith (1997) earlier claimed that kaupapa Māori research is related to being Māori, is connected to Māori philosophies and principles, and therefore takes for granted the validity and legitimacy of Māori culture. Indeed, kaupapa Māori research is the beginning of an exploration of what research means when the researcher and the researched are predominantly Māori. Although these aspects provide an overarching-approach there are biphasic dimensions to this study whereby te ao/ kaupapa Māori is clearly evident in the whānau experience phase and more nuanced in the police experience phase. The transformative intent of kaupapa Māori remains central however, including the underpinnings of the political context that whānau continue to encounter.

The research approach of kaupapa Māori importantly evolved as an intervention following the long struggle for emancipation and sovereignty in the face of assimilation policies designed to suppress Māori knowledge and aspirations (Smith, 1997). The intent of kaupapa Māori research is therefore directed towards overcoming the oppression of Māori in a colonised context, and as such, is both political and a process of decolonisation (Cram, 2004; Pihama, 2001; Pipi et al., 2004; Smith, 2012). With continued unsympathetic debate around Māori self-determination and te Tiriti, it is important to argue for meaningful research approaches that focus not on Western positivistic research, but instead on research that recovers histories and restores justice.

Establishing a study approach that meets the needs and aspirations of Māori, that counters negative and deficit portrayals, and that contributes to the development of translational outcomes and transformational change are research imperatives. The notion that Indigenous methodologies must involve aspects of healing so that the research becomes part of a wellness and social justice agenda, with the goal of being transformational for Māori (Smith, 2006; Smith, 2012), also resonates well with the kaupapa of this study. The following whakataukī represents this tūmanako[124] or aspiration:

Whakamanatia, te tapu, te ihi, te wehi, ō te whānau.
To address, restore and enhance the mana and tapu of the whānau.

[124] The te reo Māori term 'tūmanako' used in this thesis means to hope for, wish for.

To ensure kaupapa Māori approaches fit Māori cultural preferences, practices, and aspirations, certain conditions are needed for consultation and engagement (Smith, 1997). Values-based engagement, centered around the themes of respect, control, and reciprocity, promotes consistency and recognition of cultural difference and its influence on the interpretation of knowledge (Hudson & Russell, 2009). Throughout this study the following and other guiding Māori cultural principles are implemented (Cram, 2001; Hudson et al., 2010; Smith, 1999):

- Aroha ki te tāngata (a respect for people)
- Kanohi kitea (the seen face, present yourself face-to- face)
- Titiro, whakarongo …kōrero (look, listen … speak)
- Manaaki ki te tāngata (share and host people, be generous)
- Kia tūpato (be cautious)
- Kaua e takahia te mana o te tāngata (do not trample over the mana of the people)
- Kaua e māhaki (do not flaunt your knowledge)

The philosophical assumptions that inform the theoretical perspectives, that in turn underpin the kaupapa Māori approach of this study, are explained next.

4.4 Philosophical assumptions - axiology

Creswell and Creswell (2023) group the broad constructions of epistemology, ontology, and axiology under the term 'philosophical assumptions', or worldviews. Regardless, they are the subjective values, beliefs, and points of view - or the philosophical orientation about the world and the nature of research - that a researcher brings to a study. These assumptions are effectively "a basic set of beliefs that guide action" (Guba, 1990, p. 17). In terms of axiology, my own values and value judgements, understood through reflexivity, hold the potential for shaping my interpretations, including the themes I advance and the meanings I ascribe to the data (Creswell & Creswell, 2023).

It is imperative for me to understand and share how the worldviews, or broad value systems that guide my ideas about valid, invalid, and ideal research practice, shape and delimit the knowledge I produce (Braun & Clarke, 2022). My own positionality and perspectives that I bring to this research have previously been introduced in an earlier chapter,[125] including Ko wai au? - Who am I? My theoretical and philosophical perspectives, my whakapapa Māori and bicultural worldviews, experience, credibility, and biases have been made explicit. I also acknowledge here my positioning in society as a well-educated cisgender wahine. As such, my view of the traditionally male-dominated profession of policing, however impartial and un-biased I profess to be, will influence the perspectives I contribute.

I also understand that the place where the discourses of academia and my disciplinary identity meet and intersect is a very powerful one. I am situated right at that intersection. Foucault's work on power is pivotal as I find a way to make sense of, and to work with, that place and power. According to Foucault (1980), not only is power everywhere but power is also productive as it allows relations to take place and the products of relations to emerge. Aside from interrogating my own position, Indigenous iterations of reflexivity emphasise that power is part of knowledge production, and therefore the politics of the research process are to be carefully considered (Braun & Clarke, 2022; Smith, 2012). Actively reflecting on my academic researcher role is also a means of rebalancing

[125] My positionality in relation to undertaking this research was initially presented in 1.1 *Researcher position*.

power so that I do not perpetuate the marginalisation of whānau Māori who experience mental distress.

Throughout the current study, the supervision process and my supervisory team continually challenge my assumptions. An external Māori cultural advisor also supports my cultural and spiritual wellbeing. Due to the nature of this topic, I am exposed to harrowing accounts of distress, as well as encountering multiple forms of racism and discrimination. It is therefore important that my mana and wairua be maintained throughout. Reflexive practice provides a steady platform for me as a researcher, and for the current study to move forward in a trustworthy direction. I make a conscious effort to stay as truthfully close as possible to the kōrero and actions of all study participants, as reflected in their quotes, narratives, and my analytical discussions. Additional kaupapa Māori philosophical assumptions are interwoven throughout the study as follows.

4.5 Kaupapa Māori ontology and epistemology

Henry and Pene (2001) argue that Māori ontology, what is reality, or the way in which the world is experienced within the kaupapa Māori research approach, is both a set of philosophical beliefs, and tikanga founded on traditional Māori ethics or social practices. However, the diversity of Māori people, identity, contexts, worldviews, and knowledge frameworks makes conceptualisation of Māori reality difficult to define (Abel et al., 2001; Durie, 1994; Pihama, 2001). Rather than rejecting other ways of knowing and homogenising Māori values so that people are classified as insiders or outsiders, recognising that diversity and the impact of our own institutionalisation exists for Māori, including researchers, is essential for the validity of this study (Mahuika, 2008; Waitere-Ang, 1998). There are, however, some commonly recognised beliefs that inform Māori reality.[126]

Reinforced here is that central to Māori wellbeing and existence is wairua, cultural identity, and linkages to whakapapa, whānau, and whenua.[127] The Māori term 'whakapapa' is closely linked to kaupapa in that they both share the same root word, which means base or foundation. 'Papa' is also a shortened version of Papatūānuku[128] (earth mother) from whom Māori are descended and nourished (Marsden, 2003). All things in te ao Māori are considered to have whakapapa, which denotes the interconnectedness of all things and progression of relationships through various stages. Indeed, the ontological and epistemological assumptions underlying kaupapa Māori research are often interwoven because of the connection between the concepts through whakapapa (Marsden, 2003).

The principled kaupapa Māori approach acknowledges the significance of mātauranga (Māori knowledge, worldviews, and practices) as fundamental to sharing and developing Māori history and cultural identity. According to Mead (2003), the term 'mātauranga Māori' encompasses all branches of Māori knowledge, past, present, and still developing. As part of contextualising mental distress within this study, te ao Māori perspectives have previously been highlighted to reveal that the epistemological and metaphysical foundations, or the true source and nature of where mātauranga Māori arises from, is ancient in origin (Nepe, 1991; Pihama, 2001; Pihama, 2010).[129] In Māori philosophy, all power and authority arise from higher forces.

---

[126] Discussed in 2.7 *Kāwanatanga in health and policing*, alongside psychosocial and biomedical constructs, spiritual and cultural beliefs and practices related to Māori health remain resilient today.
[127] The Māori concepts of wairua, identity, whakapapa, whānau, and whenua have been introduced in 2.1 *Steadfast notions of te ao Māori*.
[128] The term 'Papatūānuku' used in this thesis means earth mother.
[129] Traditional Māori constructs were discussed in 2.1 *Steadfast notions of te ao Māori*.

At the very basis mātauranga Māori, as demonstrated in te reo (Māori language) and tikanga and generated using whakapapa, provides both traditional and contemporary insights into te ao Māori (Bishop, 1995; Pihama, 2001; 2010; Smith, 2015; Walker et al., 2006). Central to understanding about the uniqueness of Māori language and custom is the following phrase from Tā Hēmi Henare (Sir James Hēnare) (Higgins & Keane, 2017):

Ko te reo te mauri o te mana Māori.
The language is the life force of the mana Māori.

The use of te reo Māori throughout this thesis is therefore intentional and significant. The kupu[130] (words) in te reo often represent much more than an English translation allows.

Māori knowledge around whakapapa and tikanga are conveyed through narratives expressed through a wide range of forms including oral tradition (such as whakatauākī/ whakataukī/proverbial sayings, pūrākau/traditional Māori narrative, and kōrero/narrative), rituals (such as karakia/incantation), performing and visual arts (such as haka/ceremonial dance, and tāniko/weaving patterns) (Ware et al., 2018). Traditional Māori narratives are also represented throughout the current study to help demonstrate the process by which Māori analyse and understand specific social, and historical, political, and environmental contexts (Wirihana, 2012). In my view these representations of Māori narrative forms align with Lee (2009) and Smith's (2012) stance on the position of pūrākau within a contemporary research context. Narratives are a means of reclaiming "philosophical thought, epistemological constructs, cultural codes and worldviews that are fundamental to our identity as Māori" (Lee, 2009, p. 1).

There is a rising volume of critical Indigenous research whereby Indigenous Māori authors privilege own ontological, epistemological, and axiological structures. For example, Black et al. (2017), Taitimu et al. (2018), and (D. Wilson et al., 2022) research marae-based youth courts, Māori cultural constructs of mental health, and Indigenous women's marginalisation experiences, respectively. Here the relational orientation of the kaupapa Māori approach, collective obligations, and responsibilities to others are ingrained (D. Wilson et al., 2022). Like the current study, ways of knowing are brought together at a research interface. Drawing from both Indigenous and Western systems of knowing is endorsed by Indigenous health researchers (Durie, 2004; Ryder et al., 2020; D. Wilson et al., 2022). These different perspectives provide valuable insight, not only by exploring and analysing situations, but also by offering a change agenda for reformation.

4.6 Social constructionist worldview from kaupapa Māori

The process of building new knowledge from shared reality, intertwined with historical, cultural, and political factors that influence context, aligns with the Western epistemological approach of constructionism. Crotty (1998, p. 42) defines constructionism in the following way:

> ...all knowledge, and therefore all meaningful reality as such, is contingent upon human practices, being constructed in and out of interaction between human beings and their world and developed and transmitted within an essentially social context.

This view is far removed from the objectivism found in the positivist stance and the claim that "truth and meaning reside in their objects independent of any consciousness" (Crotty, 1998, p. 51). In the

[130] The te reo Māori term 'kupu' used in this thesis means word.

current study, Indigenous worldviews and realities, values and practices are privileged over the objective, ostensibly value-free approach of positivist and post-positivist paradigms (Smith, 2012). Individuals and groups, i.e., whānau Māori and frontline police participants, construct their own versions of reality, and objective facts are dismissed because everything is relative depending on context and perspectives.

The current research requires my interactions amongst these participants to develop subjective meaning in ways that give integrity to, and mandate from, Māori society. Therefore, a further epistemological stance for this study is that of constructivism, which reflects first-hand experiences of the world under study. I both observe and engage with participants during events where the policing of whānau Māori experiencing mental distress occurs. I then use cognitive processes to make sense of what I have seen (Andrews, 2012; Crotty, 1998).

Similarly, the study participants I converse with, and interview construct their own versions of reality of what had happened to them through cognitive processes. The social constructionist approach to this study is therefore, as Eketone describes, "a joint process between people and communities" (2020, p. 10). Although this may only represent partial knowledge built by those who have the power to determine it, the breadth and range of perspectives gained through the study's biphasic approach increases the transferability of that knowledge. This means that findings might be resonant or adaptable in different settings, but they are not necessarily replicable. The current study therefore has constructivist and social constructionist approaches with Māori knowledge, values, and processes drawn from to promote Māori advancement and development (Eketone, 2020).

To argue the place of constructionism within kaupapa Māori research, and when there is ambiguity between spirituality and Western approaches, the constructionist stance makes no ontological claims, rather it confines itself to the social construction of knowledge and makes epistemological claims only (Andrews, 2012; Eketone, 2020). Eketone explains that for Māori "the socially constructed world is mediated by a cultural worldview, where mana, mauri, tapu and noa are socially constructed values that intersect with an accepted spiritual world invisible to human eyes" (2020, p.13). As conditions change those constructions can adapt, just as tikanga Māori "...as a means of social control" can also change (Mead, 2016, p. 6).

Through utilising a kaupapa Māori approach, Eketone (2020) attests that not only Western theories of constructionism, but also that of critical theory can be achieved. The difference between these two approaches is that one is descriptive, and the other is prescriptive (of what society should be) (Eketone, 2020). Nevertheless, the combination of worldviews and approaches helps to form a reflective base which contributes to a transformative philosophical worldview (Creswell & Creswell, 2023). A transformative emancipatory worldview extends past a constructivist stance, by holding that research inquiry needs to be intertwined with politics and a political change agenda to confront social oppression (Mertens, 2020). With a political analysis of power relations, the emphasis shifts from interpretive towards more relativist, postmodernist perspectives (Eketone, 2020; Taylor, 2013).

4.7 Critical theoretical perspectives

This research seeks to provide a credible means of examining the experience of whānau Māori living in South Auckland who have experienced mental distress and police interactions. The kaupapa Māori research approach combines Māori ways of knowing and Western critical thinking to not only inform data collection but also data analysis. Bringing the theories of kaupapa Māori and intersectionality into dialogue adds critical perspectives with which to look at the research. Firstly, Pihama (2001) reminds that kaupapa Māori research seeks to expose power relations by explaining and transforming current inequities that Māori face. Indeed, kaupapa Māori theory is aligned with critical theory, in that the approach "uses a power analysis, empowerment and resistance to achieve emancipation to bring about a just society" (Eketone, 2020, p. 33). The research worldview of my study is therefore located in relation to what Smith (2012) refers to as the anti-positivist debate raised by critical theory.

One of several Western founders of this school of thought, Horkheimer, defines that critical theory, "seeks human emancipation to liberate human beings from the circumstances that enslave them" (1982, p. 244). Held writes that Horkheimer believed the task of the critical theorist was conceived "to recollect… or capture a past in danger of being forgotten – the struggle for emancipation, the reasons for this struggle, the nature of critical thinking itself" (1980, p. 25) . Critical theory is therefore concerned with power relations in society, and the interaction of social identities and institutions that contribute to a social system (Asghar, 2013; Kincheloe & McLaren, 2000).

The intent of the current study is to capture complexities around notions of oppression, marginalisation, power and the identity challenges faced by whānau Māori who experience mental distress. A key part of considering the design and purpose and critical theoretical perspectives was considering its place within an on-line te Tiriti-Based Futures and Anti-Racism conference in 2022. I responded to the call for Pecha Kucha-style[131] presentations of topics that were pushing the boundaries in anti-racism in Aotearoa NZ (Hunter, 2022). The 'Kei te mura o te ahi -12-hour Marathon for racial justice' component of the conference, designed as a platform for emerging voices, was an important opportunity for socialising the topic of policing, discrimination, and decolonising practices. My presentation spoke to an audience with similar critical and social justice-inclined viewpoints.

4.8 Intersectionality theory

As indicated in previous discussion, this study is inflected with other theoretical concepts where there are synergies with kaupapa Māori critical perspectives. The categorical approach of intersectionality ensures further holistic and critical analysis of whānau and police participant experiences. Intersectionality theory is a means of acknowledging that oppressions and privileges result when people's identities or positions intersect with each other, and that historical conditions and social forces construct these categories (Collins, 2015; Levac et al., 2018). Intersectionality therefore provides a framework for dealing with the fact that social problems for whānau Māori who experience mental distress, overlap to create multiple levels of social injustice.

[131] A pechakucha* presentation is a powerful and effective way of sharing stories, research, and inspiration. Presenters have 20 slides with 20 seconds of commentary per slide. The entire presentation takes seven minutes. * Japanese for 'chitchat'.

Kimberlé Crenshaw's theorisation of intersectionality emerged in 1989 as a critique of feminist, legal, and critical race scholarship's exclusive focus on either race or gender (1989, 1991). Crenshaw (1990) argued that intragroup differences that represented the complexity and diversity of all women's experiences, such as between white women and women of colour, were disregarded or conflated as a result. The continued assumption of sameness in social categories, as represented in policies, is deemed inadequate and linked to inequality (Verloo, 2006). The concept of intersectionality has since diffused across disciplines and geography, and controversially been applied to categories beyond race and gender (Keuchenius & Mügge, 2021). Other Indigenous studies of justice, health, and social issues refer to intersectionality to highlight the broader impact of discrimination and to inform social projects (Jones et al., 2020; Quince, 2010; Windsong, 2018).

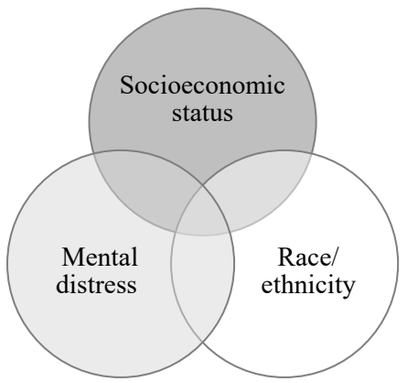
To explain intersectionality further, many factors across Westernised society including identity, structures, and institutions, have been socially constructed, which in turn has created assumptions, issues of power, and injustice. In 1945 Sociologist Louis Wirth defined a minority group as:

> …any group of people who, because of their physical or cultural characteristics, are singled out in the society in which they live for differential and unequal treatment, and who therefore regard themselves as objects of collective discrimination (Conerly, 2021).

The term 'minority' connotes discrimination, with marginalisation the process which is experienced by historically oppressed groups. Centred in power relations, any group can find itself ignored, trivialised, silenced, rendered invisible, and made other (Mcintosh, 2006). The terms 'marginalised', 'oppressed', and 'vulnerable' all have negative connotations in that they serve to minimise people, however they do illuminate the impact of inequities when there are power differences.

Researchers agree that a given position in the social hierarchy, where members vary in their level of power and influence, skill, or dominance, has a profound impact on individuals (Dancig-Rosenberg & Yosef, 2019; Koski et al., 2015). To illustrate what this means, social hierarchies or 'categories', are human creations which stem from the presence of various identity axes, or an imaginary line where everyone shares a common characteristic (Crenshaw, 1989, 1991). Some axes are perceived by the prevailing social construction as axes of oppression, where discrimination prevails, whereas others are axes of domination, where social privileges or control of resources occur (Dancig-Rosenberg & Yosef, 2019).[132] The convergence of various axes of social modes of existence, for example the three identities in figure 5, consequently shape social interactions, and experiences.

Figure 5 Example of Marginalised Identities Intersecting



Note. Adapted from *"Understanding intersectionality"* [PDF], by National Association of School Psychologists, 2017. Copyright 2017 by National Association of School Psychologists.

[132] Police are afforded a dominant position in society as evidenced within 3.6 *Ethnic Minority groups and multi-discrimination*.

McCall (2005) agrees that the categorical approach of intersectionality "focusses on the complexity and diversity of relationships and experiences among social groups within and across analytic categories" (p. 1786). Therefore, the intent of intersectional analysis is to stop the fragmentation of social characteristics, so that none of them is considered in isolation (Quince, 2010). This means that rather than focusing exclusively on the complexities within single social groups, such as race/ethnicity, or single categories, or both, other dimensions of social inequality, including (but not limited to) health, or socioeconomic status, neighbourhood, occupation, disability, gender, and/or age may be considered (Collins, 2015; Olesen, 2011; Windsong, 2018).

Intersectionality theory is therefore another appropriate and valuable analytical tool to guide this research study. It provides a holistic interpretation of how the adverse impacts of experiences of mental distress and police interactions are likely to be compounded for Māori living in socio-economically diverse areas of South Auckland. Although the predominant categories of focus for this study are ethnic identity and mental distress, analysis also pays attention to other intersectional categories as they arise, including the experience of individuals who identify as members of historically dominant groups, i.e., male gendered. An intersectional approach to analysis will help reflect the complex lived experiences of both whānau and frontline police.

4.9 Arising from co-produced origins

The current PhD study forms part of a wider co-produced Royal Society of New Zealand Marsden[133] (Marsden) funded project titled, 'Responding to citizens in mental distress: Exploring the preventative role of community police'.[134] Acknowledgement of the genealogical origins, or whakapapa (of all living things), means placing oneself and the current study within this broader context, and upholds the mana of the lead investigators. The wider co-produced Marden project began in May 2018, when Auckland University of Technology, and University of Otago researchers approached New Zealand Police (NZP) to research how police engage with people experiencing mental distress. The aim was to find out how the NZP preventative, victim-focused policy was operationalised during events where citizens are in mental distress. The lead researchers[135] were granted funding in November 2018, and senior NZP management granted high-level approval for the study to proceed.

Co-production methodology is increasingly used in mental health research and policy development, and criminal justice spaces, to enable transformation of power and control, and to empower participants as experts (Carr & Patel, 2016; Kidd & Edwards, 2016; King & Gillard, 2019; Roper et al., 2018; Thom & Burnside, 2018). True to co-production approaches, a diverse range of experts, including participants who are 'experts by experience', collaborate to co-produce knowledge that will likely result in relevant, inclusive, and actionable findings (Campbell & Vanderhoven, 2016; Gagliardi et al., 2016; Graham et al., 2019; Kothari et al., 2017). In co-production, the 'who' are the people, the 'what' is the mutually agreed process, and the 'why' are the desired outcomes as determined by all.

[133] As a non-government organisation, the aim of the Royal Society is the advancement and promotion of science and technology in New Zealand. The Marsden Fund is the premier fund for investigator-led research.
[134] Marsden Fund Project ID 18-UOA-179. Auckland University of Technology Ethics Committee (AUTEC) Reference numbers: 19/306, 19/424, 21/387, 21/389, and 21/390.
[135] The Marsden project lead investigators are Associate Professor Katey Thom, Auckland University of Technology and Associate Professor Sarah Gordon, University of Otago.

A project oversight committee, based at NZP National Headquarters in Wellington, Aotearoa NZ, and chaired by the lead academic researchers, supervised overall project progression. Police membership comprises the NZP Health Partnerships team, and police in senior level positions from Mental Health, Harm Prevention, Evidence-based Research, and Māori, Pacific and Ethnic Services (MPES). The wider academic team includes social and mental health experts, people with lived experience of mental distress and police interactions, and Māori researchers. Oversight committee meetings have occurred quarterly from the Marsden project's inception in 2018, and my PhD study commenced in late 2020.

Designed to achieve maximal research impact, the Marsden oversight team developed the wider project, 'what' as three qualitative phases: the police, the citizen[136], and the synthesis phase. For the police phase, NZP selected Counties Manukau as the district for the current study. New Zealand Police subsequently provided resourcing to manage logistical assistance and my access to police as participants.[137] The national level oversight committee contributed a detailed project plan including communication, informed consent arrangements for police staff, and health and safety arrangements (as discussed in the following ethics section of this chapter). A district police manager was allocated as the current study's key point of contact for data collection arrangements.

A political benefit, or a why? of the Marsden study's co-production approach, is the translational impact of police sharing reported findings at governance level. As experts and practitioners of their own work, NZP have contributed to the wider Marsden project design, collection, and interpretation of data, and ultimately have the ability and authority to implement any wider project research recommendations. This thesis is strengthened by the wider Marsden project's co-production approach; however, this also means that NZP approval is required before the wider project's final report is released for public consumption.

The Marsden project has therefore formed a sound basis for this study and from there a novel kaupapa Māori, peoples, and district-specific perspective has been able to develop. It is notable that as part of PhD supervisory and ethical considerations I have been encouraged to develop and explore my own research approach, philosophical assumptions, procedures of inquiry, and research methods. I settled on a kaupapa Māori approach that is complementary to the wider project's co-production approach. Kaupapa Māori research shares values with co-production principles in that the dominant cultural discourse and status quo is challenged, and the voices of people who are frequently marginalised and silenced by research processes are heard (Kidd & Edwards, 2016; Pipi et al., 2004). Protected space was also provided for completion of this thesis outside of wider Marsden project discussions, and any workarounds of police structures and hierarchies that the wider academic team experienced.

[136] The Marsden Project Citizen's Experience Phase has developed an online webpage for information about the study, for the recruitment of citizens, and as a location for the published co-produced naratives. See Citizen stories – Exploring the role of police in responding to mental distress in Aotearoa https://citizensandmentaldistress.com/

[137] For furhter details around data collection and analysis see chapter 7. *Police Experience Phase*.

4.10 Weaving the biphasic research design

The qualitative kaupapa Māori research approach, the study aims, and questions each inform the choice and use of methods and analysis for this research. When considering the direction and design of the current study I draw from an Indigenous research paradigm that is holistic, collective, relational and spiritual in nature (Chilisa, 2019). To help explain, the following analogy from Rev. Māori Marsden's (1924-1993) writings 'The Woven Universe' (2003), illustrates the power and nature of relationships from a Māori spiritual perspective.

> The traditional whare wānanga view of reality, sees, and interprets the world as a kahu, a fabric comprising of a fabulous mélange of energies… Our concern, therefore, should be to pay attention to how this fabric is woven and the nature of our place within it.
>
> Rev. Māori Marsden (1924-1993)

As a tohunga, scholar, writer, healer, minister, and philosopher of the latter part of the twentieth century, Marsden wrote substantial statements on te ao Māori and on matters facing the contemporary Māori quest for social justice (Marsden, 2003). He agrees that Māori perceive the universe as a process, a series of interconnected realms bound together by spirit and genealogy (Marsden, 2003). Through conducting this doctoral research, I have wanted to honour the energies and experiences of both whānau Māori and frontline police participants by weaving the fluid fibres of these people, and places, their interactions, and experiences into this written narrative in traditional thesis form, and as a visual tāniko[138] design presented in conclusion.

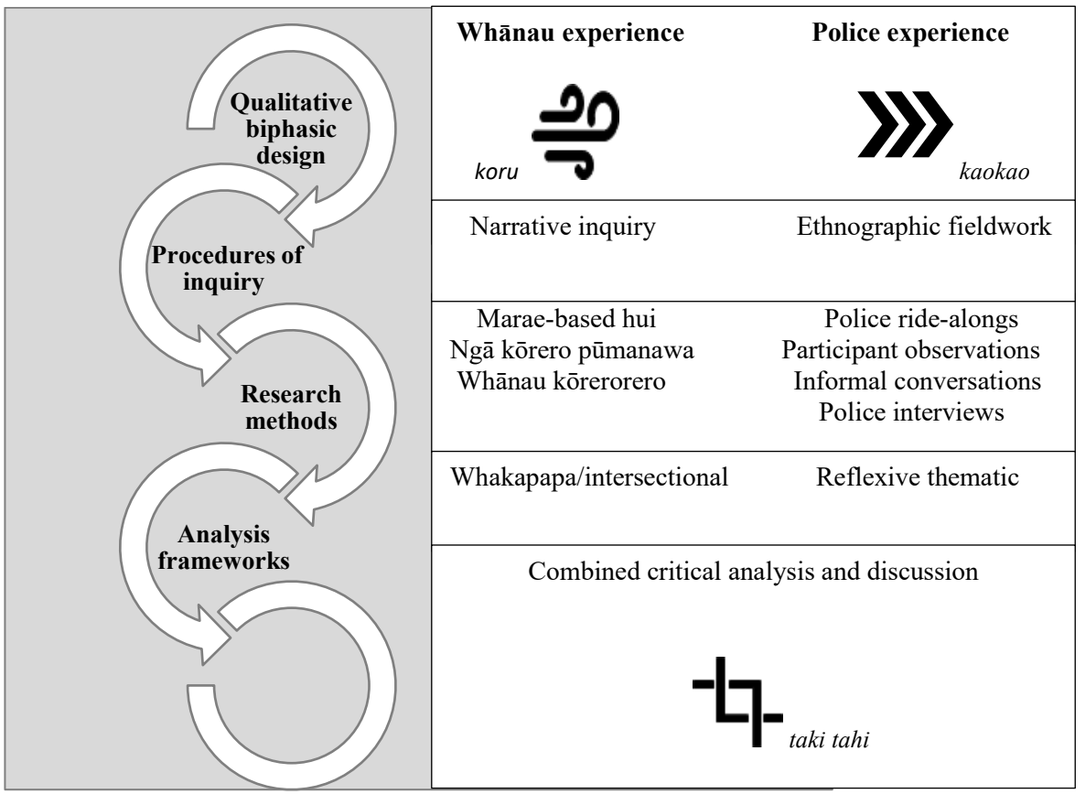
Many Western views of ultimate reality and methodological approaches to research seek to distance the researcher as objective or neutral (Marsden, 2003). However, kanohi kitea (the seen face) is a fundamental Māori cultural consideration. This value of being physically present was considered when I selected the qualitative methods and analytical approaches to each phase. The following biphasic design of the current study (Figure 6) is an extension of the overarching qualitative kaupapa Māori research framework previously presented as figure 4.

In the current study's whānau experience phase, I have selected Indigenous Māori oral traditions and narrative-based inquiry to understand the personal stories of whānau, and during the police experience phase, I become a participant observer and communicator of frontline police/ing events using ethnographic procedures of inquiry. This means my being physically present beside the research participants within the South Auckland community, and actively observing police interactions. Each of these phases are explained, as well as their different analytic approaches, within their respective methods chapters.[139]

[138] The te reo Māori term 'tāniko' used in this thesis refers to a traditional Māori weaving technique, whereby threads of different colours may be intertwined to form a pattern. The final 'interwoven' design created from this study is presented in chapter 12. *Discussion*

[139] Chapter 5. *Whānau Experience Phase,* and chapter 7. *Police Experience Phase.*

Figure 6 Study Biphasic Research Design and Methods



Also introduced in figure 6 are three symbols integral to the study tāniko weaving design (presented in the final discussion chapter). The koru, or pītau pattern is intentionally located at the beginning of whānau experience methods and findings chapters to represent whānau Māori and the role police play in mitigating or increasing their mental distress. Based on the unfurled shoot of a fern, the symbol also depicts waves in the ocean, and energy flow. The kaokao, or chevron pattern is located at the beginning of the police experience methods and findings chapters. In the context of the current study, this pattern represents the roles, responsibilities, experiences, and actions of frontline police in South Auckland. Based on the sides and arms of warriors, it also signifies fortitude.

The taki tahi, or basic weave symbol at the base of this framework is situated under other chapter headings, including this chapter. In the context of this study, the taki tahi symbol represents the interweaving of the shared stories and experiences involving whānau and police, within their respective historical, sociocultural, physical, and spiritual, political, and working-day contexts. It also represents the intersections of marginalised identities, and issues of privilege and oppression that are explored in the whānau experience chapter, and final discussion chapter. The following ethical aspects, including cultural and social responsibilities, contribute significantly to my study with their application discussed within each respective whānau and police experience methods chapter.

4.11 Ethical considerations

The current study is unique in that during the whānau experience phase I aim to work in a kaupapa Māori way within a cultural and physical space that is occupied by, and represents being Māori, on the marae.[140] There, I adhere to the specific marae tikanga and kawa (cultural protocols) or local rules of engagement. In the police experience phase I immerse myself in the culture and physical working space of frontline NZP. As a Crown agent subject to central government ministerial direction and

[140] 'Marae' are culturally significant tribal meeting places. It represents a place to retain and maintain pre-colonial ways of living and being Māori.

influence, the police space is rigid and mono-culturally dominant legally. As a researcher in Aotearoa NZ, there are also ethical, and academic processes for me to meet. Navigating these multiple spaces means realising and negotiating uncertainty and adapting to the ethical demands and rigours each space presents. Before any data collection could commence study-approval was first obtained from the Auckland University of Technology Ethics Committee (AUTEC) (see Appendix A).

Alluded to already, fundamental to undertaking a kaupapa Māori approach is the honouring of tikanga Māori. Māori ethical concepts and principles are therefore applied throughout the current study, to encompass "moral judgements about appropriate ways of behaving and acting" (Mead, 2016, p. 7). Indeed, considering how tikanga Māori principles and practices inform approaches to, and how they are applied during interactions between police and Māori experiencing mental distress, is also one of the four research questions designed for this study. My thoughts and therefore own practices around Māori cultural imperatives are therefore at the forefront of study considerations.

As mentioned, immersed within the previously described design framework of this study (Figure 4) are four components of Māori research ethical guidelines, Te Ara Tika (Hudson et al., 2010). These tikanga based principles, or mātāpono[141] are tika, whakapapa, mana, and manaakitanga. The overarching principle of tika, or what is right within any situation, is considered best practice (Hudson et al., 2010). The concept of tika links to research design validity, and ensures processes are undertaken to achieve study outcomes as intended by, and for, Māori. This means that the Māori community owns and drives the process and outcomes, and there is no set formula for proceeding (Bishop, 1994; Health Research Council of New Zealand, 2010; Mead, 2016; Pihama, 2010; Tipa, 2021). Importantly, tikanga are flexible enough to provide responses to changing or new situations. Creswell and Creswell (2023) agree that the research process for qualitative research is emergent. Indeed, my initial plan for this first phase of study evolved as the study progressed which has resulted in the end design presented in this chapter.

Tikanga in turn enhances the principle of whakapapa, the quality of consultation or engagement process, or relationships with, and amongst Māori. Māori contribute significantly to the current study, with enduring relationships established with South Auckland whānau Māori as participants, and community members. Tikanga also ensures the preservation of mana (justice, equity, and authority) and of manaakitanga (compassionate caring) in treating participants with dignity and respect, the gaining of consent, and addressing issues of vulnerability and harm. These ethical considerations are all explained in context within the following whānau experience research methods chapter.

It has been highlighted in the previous co-produced origins explanation within this chapter that the wider Marsden project team had arranged permission from NZP for me to access frontline police as participants.[142] Practical considerations around my participant observations in the field were then formulated with NZP guidance and approval. Researcher safety and observation protocols were also developed to align with NZP risk management protocols and formalised during the academic ethical approval process.

The focal point of data collection in the field, or police setting, is the interactions and communications undertaken by frontline police officers. The focus of my observations is therefore with police actions, not those of mental health professionals or the public. It was considered inappropriate to get informed

[141] The te reo Māori term 'mātāpono' used in this thesis means principles.
[142] The Police Experience Phase including further ethical considerations are detailed in chapter 7.

consent from members of public that become involved in observations, as attempting to do so could interrupt police work. However, it was identified during the ethical development phase that incidental researcher engagement with whānau could be likely. Therefore, in those situations, I would be guided by protocol and tikanga-based correct process and conduct myself in a culturally appropriate and safe manner. For example, when a member of the public interacts with me by asking questions about who I was, or why I was there I would reply truthfully.

A ride-along schedule and observations protocols form (Appendix B: d and e respectively) outlines several possible locations where observations could take place, including detail around the entry of private dwellings. Adherence to the NZP operational threat decision-making protocol[143] requires that police and I follow dynamic risk-assessment protocols, for example, me being guided by police when accompanying an officer outside of the police car. The observation protocol also considers situations when members of the public do not want me to observe them, for example, when in a private dwelling. I would then follow the advice of the police and retreat to the police car or another safe place as soon as possible. During situations identified as high risk by the police, I would remain in the car for my personal safety with the doors locked. The police experience methods chapter (chapter 7) further illustrates the application of these, and other ethical aspects undertaken during this phase of the study.

Summary

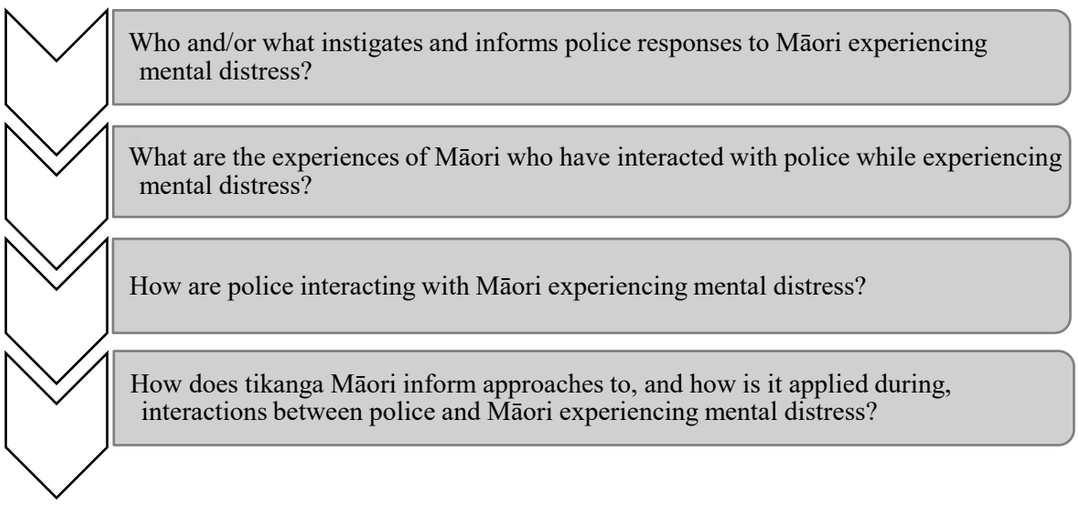
This chapter has provided an overview of the qualitative kaupapa Māori research approach of the current study. Discussion has included Māori principles, ethics and values inherent to this approach, my researcher positioning, and other philosophical assumptions. The Western worldviews and critical theoretical perspectives the study draws from, including social constructionist, transformative knowledge claims, and intersectionality have been described. The wider Marden project's co-produced origins are recognised as important to the creation of this study and for accessing South Auckland police participants. The procedures of inquiry, biphasic research methods and their associated symbols have been described with significance to the study's final tāniko design. This chapter has concluded with an overview of broader ethical considerations. The next chapter presents the whānau experience data collection and analysis phase.

[143] The NZP TENR operational threat assessment methodology is a decision-making process that supports the timely and accurate assessment of information directly relevant to the safety of police and others. T.E.N.R. abbreviates: T - Threat E - Exposure N - Necessity R – Response.

5. WHĀNAU EXPERIENCE PHASE

Introduction

The previous chapter presented the qualitative kaupapa Māori research approach utilised for this study. The current study's design was introduced, including the biphasic procedures of inquiry and research methods. This chapter outlines the whānau experience phase of data collection, and the interpretive framework used to help answer the following questions developed for the study:



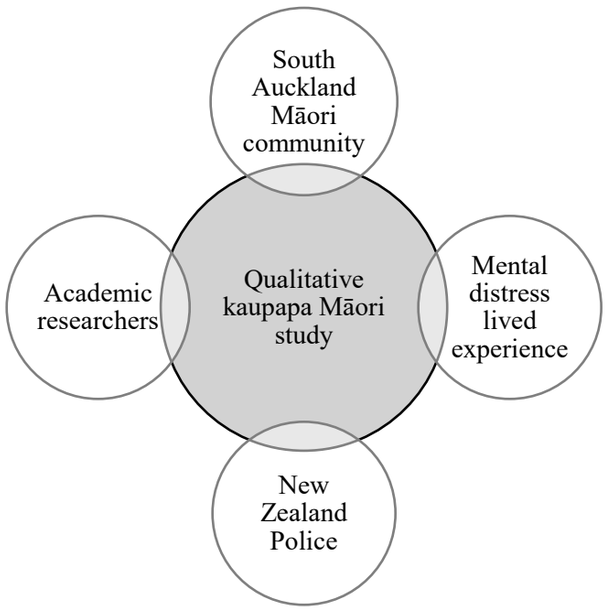
To explore the lived experiences of whānau Māori who live in Counties Manukau Police District (CMPD) and who have experienced mental distress and a police response, this phase of the current study incorporates a design that uses Indigenous oral traditions and narrative-based inquiry. During five separate marae-based hui[144] six participants from four different whānau were supported to verbally recount their experiences. The hui process undertaken involved unique research support methods developed during this study called 'ngā kōrero pūmanawa'. Whānau kōrerorero (conversations) were created into full narrative accounts and returned to their respective participant/s for verification and consent to proceed with analysis and publication. Three narratives were then interpreted using a framework based on whakapapa analysis that draws from intersectionality. This chapter details these research methods, as well as the tikanga Māori-based ethical principles and learnings experienced while undertaking this phase. It begins by describing the advice proffered to the kaupapa Māori study by community members, people with mental health lived experience, and other researchers.

[144] Hui (meetings) enact the cultural values intrinsic to tikanga Māori and provide a framework to engage in consultation.

5.1 Kaupapa Māori study advisors

In the current study there has been a wide range of groups and individuals who have contributed considerable experience and expertise to its development. Recognised alongside New Zealand Police (NZP) and academic researchers are contributions from South Auckland Māori community members, and people with mental distress lived experience (Figure 7).

Figure 7 Key Study Contributors



To ensure I conducted the current study in a manner consistent with te Tiriti and the principles and values inherent to a kaupapa Māori approach[145], the inclusion and governance of Māori individuals with mana (status) who are based in the study locality, and whose work is centred on the study kaupapa was required.[146] This discussion details the consultation process.

In June 2021, an initial community consultation hui was held in South Auckland. Five Māori community members from across iwi, marae, whānau ora/hauora service, mental health lived experience, policing, and corrections spaces were invited. Also in attendance were my four PhD supervisors, wider Marsden project academics, and research assistants. To guide the purpose of this hui for the current study, O'Sullivan and Mills (2009) have outlined four key deliberation points: to determine the South Auckland Māori community's standing on the study topic, to raise expectations, to provide scope for listening to a range of opinion, to facilitate community control over decisions, and to reinforce community and cultural identity. This early engagement and involvement of study kaitiaki (guardians), nā te timata (from the start) ensured that cultural and ethical processes were incorporated throughout the study design and implementation phases.

Drawing from kaupapa Māori hui processes, the hui began with karakia timatanga (a blessing), mihimihi (acknowledgements) and whanaungatanga (relationships connections). The overarching Marsden project and the aims of the current study were introduced, and preliminary research questions shared in the form of a community consultation pānui[147] (Appendix B: a). Attendees were

[145] Some key principles and values inherent to a kaupapa Māori approach have been outlined in 4.3 *Kaupapa Māori research approach.*

[146] This stage of the process was additional to the co-production relationship established with NZP through the wider Marsden project discussed in 4.9 *Arising from co-produced origins.*

[147] The term 'pānui' used in this thesis means notice.

also provided with a description of the study's proposed biphasic design. Through whakawhiti kōrero,[148] or active discussion (Love, 2004), hui attendees agreed that the proposed research was of significant relevance to their collective interests. They shared much of their knowledge of policing and about the lived realities of South Auckland whānau Māori, and contributed the following research question: Who and/or what instigates and informs police responses to Māori experiencing mental distress?

However, before I could proceed, I needed to ascertain if the purpose and proposed direction of the study was appropriate from a mana whenua, hau kāinga[149] (local peoples) perspective. To honour the principle of mana whenua, and realise the mandated authority of hapū and iwi, I was advised that I also needed to connect with rangatira[150] of South Auckland. Therefore, in July 2021 at a separate hui, the Counties Manukau Police Māori Responsiveness Manager introduced me to local kaumatua with significant whakapapa, standing, and experience within the community. Following hui processes, the proposed study was discussed with these kaumatua who agreed to support my progress with the study. I conveyed that I wanted to get the story right and tell the story well, so that the study outcomes would benefit whānau.

Another key point raised by the community advisors was how I would whakamana,[151] or uphold, the cultural identity and mana of whānau Māori participants, throughout the data collection and analysis process. I agreed with the following statement, "Let's be careful of over-researching whānau, and acknowledge the hesitancy that may be there for whānau who are wary of research on them… [that is] research that often goes nowhere once completed" (Research advisor personal communication, June 1, 2021). Whānau who are hesitant to participate may distrust or lack confidence from being over-researched and with no tangible outcomes. It was therefore important that whānau participants remained the primary authors and owners of their research experience and contributions. The co-production approach of the wider project[152] was explained as one means of presenting substantial recommendations back to NZP.

Another point raised at the initial consultation hui was how important it was for the study to engage whānau whose voices typically do not get heard. It was agreed that some voices are often privileged because of the person having greater confidence to share. Discussion also reinforced the importance of building a deep connection and trust with participants, "otherwise you will just hear the surface level of people's experiences" (Research advisor personal communication, June 1, 2021). Another perspective was that the idea of being hard to reach should be challenged, i.e., that "...people are not hard to reach, but you do need trusted people there [at interviews] who whānau feel will not put them in an unsafe situation" (Research advisor personal communication, June 1, 2021). Always having someone with lived experience present as support during data collection processes was also recommended.

[148] The term 'whakawhiti kōrero' used in this thesis means active discussion and negotiation.
[149] The term 'hau kainga' used in this thesis means home people, local people of a marae.
[150] The term 'rangatira' used in this thesis means esteemed Māori leader.
[151] The term 'whakamana' used in this thesis relates to facilitating mana (prestige or status), and to empower people.
[152] The benefits of co-designing the wider Marsden Project with police have been discussed in 4.9 *Arising from co-produced origins*.

As the recalling of past experiences of trauma and mental distress was recognised as a potentially emotional process for whānau, this study's topic is sensitive in nature. An alternative to one-on-one interviews, whānau group wānanga[153], or focus groups, with the right people in attendance, was suggested by advisory members as a data collection method. However, caution was also raised about the management of vulnerability in the group setting, which may encourage bravado with people disclosing more than they ultimately feel comfortable with. Providing opportunity for wider whānau to kōrero (speak) about police interactions, with loved one's present, and following up afterwards to check in and offer support were additional recommendations.

It is important to reiterate that this study not only acknowledges the voice and wisdom of Māori, but those who have experienced mental distress. Holding each of these marginalised identities often results in facing stigma, with racial discrimination compounding the social exclusion relating to mental distress (Gordon et al., 2017; Graham & Masters-Awatere, 2020; Russell, 2018). The following anti-stigma strategies were also recommended by the current study's advisors:

- avoid misuse of pejorative descriptions, such as mental health instability and mentally disturbed;
- avoid perpetuating a deficit focus by placing issues with individuals who experience mental distress;
- focus on the police interaction at hand (during police fieldwork observations);
- understand that police are responding to mental health needs, rather than to mental health problems or issues;
- consider how contemporary specialised mental health knowledge is referenced, e.g., avoid the use of biomedically focused terms such as 'psychiatry', unless authors are specifically referring to the medical model.

In addition, I was reminded to avoid sensationalising the experiences of whānau, for example, not to use shock value quotes in findings.

With this mātauranga Māori and a korowai (cloak) of support around me, I felt more prepared to progress forward with the next stage of research. The research advisors continued to guide the safety of whānau Māori participants, and me as an Indigenous Māori doctoral student, throughout this study. This support has helped ensure mātauranga Māori and individual and collective rights have been respected and protected in alignment with the tikanga-based principle of kia tūpato (being cautious). Regular updates and advice were exchanged with key study advisors via email, text, Zoom meetings, and kanohi ki te kanohi at key stages throughout the current study, including a thesis proposal presentation, ethical approval, pre and post data collection, and analysis phases. The procedure of inquiry and associated research methods used in this whānau experience phase are now explained.

[153] Wānanga in the context of this study means a forum to meet and discuss. Wānanga is a hui or meeting that enables meaningful engagement and normally takes place before a decision is made.

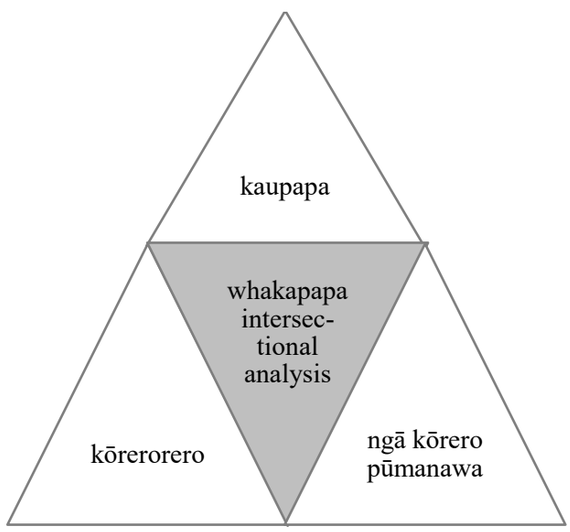
5.2 Indigenous Māori narrative inquiry

To answer the study questions and generate new knowledge, the whānau experience phase utilised kaupapa Māori principles and practices to gather, develop, and present back to whānau Māori participants their own narratives. The generation and transmission of knowledge through storytelling and narrative inquiry is well recognised by Indigenous authors (Elder & Kersten, 2015; Marsden, 2003; Ware et al., 2018; Wirihana & Smith, 2014). A narrative approach aligns with an Indigenous worldview, which is based on relationships, and notions of interrelatedness, and interconnectedness between what is valued as community (Eni & Rowe, 2010; Pihama et al., 2023). Narrative inquiry was therefore an appropriate means of recognising and interpreting individual and whānau experiences of mental distress and police interactions, within the broader historical, sociocultural, and environmental context.

Viewed through a qualitative lens that privileges the voice of participants, narrative inquiry critiques the status quo and the multiple and sometimes divergent social and cultural contexts that influence the experience of being Māori (Greenhalgh et al., 2005; Ware et al., 2018). The theoretical emphasis of this phase of study therefore claims that knowledge and truth is a human construction. Taylor (2013) offers that we share ontological experiences through contextualising and communicating our life events, which means "...our existence matters enough to us to tell someone else about it" (p. 104). In the context of this study the shared life events of Māori participants also matters to whānau, hapū, and iwi outcomes, and legitimately informs the development of study recommendations.

The narrative inquiry framework developed for this phase is presented in figure 8. This design builds on Ware et al.'s (2018) culturally based approach to narrative inquiry called Kaupapa Kōrero. Data collection of whānau experiences of mental distress and a police encounter has used a kaupapa Māori principled approach, during marae-based hui, where a single, in-depth interview was held with each participant using the oral tradition of kōrerorero (conversations). A unique research support method called 'ngā kōrero pūmanawa' was also practiced throughout these hui. Ware et al.'s (2018) whakapapa relational analytical framework was then applied to three (of the initial four) full narratives, with findings highlighting the intersection of common influencing factors that shaped participants' experiences.

Figure 8 Whānau Experience Research Methods and Centrally Located Analysis



Notes. Adapted from *"Kaupapa Kōrero: a Māori cultural approach to narrative inquiry",* by Ware et al., 2018, SAGE. Copyright 2018 by SAGE.

5.3 Marae-based hui

5.3.1 Access to South Auckland Māori participants

South Auckland hauora Māori providers were an appropriate and invaluable intermediary for informing and guiding my access to, and the ongoing support of, Māori participants. To begin the data collection process, I approached one local hauora Māori provider, seeking a reciprocal research relationship. Papakura marae[154] is a significant place for the South Auckland Māori community and the facility is also a site of whānau ora and mental health service delivery.[155] In alignment with the principle rangatira ki te rangatira, or ensuring the right people are involved right from the start the marae tumuaki[156], or chief executive, of the marae was contacted via email in August 2022. An initial kanohi ki te kanohi hui was arranged for September 2022, and I was accompanied to this meeting by an experienced Māori researcher from the wider project. It was important for both parties to determine if the project aligned with marae and community tūmanako (aspirations) and to establish if the marae staff had the capacity or even the desire to support the current study kaupapa.

Following mihi and whanaungatanga, I outlined the study whakapapa and requested assistance from the marae to conduct the whānau experience phase there. I was initially challenged by the tumuaki and needed to provide an explanation as to how this research might benefit whānau participants, the marae, and the wider community, or if tangible benefits could be derived for anyone else apart from myself. I explained that the research process could provide an opportunity for whānau voices to be heard and for their knowledge to surface. Also, that the process of storytelling could be therapeutic[157] if conducted in a way that was tika. I offered to treat any whānau narratives as taonga (a treasured possession), and that any recommendations that eventuated from the overall study may help shape and improve police service delivery. The marae tumuaki introduced me to the marae whānau ora services contract manager, who proved to be a visionary and integral to the ongoing development and support of this study phase.

I returned the following day to continue sharing kōrero with the marae health service manager and met the Māori mental health nurse specialist who worked alongside a small group of arataki (life coaches). Together they delivered a community and marae-based mental health and wellbeing service to South Auckland whānau. We agreed that this phase required a respectful tikanga Māori-based approach that ensured culturally safe, trustworthy, and supportive engagement with participants. It was explained to me that the arataki life coaches practice Mahi a Atua,[158] which is a way of being with and engaging with whānau in distress (Kopua et al., 2020). The arataki would sometimes incorporate ngā taonga puoro[159] (traditional Māori musical instruments) during the healing process.

---

[154] The marae is a central feature of Māori society. It is a place to gather, where tikanga are observed, te reo Māori is spoken, and traditions are practised. Papakura marae was established as an Incorporated Society in 1980 to provide cultural, health, and social services for the people of Papakura, South Auckland and its surrounding suburbs.

[155] Figure 2, 2.8 *The study locality* indicates the area of Counties Manukau South.

[156] The term 'tumuaki' used in this thesis means chief executive.

[157] I have referred here to anecdotal feedback received from people interviewed during the wider Marsden project's citizen phase.

[158] According to the referenced source, 'Mahi a Atua' is a Māori approach to mental wellbeing that draws from Māori creation stories known as 'pūrākau', and on the power of Indigenous deities, narratives, and healing practices of te ao Māori (the Māori world). The term refers to work of the gods. It is intervention based on an Indigenous Māori approach to negotiating emotional conflicts and dealing with mental health problems. Practitioners provide a framework where whānau can negotiate their journeys through mental health crises and difficulties.

[159] The phrase 'taonga puoro' used in this thesis means traditional Māori musical instrument.

Marae staff put forward another wero,[160]or challenge regarding how I would uphold the mana of the marae throughout the research process. I could potentially diminish the mana of the marae if whānau are left feeling mamae[161] (pain) and disempowered by sharing their kōrero, or if there was no benefit to whānau from exposing their vulnerability during interviews. It was also highlighted to me that there can be whakamā[162] (shame and embarrassment) in having police involved in whānau lives. Any confidence that whānau have in the marae service could potentially be lost. Therefore, respect needed to be enacted through the principle of kaua e takahia te mana o te tāngata (not trampling on the mana of people). We agreed that I would return to South Auckland and the marae again in two weeks and I could start to become a more familiar face. I reflected on how my mana was also at risk, and that this phase needed to be conducted in a way that was to whakamana, or uphold the status, of participants and the marae.

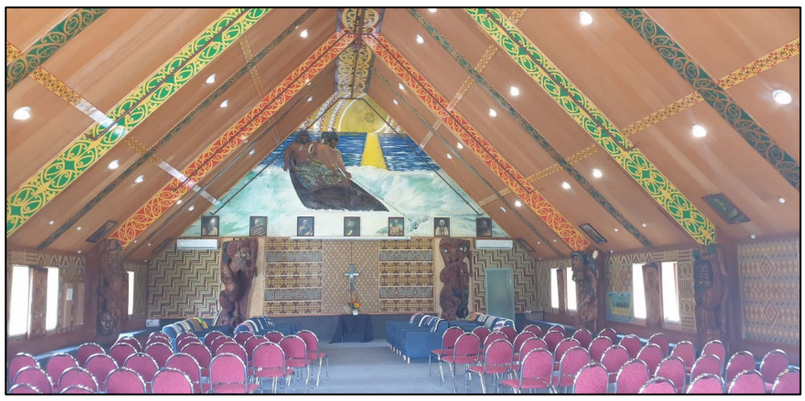
A third visit to Papakura marae, this time with my Māori PhD supervisor, occurred in early October 2022. Planning discussions progressed with the hauora service manager and included what the hui interview process might entail, the setting, who would be involved, the warmup, engagement, and follow-up processes. Cultural practices and rituals of encounter routinely used in hauora provider settings and on local marae generally maintain the researcher in position of guest, privileging the local people's governance of the process and relationship with the researcher (Elder, 2013). The principle of aroha ki te tāngata (respect and compassion) ensures that not only whānau participants, but also the marae arataki, are able to define their own space and we are able to meet on agreed terms.

It was agreed that participants might be more comfortable sharing their stories of police experiences as a whānau rather than sharing amongst others in a focus group. The idea of holding separate whānau hui acknowledges the issue of whakamā and stigma associated with mental distress and police involvement. Separate whānau hui would also promote confidentiality and anonymity for individuals. Ethical issues were also discussed around showing manaakitanga to participants, and how to prepare for reciprocal giving and sharing throughout the hui. The most appropriate koha[163], or gift, for participants was discussed. The potential for re-traumatisation was also considered with an understanding that whānau would be followed up personally by the arataki in the weeks following their interview.

Regarding the location for each hui, it was suggested by the arataki that some whānau would be more comfortable being interviewed in te taiao[164] (the outdoor environment), whereas others may be more comfortable inside. Papakura marae offered their wharenui[165] named 'Te Ngira' as one space for meeting with participants. Carvings and pictures of tūpuna[166] or ancestors from across Aotearoa NZ iwi adorn the whare walls, and it was suggested that whānau participants could identify and sit near their own tūpuna throughout the interview process (Figure 6).

[160] The te reo Māori term 'wero' used in this thesis means to challenge.
[161] The term 'mamae' used in this thesis means pain, hurt.
[162] The term 'whakamā' used in this thesis means to be shy or embarrassed, to be ashamed.
[163] The term 'koha' used in this thesis means gift, contribution, especially one maintaining social relationships and that has connotations of reciprocity.
[164] The term 'te taiao' means the environment.
[165] The term 'wharenui' used in this thesis means meeting house.
[166] The term 'tupuna' used in this thesis means ancestor, the plural is tūpuna.

Figure 6 Papakura Marae Wharenui



K. Hunter image

5.3.2 Rangahau tikanga and kawa agreement

I met again with the arataki research support team at Papakura marae again via Zoom at the end of October 2022, and a rangahau[167] tikanga and kawa agreement was developed and agreed upon (Appendix B: b). Papakura Marae as hauora service holders subsequently became rua paatahi (partners in this initiative) with me as PhD researcher. We agreed that every engagement needed to be a healing engagement that acknowledged and enhanced the mana of participants and the marae. The process would be a way for whānau to ground themselves after experiencing distress. The following whakataukī represents this imperative:

> Hoki atu ki tō maunga kia purea ai koe e ngā hau a Tāwhirimātea.
> *Return to your mountain to be cleansed by the winds of Tāwhirimātea.*

The notion of returning to our mountains, our rivers, our land and our marae to replenish ourselves is reflected in this phrase. With this rangahau agreement in place, the recruitment of whānau could then proceed.

5.3.3 Whānau Māori participant recruitment

Through purposive sampling, Māori living in South Auckland, aged 18 years and over, who had experienced mental distress and police interaction/s in CMPD in the previous 24 months were invited to participate in one interview held at Papakura marae. The focus of this study is of adults and the more recent experiences of whānau reflects current local policing and societal contexts. Six participants were recruited by the marae-based arataki who held in-person discussions with people that they knew and who met the inclusion criteria. These recruiters or research supporters were known to participants as trusted people who would not put them in an unsafe situation. The marae arataki could convey that they knew me, and verbally describe the purpose of the study with whānau. This knowledge was informed by our previous meetings, and the whānau interview participant information sheet (Appendix B: c). Six whānau Māori participants, three tāne[168] and three wāhine[169] agreed to share their story at a time and day coordinated by the arataki. Whānau participants conveyed to the

[167] The term 'rangahau' was used in the written partnership agreement. The English word 'research' carries Western cultural assumptions, whereas 'rangahau' is a process of discovery grounded in te ao Māori. It is research that is conducted using matauranga Māori and using Māori processes such as hui, pātai (enquiry) and kōrerorero where the kairangahau (researcher) treats everyone involved equally.
[168] The term 'tāne' used in this thesis means man, male, as well as the plural, men.
[169] The term 'wāhine' used in this thesis means women.

support team how excited they were to participate, and how they felt empowered by having an opportunity to contribute towards positive change.

5.3.4 Hui process, ngā kōrero pūmanawa, and interview design

A key approach to this whānau experience phase was to gather and understand the experiences of whānau Māori participants through a single unstructured in-depth narrative interview or kōrerorero (conversations). Five hui were held in November and December 2022, with a two-hour period set aside for each. The Papakura marae wharenui was available for one hui, and inclement weather prevented another from being held outside. Four of the whānau hui were subsequently held inside another space on the marae. A pseudonym was selected by some participants, whereas others declined anonymity, or chose a pseudonym later in the process. One married couple, Rawinia and William (real names), were interviewed together. Another couple, Patrick and Anahera, and two other individuals, Rawiri, and Kiri-ana (all pseudonyms), chose to be interviewed separately. Their ages ranged between 30 and 58 years.

To begin each hui the arataki guided tikanga Māori practices and rituals of encounter, or hui processes, which included karakia timatanga and whakamutunga,[170] mihi, whakawhanaungatanga,[171] and waiata.[172] The participant information sheet was explained to participants including confidentiality, the right to withdraw, and permission to record. Any questions were answered, and a consent form was signed (Appendix B: d). Before any audio recording commenced each participant was given a koha voucher and a taonga puoro, or traditional Māori musical instrument used for healing called a porotiti[173] (Figure 7).

Figure 7 Ngā Taonga Puoro – Porotiti

K Hunter image

Ngā kōrero pūmanawa is the unique tautoko[174] method of support developed in this study that helped set and monitor the tone during whānau hui, and conversations about distressing events and trauma. One of the arataki Mahi a Atua practices was having a person that was a ‘mauri’ act as a barometer.

[170] The terms ‘karakia timatanga’ and ‘karakia whakamutunga’ respectively mean blessings to open and to close the hui.
[171] The term ‘whakawhanaungatanga’ used in this thesis means the process of establishing relationships.
[172] The term ‘waiata’ used in this thesis means to sing, song.
[173] In alignment with the Rangahau tikanga and kawa agreement, and Mahi a Atua kaupapa and marae focus on ngā puoro taonga (traditional Māori musical instruments), whānau Māori participants received a ‘porotiti’, which is a carved ornamental disc which can be spun on twin cords to create a humming sound. A petrol or supermarket voucher was also gifted to whānau in thanks.
[174] The term ‘tautoko’ used in this thesis means support.

The mauri held the pūmanawatanga[175] of the gathering, which meant they focused on the tone of the interview and kept an eye out for any signs of distress, or for when things were going positively. The mauri ensured that whānau were ka pai (good and well). The arataki remained with the researcher and whānau participants throughout the hui and would sometimes play their taonga puoro in the background whilst whānau kōrero proceeded.

Whānau kōrerorero were unstructured, with an open-ended question posed at the start. Participants were asked to share what had happened at a time, or times, when they or their whānau had been experiencing mental distress, and police had responded. Whānau were encouraged to think and relate to their experience, eliciting the details of what the experience was for them, what their expectations were, and what would have worked better for them in the situation. To enable participants to share their experiences in the most valid manner, as suggested by Windsong (2018), I chose not to directly incorporate the themes of intersectionality as a leading question, rather allowing issues of social and cultural identity, and relationships to naturally emerge. Very few prompts were made or were required during the interviews.

I personally found the whirring sound that emitted from the porotiti to be very calming with my own heart rate noticeably slowing. The support team remained silent and did not share their own kōrero during the interviews. However, if there were any signs of distress from participants the arataki offered immediate support or an intervention. Interventions involved taking a break to go for a walk, practicing mirimiri[176], or providing tissues. There were also demonstrations of how to use the taonga puoro. Learning about the Māori traditional healing practices of the porotiti and acquiring the skill to use the instrument, proved to be a delightful and rewarding experience for all who were present.

It was important that I demonstrated genuine aroha and respect towards study participants. For myself, emphasis was placed on the ethical principles of whanaungatanga, making a connection, and of titiro whakarongo… kōrero, looking and listening before I spoke. Rather than note-taking during the interviews I preferred to give my full attention to whānau and their kōrero. The five whānau interviews lasted between 26 and 52 minutes, with an average time of 40 minutes. Kai (food) was provided after the interview and at least one participant was provided with transport to and from the marae. These aspects align with the overarching ethical principle of manaaki ki te tāngata (to share and host).

Ngā kōrero pūmanawa method of support proved invaluable for engaging in holistic and culturally safe research with whānau participants. There were five arataki present during the first whānau hui, and we informally debriefed in private afterwards to compare our thoughts on how the participant had managed throughout the process and what we could do better. Gradually, the research support team's confidence in my ability to guide whānau appropriately throughout the interviews grew. The number of arataki present during each hui soon lessened to one or two, yet their support with conducting hui process and ngā kōrero pūmanawa practices continued.

[175] The term 'pūmanawatanga' used in this thesis means a beating heart, overall tone, pulse, and morale.
[176] The term 'mirimiri' refers to a traditional Māori massage technique that incorporates wairua (spirituality).

5.3.5 Kōrero transcription, developing, and re-sharing narratives

With participant consent, whānau kōrerorero were audio recorded onto a password-protected i-Phone. Participants were advised by me that they could ask to stop the audio recording at any time during the interview, although none did. The five interviews were then re-recorded onto the virtual transcription service Otter.ai, a password-protected computer application. This software generated written transcriptions of the interviews. Each of the five transcripts were then checked by me to ensure that a verbatim account was recorded followed by the construction of full narrative accounts that honoured each whānau kōrero. This meant that when the interviews were shared back with participants their narratives were presented as written stories, rather than as simple transcripts.

The intent of gathering whānau kōrerorero was to view participant narratives holistically as life-trajectory stories rather than as single events. The inclusion of stories in participants' own words (see Appendix C) "...honours the mauri (essence)" of their kōrero (Ware et al., 2018, p. 50), by providing lived experience context and whānau voice (Kovach, 2010; Wirihana & Smith, 2014). Most of the text throughout each narrative is of whānau conveying their in-depth story. For example, in Patrick's words:

> *She [Anahera] was like telling me like "Just calm down...", like in my head... my old man must have punched me so many times I lost count... My old man grabbed my hoodie... he grabbed it that hard that the hoodie it ripped... but he was like punching me in the mouth... he must have punched me like maybe about 10 times before... I knew something was wrong because his hands he just couldn't... and then he started like he couldn't breathe properly... but like... I saw it [his father struggle] but... because my sister was still hitting me... it was sort of like... I didn't look at it properly. I told my sister to ring the ambulance, but she called the cops.*

Although interviewed several weeks apart, long term partners Patrick and Anahera had experiences that were closely intertwined, and their kōrero followed a remarkably similar timeline. In the writing up of the full narratives I selected to combine their kōrero, although keeping distinct the voice of each throughout. My decision to write their narrative up this way stemmed from advice I received from the study kaumatua (Māori elder and leader), who advised me to keep alert to the differences in experiences between tāne and wāhine. The gender-specific perspectives of both couples interviewed surface in the whakapapa analysis findings that are presented in the next chapter.

Authorial comment was also added throughout each narrative to accentuate flow of reading and to capture some initial researcher reflections. The following excerpt is from Rawiri's kōrero and is one example of some emotional or non-verbal behaviours that I noticed during the interview:

> *Despite presenting with nerves, or being whakamā (low in confidence), Rawiri [pseudonym] wants to share his story. As the interview begins his tears flow freely. There are times throughout the interview where I could not quite follow the kōrero, Rawiri speaks in low tones with his words running together. He holds his head down low. I do not interrupt or ask him to explain further, I get the gist.*

Once a full narrative account had been created, the marae arataki as research supporters were instrumental in resharing the written narratives back to their respective whānau participant/s, personally and in hard copy form. As a matter of rigour and respect, and part of the verification process, participants were supported with the time to read, review and edit their narrative. This step ensured mana motuhake[177], with whānau participants able to revisit and authorise the shape of their own story. Of the six participants, one could not be located again, and in consideration of the privacy

[177] The phrase 'mana motuhake' used in this thesis literally means that Māori exercise authority over their lives.

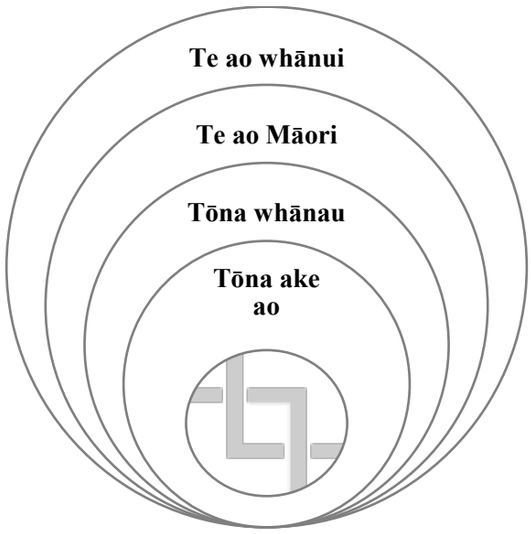
of wider whānau members, another participant received their story back yet requested that it not be published in this thesis. None of the five contactable participants requested any further edits.

Researcher reflexivity and the resharing of narratives aligns with the subjective nature of Māori research. Narrative inquiry also acknowledges subjective meaning and thinking 'with' stories instead of 'about stories (Clandinin et al., 2017). Therefore, the three full narratives of five participants, **Rawiri, Patrick and Anahera**, and **William and Rawinia**, underwent a further stage of reflection and analysis. These whānau narratives were interpreted using a research analysis framework developed for this study which draws from whakapapa and intersectional analysis.

5.4 Whakapapa and intersectional analysis

In this study, the primary focus of its kaupapa Māori research approach is to critically question how data content is relevant to Māori. Although a kaupapa Māori approach does not stipulate how the analysis is to be done, Smith (2012) asserts that interpretations must centre te ao Māori and Māori aspirations. As a basis for interpreting the experiences of whānau participants, this phase has therefore used the Kaupapa Kōrero analytic framework of whakapapa developed by Ware et al., (2018) (Figure 8). The categorical approach of intersectionality further informs a critical analysis of whānau participant experiences of marginalisation and discrimination.

Figure 8 Whakapapa and Intersectional Analysis Framework



Note. Adapted from *"Kaupapa Kōrero analytic framework,"* (p. 50), by F. Ware et al., 2018, SAGE. Copyright 2018 by SAGE. Adapted with permission.

Rather than analysing participant's accounts of their experiences in a chronological and linear, emplotment style (Greenhalgh et al., 2005), or using a reductionist approach (Corry, 2019), whakapapa analysis examines the relationships and intersecting identities that are constructed and shaped by lived experience holistically. The whakapapa genealogical framework structures each whānau kōrero by identifying layers of relationships that are interrelated and overlap with each other. Whilst each whānau participant constructed their own identity through the sharing of their story and personal experience, or **tōna ake ao**, they are inherently linked to other identities, including **tōna whānau** (significant relationships), **te ao Māori** (Māori worldview) and **te ao whānui** (broader social, economic, historical, and political contexts) (Ware et al., 2018). Whakapapa analysis therefore contextualises the actions of the narrator and significant others within broader social influences (Ware et al., 2018).

As individuals, whānau, and community members, participants are a part of society in many forms of identity. How these social identities and relationships are experienced and their consequences overtime must be understood in order to accurately inform study recommendations. As Ware et al. (2018) claim, a whakapapa framework that focusses on the nature, origin and interrelatedness of events and experiences may also predict future outcomes. This method of analysis alone helps to highlight stories of support, or lack of support, as well as identifying common influencing factors. Intersectional analysis also avoids fragmentating social characteristics, ensuring that no characteric is considered in isolation. This combined analytical approach was therefore appropriate for identifying and addressing the intertwining and layered marginalisation of whānau who experience mental distress and a police interaction.

My initial approach to the analysis of whānau experiences involved re-reading each of the three full narrative accounts. I then considered which whakapapa framework layer/s applied to each layer of the kōrero. This process relied on researcher reflexivity, or the kaupapa Māori method, described by Elder (2013) of noho puku (a state of inward reflection) and kaitiakitanga (guardianship). I shared the full narratives with my supervisory team, and they were discussed during academic and cultural supervision sessions.

Beginning with **tōna ake ao,** the focus of analysis was identifying how each participant explained and constructed their own identity, including the dominant societal discourses or stereotypes they had encountered (Ware et al., 2018). For **tōna whānau**, the generational context of participant relationships with significant others, such as partners, friends, and extended whānau was identified (Ware et al., 2018). Other supporters in the form of supportive police or lawyers were also identified and allocated to this layer of kōrero. **Te ao Māori** layer emphasised participants' Māori cultural identity and their participation in Māori society. This layer also surfaced any customary rituals enacted through tikanga Māori, or actions that either accentuated or diminished mana Māori. Finally, **te ao whānui** allowed for consideration of how Māori participants located themselves within wider society and how structuring forces played out within and between people. During the interpretation of whānau narratives, this layer also meant that broader social, economic, historical, and political contexts, including legislation, were considered. The final whakapapa analysis and my researcher reflections are presented in the following whānau kōrerorero chapter.

Summary

This chapter has detailed the kaupapa Māori processes undertaken to explore the lived experiences of whānau Māori who have experienced mental distress and a police response. Narrative based-inquiry involved marae-based hui and interviews to gather whānau participant kōrero using a supportive practice called ngā kōrero pūmanawa. The interpretation process uses a framework based on whakapapa analysis that draws on intersectionality. The following chapter presents the findings following this analysis process and my initial reflections on each of the three whānau narratives.

6. WHĀNAU KŌRERORERO

Introduction

The previous chapter presented the research methods and procedures of inquiry undertaken during this phase. It detailed the community consultation processes and formation of a marae-based research partnership with whānau service providers to access and support participants. The previous chapter also outlined how whānau hui and in-depth interviews were conducted utilising a research support method called ngā kōrero pūmanawa. The whakapapa and intersectional analysis method was also introduced. This chapter begins by re-introducing the interpretive layers for the analysis of three whānau kōrerorero (conversations) from five participants. The findings are then presented with my initial researcher reflections.

'Te Korokoro Tūī', depicts the native Aotearoa NZ songbird (Figure 9). Tūī is a sweet singer with a melodious voice and is positioned here at the beginning of this findings chapter to honour the six whānau Māori participants who initially participated in this study.[178]

Figure 9 Te Korokoro Tūī

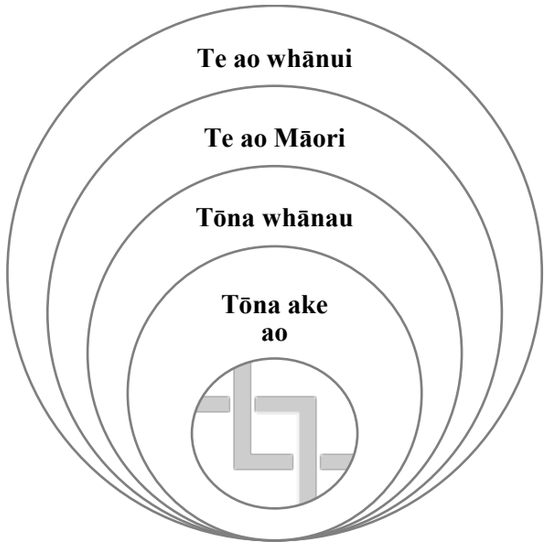
K. Hunter, illustration

[178] I wish to honour and acknowledge here the passing of one whānau's beloved son during the writing of this thesis. Moe mai rā, moe mai rā, moe mai rā e 'Max'. Arohatinonui whānau. Their story contributed to the wider Marsden project and not the current study. 'Moe mai rā' is a te reo Māori term, which in the context of this thesis means, sleep well.

6.1 Layers of whakapapa analysis

The kōrerorero from five whānau Māori participants about their lived experiences of mental distress and a police response were created into three full narrative accounts: **Rawiri**, **Patrick and Anahera**, and **William and Rawinia** (Appendix C: a, b, c). The following diagram (Figure 10) re-presents the relational layers of whakapapa and intersectional analysis applied to each narrative. These four whakapapa layers do not follow a uniform pattern throughout each whānau kōrerorero. Rather, as each story unfolds the layers present in their own unique sequence. These layers are generally interrelated and overlap each other and some sections of the kōrero may reflect several whakapapa layers. For this reason, the predominant layer has been assigned only. To easily distinguish each main relational layer as they arise throughout the narrative, icons have been added next to the reo Māori descriptor, i.e., **Tōna ake ao** .

Figure 10 Layers of Whakapapa and Intersectional Analysis



Note. Each layer of this model represents the following aspect:
Tōna ake ao personal experience and the constructing of self and identity.
The centralised taki tahi (criss cross) symbolises multiple marginalised identities/intersectionality,
Tōna whānau stories of significant relationships and supporters,
Te ao Māori cultural identity and being Māori,
Te ao whānui linking self to Aotearoa NZ society, and the historical, political, and social stereotypes, assumptions, and events that can silence or privilege voice.

Adapted from *"Kaupapa Kōrero analytic framework",* (p. 50), by F. Ware et al., 2018, SAGE. Copyright 2018 by SAGE.

To highlight any marginalised identities that participants hold, or that become evident throughout the kōrerorero, simple figures have also been incorporated throughout the findings (see Figure 14). The name and key features of participant identities are also detailed, and any historically oppressed groups indicated. This method helps to illustrate the categorical approach of intersectionality, and reinforces when there have been experiences, conditions or social forces that have influenced the construction or deconstruction of whānau social identities. The layers collectively provide a continuum approach to understanding what and who influenced individual whānau experiences of mental distress and police involvement. These methods of analyses also help to illuminate the role police played in mitigating or increasing the mental distress experienced. The findings of the three whānau narrative accounts are individually presented, beginning with Rawiri.

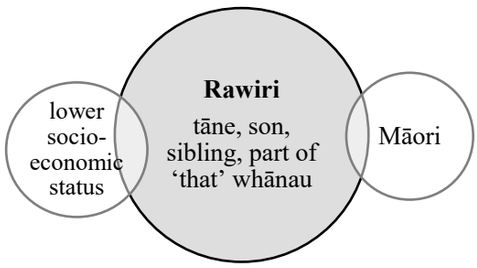
6.2 Whānau lived experiences

6.2.1 Rawiri's kōrero

This lived experience narrative was shared both earnestly and eloquently by 52 year old Rawiri (pseudonym) who resides in South Auckland. He is a tall and lean tāne Māori, and is relatively well-dressed. Rawiri did not want to eat prior to our hui, prefering a cigarette instead. As the interview begins his tears flow freely.

Tōna whānau Rawiri begins with his whakapapa. His Māori grandparents on his mother's side are from a settlement in the Hokianga area of Northland. His father was born in Aotearoa NZ to Pākehā who had emigrated from Yorkshire, England. After his parents married, they moved to West Auckland where Rawiri and his siblings were born and raised. Rawiri reflects on an upbringing where poverty drove their desperation to steal food. Rawiri's whānau and their lower socio-economic status were well-known to police (Figure 11).

Figure 6 Rawiri's Identity as a Rangatahi



Te ao whānui Rawiri reflects on being judged unfairly because of the legacy created by his whānau name. He wonders why police never just talked to the family to ask them what was really going on instead of them just assuming that they were a violent family. Rawiri remembers going to stay with his uncle up north for a period, and the early days of his rugby league career. His league career had been going well until he was wrongly accused over a serious criminal event when he was 18, which he believes 'wrecked him'. Rawiri spent 4-5 months in remand waiting for the court case and was found to be not guilty. There was no compensation for his wrongful imprisonment.

Tōna ake ao Rawiri's life spiralled downwards after his period in prison, and he deeply resented police. Rawiri soon had another significant interaction with them, this time involving a police officer whom he had known as a fellow student at college. At a mate's 21st the parents had offered for him to stay the night, but police busted down the fence and escorted everyone out. Rawiri tried to advocate for himself and when he recognised the uniformed school acquaintance, he tried to connect with him. The police officer's response was unexpected. He denied knowing Rawiri and instead started to get physical with him, which ended up with multiple officers joining in and Rawiri was handcuffed.

Rawiri had photographs of all the bruising from the punches and kicks he had received. These were taken by a doctor at the police station.

Te ao whānui  He recalls presenting at court and the unfavourable outcome. He became upset at the officer in court and was locked up for three months in corrective training. After this second police incident Rawiri admits that whatever he did do from then on, it never made him scared to go back to prison. A further confusing and distressing incident with police was to occur. Rawiri was charged for murder.

Tōna whānau  A lawyer supported Rawiri to provide his DNA and prove his innocence. Police eventually located and charged the person who did kill the woman.

Tōna ake ao  Rawiri affirmed that his lack of confidence and trust in police was now well-embedded. He was scared of police and was fearful of their powers.

Te ao whānui  Rawiri rationalised why some police may interact differently with certain people. He also remarked on the notable difference between police responses now, and the law at it was 30 years ago. Rawiri referred to his police file and how police made judgements about him based on the information that they read. He also recalled a threat made by police to a friend of his, which made him sad as to how aggressive they were towards his friend. He understands that a significant mismatch of power exists between whānau Māori and police and he is determined not to have his life 'wrecked' by police again.

Tōna ake ao  Rawiri is resigned to the fact that he must accept his past experiences. He is more polite in his interactions with police now.

Tōna whānau  After a lifetime of involvement with police, Rawiri reflected on some earlier and positive interactions, like when police talked respectfully to him and did 'a proper job' of understanding about people's situations before acting. Rawiri has battled for a long time to establish a sense of normalcy in his life: to hold down a well-paying job, maintain a relationship and raise his own family of six children, whilst practising good values.

Te ao Māori  Rawiri agreed that finding a safe environment to ask for help and kōrero about all of what has happened to him has helped him keep sane and get stronger. The support from the local marae has been very beneficial in helping him to understand himself and why he had become withdrawn.

Tōna ake ao  Life continues to present serious hurdles for Rawiri, however. He recently had an emotional breakdown after enduring close family trauma and personal relationship issues. He is realistic about his reality but feels less alone in his situation as he has some support. Not until the end of our hui does Rawiri reveal that he suffered several head injuries playing rugby league in the 80s: something like four consecutive K.O.s (knock outs). There was no head gear in those days.

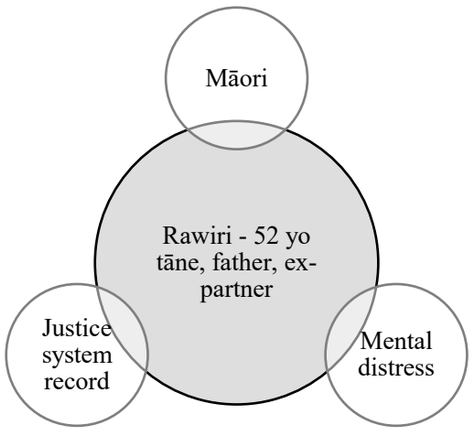
Te ao whānui  Rawiri has a court hearing next week for a driving charge laid against him a couple of days ago. He will lose his licence. This outcome will further challenge Rawiri; his ability to earn a living, to care for his family and himself will likely be affected.

Researcher reflection on findings: Rawiri's kōrero is a powerful account of a life adversely shaped by being socially profiled as a Māori criminal and discriminated against by police. Rawiri's shocking experiences of police responses, including their use of force and his repeated and unjust criminal justice system encounters meant that Rawiri was petrified of police. Expressions of fear which present as mental distress may not always be front of mind to unsympathetic people.

Rawiri's lost opportunity to pursue his dream of playing rugby league set him on a completely different pathway. He became resigned to his oppressed state. In this interview, Rawiri's mental, spiritual and whānau aspects of his wellbeing are clearly deeply affected. He has described experiencing some helpful policing approaches. He has also adopted an obedient manner towards police which is reflective of the power imbalance experienced.

Based on this lifetime of eroded trust and confidence in police and ongoing justice system involvement, any future interactions where mental distress or mental health are a distinctive feature may not have a favourable outcome for Rawiri. More recently Rawiri has been supported in te ao Māori - kaupapa Māori space to reflect and develop some tools for coping. However, Rawiri has multiple marginalised identities that now constitute his social identity (Figure 12). Following the hui and interview Rawiri appeared emotionally exhausted but shared how much he valued the experience of being able to share his story.

Figure 7 Rawiri's Multiple Marginalised Identities



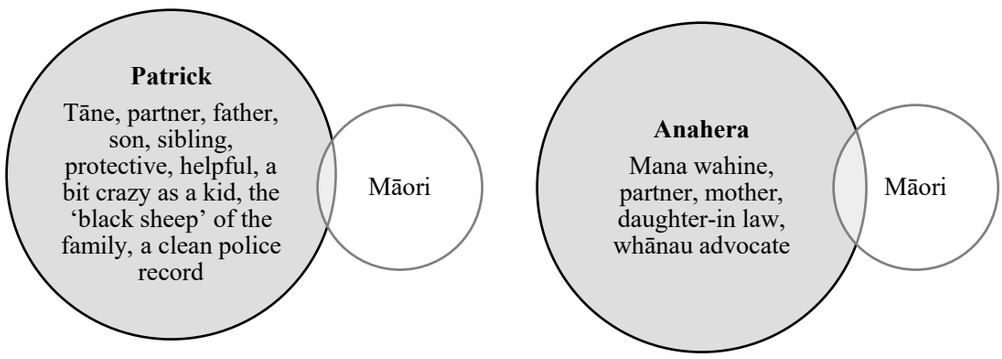
6.2.2 Patrick and Anahera's kōrero

This combined narrative account reveals personal events from the perspectives of a young tāne Māori, Patrick, and his long-term partner, Anahera (pseudonyms). Anahera has experienced first-hand Patrick's journey with mental distress and police involvement. She is a mana wahine[179], a strong Māori woman who is the whānau barometer and is good at reading situations. She provides support and advice to Patrick. Although they were interviewed several weeks apart, the couple's experiences are closely intertwined.

Te ao whānui It was late 2021 and Aotearoa NZ was gradually weaning districts out of a nationwide COVID-19 lockdown. As the rest of the country transitioned to lessened restrictions Auckland remained on Alert Level 4, which meant staying at home in your 'bubble'.

Tōna ake ao At 32 years of age Patrick presents as a gentle and quiet soul who truthfully owns his story. He is constructed as the 'black sheep' of the family by Anahera and is fiercely protective of those he cares about. Anahera describes Patrick as having been a bit of a 'crazy child' but, aside from a couple of speeding tickets, he had never been in trouble with the police before their story began 18 months prior. This kōrero forms part of their initial social identities (Figure 13).

Figure 8 Patrick and Anahera's Identities



Te ao Māori Patrick attended one of the first bilingual classes at the local school as a kid and is very familiar with the local marae. He shared that he was born to Māori parents and has lived most of his life in South Auckland. His mother is from the Waikato district and father from the East Coast.

Tōna whānau Anahera is māmā to their girls. She describes Patrick's relationship with his mother as being intense, with loving highs and arguing lows. He is the middle child of two more successful and seemingly cherished siblings, a brother and a younger sister. A series of events unfolded that started with an argument between Patrick and his sister. The arguing stemmed from Patrick's concerns about coronavirus and the welfare of his parents. His sister had been pushing the boundaries as far as obeying the government COVID-19 restrictions. Patrick recalled heading around to his parents' house because their dog had ten puppies that needed to be cared for. He wanted to help his dad look after them.

Patrick became frustrated with his sister and their arguing soon became physical. Patrick's father attempted to separate the siblings, yet he became embroiled in the physicality of the fight himself.

[179] The term 'mana wahine' used in this thesis means an esteemed Māori woman.

Patrick recalled how he continued to provoke his sister with verbal taunts. He kept defending himself from her physical blows and was adamant that he did not intend to hurt her. As they struggled, his sister's hoodie cord became tightened around her neck. Patrick recalls letting go of the hoodie and having to continue defending himself against them both, with his sister injuring her hand when she punched him and his father starting to show physical signs of weakness. Someone in the house had called the police.

Anahera was notified of the arguing by their 14-year-old daughter who was present in the house. She arrived to witness the event first-hand. Anahera saw Patrick's heightened emotional state and intervened to remove him from the situation and help him to settle down. She was able to effectively communicate with the police officers when they arrived. Anahera described how police gave her the privacy she needed to support Patrick.

Both Anahera and Patrick clearly recalled the moment when Patrick's dad collapsed, and how the attending frontline police officers responded quickly with basic life support. The ambulance officers arrived and together with the police they managed to stabilise Patrick's dad for transportation to hospital. Patrick's focus then turned towards getting his mum to hospital. Anahera drove to the hospital and Patrick remained at the house with the police and his sister.

Te ao whānui The confusion started for Patrick when he was initially told by police that no charges would be laid. He was then handcuffed and placed under arrest for allegedly assaulting his sister. A directive had come to the frontline officers from senior police. His sister's lone statement had been the deciding factor. Anahera had returned from the hospital and was shocked at Patrick's arrest. There were further discussions between Anahera and the police officers, and arrangements were made for her to collect Patrick's diabetic medication. Anahera was assured that she could provide her statement when she returned with the medications, yet once police had the medications an interview was denied. Patrick was transported to the police station for questioning.

Tōna ake ao Patrick shared how he could not comprehend the seriousness of the assault charge being laid against him. When the police officer told him he was under arrest he felt like a big weight was pressing down on his shoulders. Patrick attempted to bargain with the police officer but was told that the charges against him were so serious that they had to follow legal processes, and he could not get a diversion.

Tōna whānau Patrick felt that the frontline officers were empathetic to his situation. They were 'nice guys' who did not want to arrest him. Patrick also credits these frontline officers for his dad's survival. During his interview at the police station, Patrick felt as though he was treated with respect and understanding. However, due to his heightened emotions and ongoing concern for his dad, Patrick still could not process the seriousness of police proceedings. As he provided his police statement, Patrick was protective towards his family and only recounted his own actions during the fight. Anahera recalled how Patrick's thoughts and stress levels would have impacted his ability to clearly advocate for himself.

Te ao whānui Patrick discovered that the punishment for allegedly attempting to strangle his sister was particularly severe as he was potentially facing 13 years in prison. The seriousness of the assault charges also meant Patrick had to find a bail address. He found the stigma attached to his criminal status bewildering.

Tōna whānau Patrick has since shared his whole story with his lawyer, who agreed that provided he did not throw any hits, it sounded like Patrick was acting to protect himself. When Patrick saw the judge a month ago his lawyer offered him a copy of his sister's statement which basically said that they got into an argument, and he had strangled her. There was no mention of what his sister or their father had done to him. With a heavy sense of responsibility, Patrick has realised that a more balanced viewpoint was missing from his own statement.

Patrick understands that different family members, including Anahera, their two daughters, his parents and his sister who made the initial accusatory statement, have since attempted to support him to have the police charges revoked. Patrick maintains his innocence and is more concerned about the welfare of his parents. He remains on bail over a year after the incident and experiences added anguish because a court order means he must stay away from his parents and their house. Patrick understands that his father cannot comprehend the seriousness of the situation. His mother is unwell, and house bound, and she blames herself for the situation.

Te ao whānui The courts have tried to offer Patrick a plea bargain which would mean reducing the prison sentence from nine years to four.

Tōna ake ao Patrick is frustrated and grieving for his whānau, he wants it all to be over and done with and has contemplated pleading guilty even though he maintains his innocence. Anahera's advice for Patrick is to better advocate for himself.

Te ao Māori As part of Patrick's spirituality, he felt that the original event may have happened for a greater reason, and that was to save his dad's life. He also believes that this has all happened to him because he is Māori.

Tōna whānau Anahera is very conscious that the prolonged period of unresolved stress, and of not being listened to, has created further issues for her and Patrick. His ability to cope with even minor conflict at home is affected. Anahera has been compelled to make several calls for police assistance because of Patrick's now frequent experiences of mental distress. She believes he has spiralled downhill because he is frustrated and angry. She has called police herself because she cannot handle his yelling and screaming.

Te ao whānui An offer of additional support was made to Anahera from constables during one mental distress event, which eventuated in no follow up. There have been added frustrations with agencies, including them not having Patrick's name or bail address properly recorded despite his repeated efforts to have them corrected. Anahera remains disillusioned with police having had variable responses from them to date. Anahera also ponders the 24/7 availability of support services other than police. Patrick continues to endure harsh bail conditions, and the case has now dragged on for over a year. The court date is set for six months' time, yet Patrick has been told there might be further delays of up to two years.

Tōna ake ao Patrick has been learning a lot about himself more recently. Following the initial assault charge incident, he had to see a psychiatrist who has diagnosed him with bipolar disorder. Everything started making more sense to Patrick after learning what people who have this mental health condition can experience. He has found it frustrating that people around him do not understand

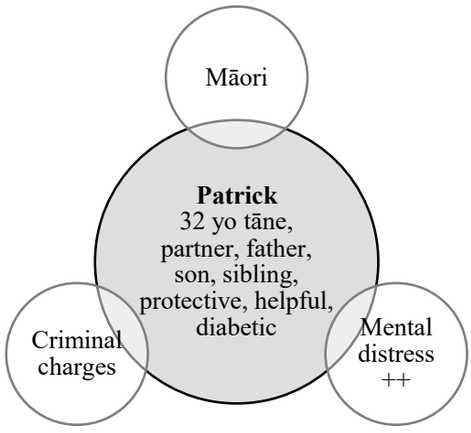
the characteristic features of bipolar disorder. Patrick finds it frustrating trying to explain himself to people, but he feels he is making good progress in his relationship with Anahera.

Researcher reflection on findings: These layers of kōrero have described the confusing events that followed a family harm and medical emergency event, whereby Patrick found himself oppressed and missing a voice that was geared towards self-advocacy. This whakapapa analysis illustrates how when a period of whānau dysfunctioning, mental health unwellness, police and the criminal justice system intersect, a whānau can be adversely affected with life-course alterations. From that day onwards nothing has been the same for Patrick and Anahera.

The frontline officers who responded to the initial event were themselves faced with a moral dilemma. They experienced the family harm/mental distress and medical events first-hand and interpreted the complex situation from a humanistic and compassionate standpoint, yet they had to proceed with formally charging Patrick based on legislative protocol. None of the witnesses present that day had their perspective of the family harm event considered, and police and criminal justice system processes predominated.

Patrick continues to be restricted from accessing key whānau members and support people and is also having to 'fight agency' with regards to navigating public service system inefficiencies. A mental health diagnosis and gaining insight into the effect his condition has on his behaviour, emotions, and relationships has contributed somewhat towards Patrick making sense of the distress experienced. Patrick's social identity has become overshadowed by multiple marginalised identities: being Māori, experiencing acute mental distress, and having criminal charges laid against him with an indefinite resolution date (Figure 14).

Figure 9 Patrick's Multiple Marginalised Identities



For Anahera the overall experience has contributed to her lack of trust and confidence in police. The marae is providing much needed holistic support for this whānau through their period of great uncertainty.

6.2.3 William and Rawinia's kōrero

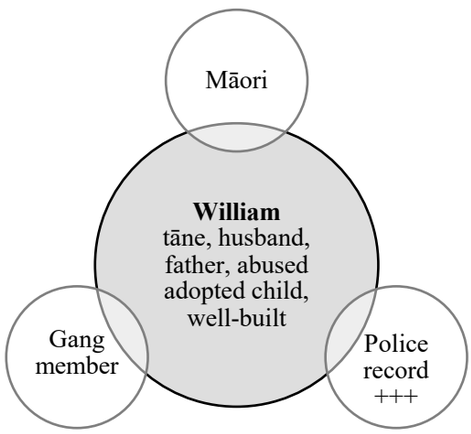
William and Rawinia recently married. They live with their young whānau in South Auckland and were interviewed together. William is a well-built 37-year-old, and his dress style is distinctively American-influenced. He is decked-out in a baseball jersey and cap and wears a gold watch and a chunky gold necklace. In stark contrast, Rawinia is petite and dressed in a simple black dress. At 32 years of age, she is the self-professed 'thinker' of the two.

Tōna ake ao William reflected on his earlier life having been full of police interactions. His opinion of the police has always been extremely negative with only a glimmer of hope that this might change.

Te ao Māori William grew up in East Auckland and his knowledge of his own whakapapa is brief. His mother's family were from the King Country, and he does not know anything about his father's side. For William growing up, his Māori identity was something he was never proud of. He enjoyed spending time with his Pacific Island friends in their family homes, more than in his own home. The Pacific peoples' way of life seemed more functional and united to him.

Tōna ake ao William was adopted, and he experienced abuse as a child, which has largely shaped who he is today. Searching to explain why family harm was such a common part of his life and upbringing, William reflected on how his adoptive mother was in an abusive relationship, and how that passed on to the next generation. His own negative relationship with police has also passed down to his eldest children. William's personal interactions with the police have always been fraught, and he reflected that his big build likely influenced their heavy-handed responses (Figure 15).

Figure 10 William's Social Identity



Te ao whānui William felt stereotyped as a large Māori male who lives in South Auckland. The aggressiveness of police towards him was therefore 'normalised'. Being a gang member also meant that police all over Auckland had shown very low tolerance towards him over the years and would place him into custody without question.

Tōna ake ao William recalled a dysfunctional relationship he had 15 years ago where he had frequent and aggressive interactions with police. His ex-partner would contact the police most days, and her side of the story would be believed, not William's. The police would respond en masse and forcefully. William believes that being in an unhealthy relationship, and the responses of police during his periods of heightened distress, further influenced his own bad behaviours. William believes that

they have tried to intimidate him in the past, and yet he would not retaliate. He would just sit there and be quiet.

Since leaving that relationship and being with Rawinia for the past 13 years, William said he has not been involved with the police lately. Rawinia clarified that he had not been involved with the police 'intentionally'. She recalled an incident when William got arrested and was taken to the station when she was at home with the kids by herself. William had gone to buy nappies, he pulled up behind a police car and purposefully played his car music too loud. He had previous charges of male assaults female laid by his ex-partner that had not been dealt with. William admitted that he had been pulled over by police on many occasions because of this. William believed that the officer would have done his research about who he was potentially dealing with in the offending vehicle, which greatly influenced how they chose to respond. Rawinia was contacted by the 'nice' officer and had to ask a neighbour to help her retrieve the whānau car.

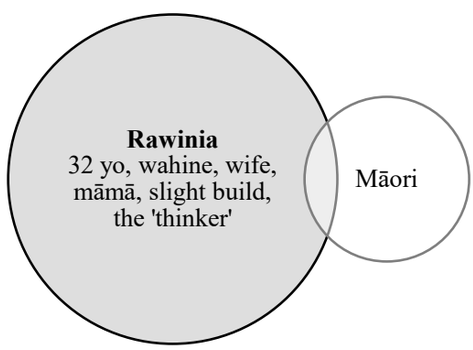
The couple agreed that if someone at home was experiencing mental distress, they would not seek assistance from police because they have a lack of trust and confidence in them. They would be more likely to deal with any issue at home themselves. The couple also agreed that any issue they might have would not be deemed important enough to police. Rawinia and William backed up their view by reflecting on what they had seen happen with their neighbours and the ongoing abusive relationship between the couple who lived there.

Witnessing ongoing family harm happen to others made William reflect on the cyclical nature of family dysfunction. He was critical of the role and effectiveness of police in responding to these events. They were both realistic about the capacity of police and protection orders, which are largely dependent on a couple remaining apart. William is relieved that his own relationship with Rawinia is healthy. With this stability in his life there has been a concerted effort to avoid police. They are focused on their whānau, although both have 'been done' for benefit fraud which has meant their involvement with police continues.

Te ao Māori Rawinia reflected on how her current involvement within the marae-based community influenced her now positive opinion of police and other social agencies.

Tōna ake ao Rawinia recently became part of a family harm reference group, which has provided a forum for her to share about her experiences with police. Rawinia reflected on her socio-cultural identity and how she is well-treated in the group, potentially because she is a tiny female (Figure 16).

Figure 11 Rawinia's Identity



Te ao whānui Rawinia and William are aware of the power indifferences between police and whānau Māori living in lower-socioeconomic areas like South Auckland. William offered that there have been notable changes to policing practices with the advent of cell phone technology. He felt that the ability for anyone to record an event as evidence would temper police approaches. With regards to police wanting to regain trust and confidence within the community, William and Rawinia believed that there probably were a lot of police who do want to genuinely improve relationships. Rawinia confirmed that the Pākehā cops were the ones William likes, it was the Māori and Pacific cops that he had trouble with. They believed there was a 'power trip' and they liked to use their brute force.

Tōna ake ao William shared that his mental health had always been stable. That is, up until recently when multiple life events led to him struggling emotionally. He had experienced workplace bullying, major surgery, and together they had lost their baby. These all occurred during the coronavirus pandemic. Having to endure this succession of personal traumas has given William a better understanding of the impact of mental ill health.

Researcher reflection on findings: This kōrero about William and Rawinia's experience with police was not about a single mental distress event, rather it was about a lifetime of gang and extensive police involvement and of deeply fractured relations stemming from childhood through to adulthood. The use of police force towards 'a big Māori gang member' has underpinned many of William's interactions with them, and his own responses have varied from being passive to provocative. The complexity of William's relationships with others and his disconnection from his own Māori culture, until more recently, was notable.

This kōrero has therefore provided insight into the lives of some whānau in South Auckland who have become well-known to police. A police response, even if it were to support a mental health-related event, would not be welcomed by them. There is a distinct lack of trust and confidence in police and, because of the stigma associated with their social identity, these whānau believed that their needs would not be met if they did call for police assistance anyway.

On the day of the interview William was positively influenced by his healthy relationship with Rawinia, their children, and her involvement at the marae. There are apparent benefits for whānau who are given a voice and are empowered to share their story. This benefit was expressed by Rawinia and her current experience as a marae advisory group member. William admitted that he initially came to the marae-based hui and their interview worried about how he would go reflecting on details of his past. He shared that he would usually become overwhelmed or walk out if he was asked to think about something that he found too difficult. Counter to his fears, when they were leaving the marae, William shared how much he had enjoyed the interview experience.

Summary

This chapter has presented the findings from three whānau narratives of mental distress and police interactions. A whakapapa and intersectional analysis have been applied to each kōrero, and the four relational layers of tōna **ake ao, tōna whānau, te ao Māori** and **te ao whānui** identified where applicable. The multiple marginalised identities of participants have been illustrated to help illuminate when identities intersect, and when discrimination and oppression were likely experienced. A further discussion of these findings is presented in the final discussion chapter. The next chapter presents the ethnographic procedures of inquiry and analytic framework selected for the second phase of this study, the police experience phase.

7. POLICE EXPERIENCE PHASE

Introduction

The previous chapter presented the findings from the current study's first data collection phase, the whānau experience phase. The kōrero of three whānau who have experienced mental distress and a police response, were shared and synthesised utilising whakapapa analysis and intersectionality. This chapter outlines the police experience data collection phase, and the interpretive framework used to present frontline policing perspectives and contribute further answers to the following questions developed for the study:

- Who and/or what instigates and informs police responses to Māori experiencing mental distress?
- What are the experiences of Māori who have interacted with police while experiencing mental distress?
- How are police interacting with Māori experiencing mental distress?
- How does tikanga Māori inform approaches to, and how is it applied during, interactions between police and Māori experiencing mental distress?

This phase of the study incorporates a qualitative kaupapa Māori research design that utilises ethnographic research methods to explore frontline policing of mental health-related calls for service that involve whānau Māori. The data collected from police interviews were analysed using reflexive thematic analysis with a critical lens, and participant observer field notes and reflective journal entries were incorporated across themes. This chapter details the set of procedures and analytic framework, as well as any ethical issues experienced while undertaking this phase.

7.1 Police ethnographic fieldwork

Whāia te pae tawhiti kia tata.

Explore beyond the distant horizon and draw it nearby.

As this whakataukī infers, extending oneself to explore the unknown will ensure a closeness that will likely make that environment and culture more familiar. My overall research aim was to investigate a specific area of policing in practice, that is, frontline police officer responses to, and interactions with, whānau Māori experiencing mental distress. The aim of this second phase of data collection and analysis was therefore to immerse myself within the South Auckland frontline policing environment, observing and conversing with frontline police to then interpret their culture.

Of relevance to the current study, foundational police and mental distress ethnographies mentioned in the previous narrative review are those by Bittner (1967), and Teplin and Pruett (1992). Wood et al. (2017) more recently identifies certain contextual factors that influence how police navigate the 'grey zone', or situations where mental health-related situations are resolved informally. Police ethnographies are also effective for exploring the cognitive decision-making processes police use in exercising their discretion (Herbert, 1997; Mastrofski & Parks, 1990).

Other ethnographic police studies published over the past few decades do not focus specifically on mental distress events, yet they inform readers about wider police culture. For example, authors use fieldwork methods to explore policing approaches towards vulnerable populations (Footer et al., 2020), policy effectiveness and relations between police and the public (Marks, 2004), the complexities of police socialisation and brutality (Chan et al., 2003; Sierra-Arevalo, 2021), and the influence of geographical context on police officers' attitudes, styles, and approaches to their work (Foster, 1989). Ethnographic approaches are therefore helpful for informing what is happening at the more challenging, or difficult aspects, of policing in diverse community settings.

In his ethnographic study 'Enforcing Order: An Ethnography of Urban Policing', Fassin (2013, p. x) defines ethnography as "...entering and communicating the experience of others." They further rationalise that the combination of researcher 'presence' and 'distance' through ethnographic endeavour has the consequence that "...familiarity is never devoid of alienation: one comprehends the conduct of the police within the logics of the insider as well as with the perspective of the outsider" Fassin (2013, p. xii). The opportunity to experience first-hand the shift-work practices of Counties Manukau Police District (CMPD) frontline police officers in their Public Safety Teams (PSTs)[180] was undertaken with my acute awareness of this binary perspective.

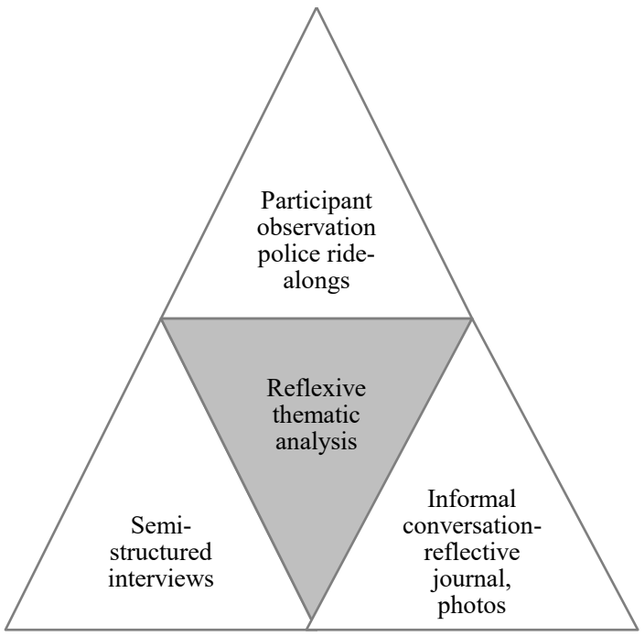
A primary contribution of ethnographic fieldwork is cultural interpretation, or the description and interpretation of shared or learned patterns of values, behaviours, beliefs, and language (Creswell, 2013; Given, 2008). Chan (1999) confirms that police knowledge should be viewed as shared cultural knowledge shaped by a given social and political order. Marks (2004) agrees that this cultural knowledge informs police rationales, "…their understandings of actions, their ways of seeing people whom they interact with, and also their use of strategies" (p. 869). Indeed, immersion in a group with a shared culture informs how the group works and exposes issues that are faced, such as power,

[180] Public Safety Teams (PST) are one of many teams and units that make up NZP. This is the name given to frontline response teams based in Aotearoa NZ police districts and stations, including the four CMPD police stations visited in the current study.

hegemony, and advocacy for certain groups (Creswell, 2013). In line with classic ethnography, Fetterman (2019) suggests that fieldwork should be completed over a minimum six-month data collection period. Data for the current study were therefore collected from April 2022 to October 2022. This immersion period ensured enough exposure to frontline policing activity to adequately answer the study questions.

Ethnographic fieldwork methods comprised of my ride-alongs in patrol cars with PST frontline response police officers, observing police participants' behaviours during their engagement in mental health response-related activities, and the holding of informal conversations with police participants, before and after events (Figure 17). Informal conversations were also held with PST duty sergeants, and semi-structured interviews were conducted with five officers with current or recent frontline policing experience. These data collection methods provided an opportunity for police participants to detail their own experiences and views. Ethnographic approaches for this study therefore relied on interactions between me as researcher, and police participants.

Figure 12 Ethnographic Inquiry Research Methods and Centrally Located Analysis



I undertook a reflexive thematic analysis of the qualitative dataset, the process of which is detailed later in this chapter. The appeal of reflexive thematic analysis is that it is about telling stories from the data, and that themes are interpreted and created by the researcher (Braun & Clarke, 2022). This form of analysis also aligns well with a kaupapa Māori approach, where the researcher is not separated from the research.

7.2 Police ride-alongs

7.2.1 Access to frontline police participants in the field

Study access to police as participants enabled in-depth exploration of frontline policing of mental health-related events involving whānau Māori. These behind-the-scenes views and practices in the field are otherwise not easily (nor publicly) accessible. As previously discussed, my study is underpinned by a kaupapa Māori methodology and developed from co-produced origins. Supported by police senior management, the wider Marsden project team had formed a research collaboration with NZP. Police therefore helped arrange my access and logistics in CMPD, including supporting participant observer researcher ride-alongs, and police interviews.

My study was supported by key police, including the CMPD manager, and four area prevention managers. Each area manager was sent an introductory email on my behalf from the district operations manager. This email notified them of my intent to attend ride-along shifts as a researching observer, and a directive for them to provide me with support. A participant information sheet with information about me and the study was shared via email (Appendix B: e). Details around confidentiality, consent, and safety information were explained within a consent form (Appendix B: f), and a ride-schedule and observations protocols form (Appendix B: g).

Throughout this police experience phase I discovered that conducting fieldwork that focusses on police work is a proactive and emergent undertaking. Fieldwork involves some degree of researcher choice, with the plan to proceed evolving during the research period. Indeed, I was able to identify my preference of CMPD area[181] and station, and the shift days and times that suited study progression. I endeavoured to identify areas in CMPD where higher rates of mental health-related incidents occurred, and where a higher Māori population resided. Informal conversations with police staff proved helpful for informing my next selection of station location, although the very nature of mental distress and policing is that events are unpredictable. As noted by Creswell and Creswell (2023), tactical decisions made after entering the field signal that a researcher is delving deeper into the phenomenon under study.

As the study progressed, I was provided with the contact details of each station manager and together we coordinated dates and shift start times. I was also provided with the names and contact details of the two duty sergeants in charge of each shift. My arrival at each station for prearranged shifts was therefore expected. I was also supported to access each police station after reception closing hours. Hard copies of the participant information, consent, and health and safety protocol forms were provided for PST staff at the commencement of each shift. These forms were read, any questions were personally answered, and the consent form was signed. My observations in the field proceeded as follows.

7.2.2 Fieldwork observation process, protocols, and participants

I conducted fieldwork during all hours of the day, evening, and night including: five early, nine late, and one overnight shift, per the times indicated within the ride-along schedule. There were a total 15 shifts and 120hrs of observations over the six-month period. The intent was to gain an idea of how mental distress featured across the 24-hour period. To gain a broad overview of the district, I observed

[181] The four Counties Manukau Police District areas are illustrated in Figure 2, 2.8 *The study locality.*

frontline officers working at four police stations located in each of the four CMPD areas: Central, West, South, and East.

I made seven separate visits to South Auckland, at intervals of three to four weeks, and completed two to three eight-hour shifts during each visit. This staggering of visits created space and time for me to actively debrief, record, and reflect on each observed mental health-related event, of which there were at least 20 that I recorded over the study's ethnographic fieldwork period. The staff I observed were constables (including probationary constables) and sergeants who work as part of NZP Public Safety Teams (PSTs). There was a total of 20 male and 12 female officers that I accompanied during the 15 shifts.

My observations involved a health and safety briefing/orientation at each new station, and my attendance to 'lineup' at the commencement of each shift. Lineup is when all PSTs across the district meet online to share and receive relevant policing information. All police staff would have become aware of my specific area of interest after receiving my verbal mihi (introduction), and a brief outline of my role and purpose as a researcher. My research preference for attending mental distress incidents i.e., events coded as 1M (mental health-related) or 1X (self-harm/attempts suicide) that involved whānau Māori was therefore known to each PST section both prior to, and at the commencement of, each shift. I was then supported by the section to attend events where mental distress was a likely feature. Police dispatchers were always notified of my presence as an observer, and my presence was also considered when units were deployed to events. Frontline police PSTs in other areas were sometimes informed of my presence. This awareness proved helpful when I attended out-of-area events, as staff quickly understood my reason for being there.

My subsequent allocation to a specific police unit (comprising two frontline officers) for each shift was always determined by the on-duty sergeant. Ride-alongs involved accompanying pairs of PST constables or duty sergeants in an incident car during routine shift work. As an active participant observer in the field of policing, I accompanied frontline police into different spaces that they spent time in throughout their shift. Observations also included brief periods of time spent in the station office, interview rooms, and in common areas including the tearoom. Most of each shift was spent in the police vehicle seated behind the driver whilst on patrol.

In the preparation period before commencing fieldwork, I had carefully considered how I would dress for my researcher role, and the police ride-alongs. I needed to be prepared for long hours on the road during the winter months. I wanted to blend in, and needed to be warm, and comfortably mobile. I selected to wear a casual uniform of black trousers, a long-sleeved black jacket, and sturdy slip-resistant trainers for traversing across all terrain. I carried a waterproof jacket, my iPhone and its charger, food, and water in a small backpack. Police at each station provided me with a high-visibility vest that I could select to wear in situations where I needed to be more visible, such as standing on the roadside. Contact phone numbers were always exchanged between myself and each officer that I accompanied. During the first four months of field work, police staff, and I wore disposable face masks, until government COVID-19 restrictions eased (Figure 18).

Figure 13 Frontline Police Participant Observer

K. Hunter image

Interactions between police and whānau in distress took place in diverse settings such as, private and community homes, in public spaces, and the hospital emergency department. I observed police interactions with the public, whānau/family members, mental health crisis teams, hospital, ambulance and security personnel, as well as group home managers. My observations also captured many non-mental health-related events and preventative policing actions within local communities (e.g., callouts and welfare checks by phone, liaison with services, and public relations etc.). On occasions when the PST were searching for a location or person, I would assist them by stating what I could see.

As aforementioned, the nature of police work is variable and unpredictable. Every shift entailed the need for police car lights and sirens to be implemented (several times each shift) so the PST unit could attend priority events quickly. I attended over 20 events where mental distress featured in the 111-emergency call, or in the job text as a non-emergency call. Aside from mental distress events including ambulance assist calls, I observed multiple family harm events, a missing person event, and bail checks and breaches. There were security breaches, traffic incidents, burglaries, acts of disorderly behaviour, arson, an aggravated robbery, stolen vehicle pursuit, breaches of peace, and armed events. I again note that conducting fieldwork that focusses on police work is not a neutral undertaking. I moved between observer-as-participant and observer roles, taking an active part in events by following police into these various settings and then sometimes electing to remain in the police vehicle.

I endeavoured not to interrupt the work of police when I did attend events and although I was physically present, I remained at a distance. Police made several arrests which resulted in transporting people to the district custody suite for processing. These arrests were often due to bail breaches, and not necessarily aligned to events where mental distress significantly featured. Counties Manukau police do not detain people in custody (police cells) for a standalone mental health issue, therefore observations of police cells were not part of my fieldwork. There were occasions when it was deemed inappropriate that I attend an incident, for example, armed events, and (1S) sudden deaths where other police units were already in attendance. At times I was transferred to another police unit so that I could continue attending mental health-related events if the current situation was unrelated, prolonged, or if police felt my presence posed undue risk.

Throughout my fieldwork I noted PST interactions with other NZP personnel, including but not limited to the Communications Centre or Comms, Police Dog Section, Air support 'Eagle' unit, Crime Squad Detectives, Scene of Crime Officers, District Road Policing, and Custody Officers. As agreed by other researchers (Fetterman, 2019; Teplin & Pruett, 1992), all such observations inform an overall understanding of the scope of police responses, and other theories of specific cultural features.

I held informal conversations with PST officers I observed each shift, both before and after incidents. Informal conversations were also held with prevention managers, shift sergeants, and other frontline officers whom I encountered at the station, as well as at mental health-related events. Clarification was provided or sought out where incidents were relevant to my study, wider interests, and/or to inform my safety. I contacted my supervisory team before and after attending each shift and used this as a means of safety, debriefing, and support. I used several approaches to log the qualitative data.

7.2.3 Field note taking

Note-taking captured events, brief quotes, and summaries from my discussions with police. Before each ride-along I informed the officers that I would be taking field notes and ascertained that each of them was comfortable with this. With data security in mind (Sierra-Arevalo, 2021), de-identified field notes were recorded in a notetaking application on my password-protected iPhone. One new note was created for each separate shift and included the times of each event. Images were also taken by me in the field using my iPhone camera. I sought to capture the essence of the environment, and the only identifiable person in any image is myself. The photographic images are incorporated throughout the forthcoming police findings chapters, to provide a sense of presence and realism, and add another layer to stories.

As indicated, informal conversations with officers before and after events were noted, particularly regarding factors that influenced their discretionary decision-making. To maintain the naturalist approach and enhance cooperation with officers neither recording devices, nor extensive note taking are advised (Teplin & Pruett, 1992). I therefore avoided taking notes during the time officers directly interacted with people, and no audiovisual recordings were made. Rather than constantly requesting that officers explained to me the police abbreviations for emergency incidents, I referred to a saved list of police incident codes[182] with descriptions, which aided my own sense-making of the types of situations we were attending. For example, '5F' denotes a family harm event. De-identified descriptions of events and police codes were noted as they came to hand.

Footer et al. (2020) advises that an event format will ensure consistency across observations. Prior to commencing field work I devised the following event format (Table 1). I initially applied the event points to each documented event as a highlighted heading, which added structure to my field notes. This practice improved my ability to identify specific features of subsequent events as the study progressed, although the format did not dictate the sequencing of the narrative.

[182] Police Incident Codes are assigned to every job created in the system. These codes are a single digit followed by a letter. The Incident Codes are grouped into 5 categories The digit indicates the general category, and the letter indicates the specific job type. 1 = Incident, 2 = Services, 3 = Preventative, 4 = Other Duties, 5 = Miscellaneous Duties. A glossary of police codes referred to in this study and other abbreviated terms is provided (see Appendix D. b).

Table 1 Field Notes Event Format

Date/ time
Comms information
Environmental features
Nature of the incident
Individuals involved
Behavioural characteristics
Policing priorities
Officer attitude/ views
Interactions
Routines/ practices
Use of discretion
Outcome

To minimise recall bias, field notes, self-reflections and images were consolidated in OneNote on my password protected computer within 24 hours after each shift. Recording self-reflection notes and distinctive details as soon as practicable helps better contextualise events (Footer et al., 2020). Maintaining a journal helped to store and retrieve thoughts for subsequent reflections, interrogation, and meaning making at many points across this study, including as the fieldwork progressed. Reflection occurs during quiet periods and in consciously attentive dreaming. It is ongoing and never complete.

Throughout the documentation of around 50 field notes and self-reflections, I selected a narrative form of writing in present tense that described what I had seen, heard, and understood. The following fieldnote is an example of an early reflection:

The naïve enquirer

I am greeted at the police station reception by a uniformed wahine with a big friendly smile behind her COVID-19 prevention mask. After hearing of my intent to 'ride-along', she comments, "They've been really busy, so prepare yourself." I think... "I don't know how, or even if, I can prepare myself!" I feel like all I have done so far, to try and ready myself to immerse in the world of frontline policing, can only prepare me so much. The term 'naïve enquirer' comes to my mind.

[K. Hunter, field note shift #1]

Narrative approaches construct a detailed understanding of lived experiences, yet the focus on individual cases risks the identification of participants where subjects are sensitive or traumatic. As the focus of my study data was on police and how they interact with members of the public, personal and locational identifiers were not recorded. Direct quotes from police obtained during informal conversations, before and after events, were given double punctuation marks and integrated within each event note. Field notes were labeled with officer gender, and/or ethnicity where relevant, and some police have been allocated a pseudonym. My subsequent recall and ongoing analysis of an event was made easier when I was able to associate it with an individual officer, or a specific shift.

Fieldnotes described analogous situations that de-identified whilst retaining the essence of how police and whānau interacted. Enough detail of the South Auckland environment and presenting circumstances of whānau was provided to best illustrate stories, and to inform intersectionality. I also needed to ensure confidentiality was not breached and anonymity maintained in the presentation of my findings. In a concerted effort to keep the humanistic aspect of stories present, I selected

pseudonyms rather than referring to whānau solely through their ethnicity and/or gender. I selectively blurred or omitted overly sensational detail.

7.3 Police interviews

7.3.1 Qualitative interviews sample

During the ethnographic fieldwork phase I interviewed five police officers who have experience in responding to, and interacting with, Māori experiencing mental distress in CMPD. I agree with ethnographers that interviews with service providers are the most important data-gathering technique (Flick, 2018; Given, 2008). Not only do they contribute insight into what it is like for frontline police on the ground, but observations from fieldwork can be clarified, responses compared, and common group beliefs and themes subsequently developed (Given, 2008). Frontline police participants in this study provided significant insights into personal, institutional, cultural, and socio-political contexts which helped inform the overall thematic analysis.

The final sample were a purposive group of police officers with current experience, or experience within the past two years of frontline policing involving Māori in mental distress. Semi-structured interviews were conducted via phone, or online via Zoom. These interviews were undertaken between June 2022 and August 2022. Although this is a relatively small sample size, participant observation was the primary means of data collection. The length of time I spent in the field and the extensive number of informal conversations that were held with frontline staff during ride-alongs ensured credibility of findings and data saturation.

7.3.2 Recruitment of police for interviews

Recruitment of police for the purpose of formal interviewing was guided by existing collaborations with Counties Manukau police. Eligible police staff from two areas of CMPD were invited to participate and were recruited via email, word of mouth, and by paper poster advertisement. At my request, potential participants also received an email from one area's response manager. A formal invitation to participate in the study was extended to 205 police employees from one area-wide staffing pool. Contained in the email was information about the research and myself as the PhD researcher, the police interview participant information sheet, and consent form (Appendix B: h, i). Participants were invited to contact me independently via email or mobile phone if they had questions and/or were interested in participating.

In the week following the initial email distribution I received only one participant response via email. I had already completed five ride-along shifts at this area's base station, the second station of four that I visited in total. I had also spoken informally with PST frontline constables (including probationary constables) and sergeants about my intent to interview willing participants and had posted several paper police interview pānui (advertisements) (Appendix B: j) in that station's office and tearoom. I became concerned that there may be barriers to police volunteering to be interviewed, including confidentiality and being assured of anonymity, potential fear of recrimination, time constraints, or being absent from work on leave.

A follow-up email was sent to all 205 police staff identified in the first round. Further reassurance was provided to them around confidentiality. Flexibility with the interview process was also offered, including the choice to be interviewed over the phone and/ or via Zoom, rather than solely conducting

interviews face-to-face at the station. Interviewing at the workplace, or within the working day, was initially deemed to be the most convenient and less burdensome approach to involve police in research. Privacy can be achieved in this space as the facility hosts interview rooms. However, offering more flexible options such as phone or video-calling made the process more achievable. The unpredictable nature of frontline police work may also have impacted efforts to coordinate kanohi ki te kanohi (face-to-face) interviews.

Three more participants volunteered to interview over the next week, with one being a constable from a previous ride-along shift. One responded by mobile phone text, and two by return email. Approximately one month later another area response manager distributed the interview invitation via email. However, the extent of its distribution and number of potential participants is unknown. In response to this email only one participant volunteered to be interviewed, and they became the fifth and final interview participant.

I acknowledge that by relying on a senior police officer (area response manager) to lead recruitment there may be a coercive element to the recruitment process. However, there are ethical protocols including the voluntary nature of participation and confidentiality that had to be abided by. The combination of sending information out via email and providing an information sheet helped establish informed consent, including the option to not participate. Upon receipt of police interview participant interest, I fielded questions about the study. One common concern was whether personal details/information would be kept anonymous. I provided assurance that any identifiers would be excluded from any recorded data, including the participant's identity and any other factors such as locations, or highly recognisable incidents/information. I indicated that the detail that would be identifiable was the district, their role as a frontline officer, their ethnicity, gender, and general age range.

All five participants emailed through their hand-signed and scanned consent form agreeing to participate and have their single, one-on-one semi-structured interview digitally recorded. These consent forms were all received prior to the interviews commencing. I noted during the fieldwork that the use of technology to upload completed forms was something that police are proficient in.

7.3.3 Police interview design

As this study was exploratory, the police participant interview design used open-ended questions in a semi-structured format. Literature suggests that an interview question guide be used as a framework, with open-ended questions developed initially and as the study progresses (Grove et al., 2015). Specific topics needed to be covered in the interview, however flexibility was allowed within the process. Adequate opportunity was also ensured for participants to clarify any questions and to share their final comments.

Drawing from kaupapa Māori hui (meeting) processes, interviews with police began with an offer of karakia timatanga, mihimihi (my acknowledgements to the participant), and whanaungatanga (relationships connections with an introduction of myself and my researcher role). Participants were asked if they had any questions, and verbal consent for digital recording was received. Participants were also informed that they could withdraw from the study until such time as the findings were produced. None withdrew.

7.3.4 Police interview questions

Police semi-structured interview questions were initially formulated following consideration of an indicative interview schedule developed for another Marsden project case study site, of which there were ten questions. My study's indicative interview schedule was further informed by the questions developed for my study and following my narrative review of the academic and professional literature. Nineteen semi-structured questions, some with interviewer prompts, were subsequently developed (Appendix B: j). Each interview commenced with establishing the length of time each participant had been working in the police service, where they had worked prior, and the area/s they were currently employed. This line of questioning was followed by determining their age range. An open-ended question then invited the participant to tell me about their role where they interacted with Māori in mental distress, for example, sharing what their day-to-day duties and accountabilities were.

During the first interview I referred to the NZP Prevention First policy (New Zealand Police, 2017a) which emphasises a preventative, victim-focused approach for police in the community. Through my completed ride-alongs I understood that many calls deemed 'lower priority' were not always attended due to police resourcing and greater demand for frontline units to attend higher risk events. My initial interview question referred to both 1M and 1X calls deemed 'lower priority'. We had attended a call-out where a woman had threatened self-harm two hours prior, but her level of risk-to-self had been assessed as 'low' by call centre and ambulance staff. I quickly learnt after fielding my question to the first participant that 1X calls were rarely considered to be low priority. I reshaped the question for subsequent interviews and referred only to calls deemed 'lower priority that involved mental distress'.

7.3.5 Police interview process and participants

The five semi-structured interviews took place at a mutually agreed time and via a communication method as convenient for each individual participant. There were two female and three male police staff between the ages of 24 and 50. Four of the police participants identified as non-Māori European, and one identified as Māori. Four of these constables and sergeants worked in frontline PSTs at the time of their interview, whilst one was active in another prevention role, however they had worked in a frontline response role less than two years prior.

Four of the five interviews took place whilst the participants were on duty, and one interview was undertaken whilst the participant was on leave. Four were conducted over the phone and one via Zoom. The interviews with police lasted on average 44 minutes, with the shortest interview lasting 33 minutes and the longest 53 minutes. Participants were advised that they may choose not to answer any questions, and that they may request for the recording to be stopped. No participant declined to answer any question or asked for the recording to cease. I made notes and summarised the key points that stood out from each interview.

7.3.6 Transcription of interviews

Each interview was recorded directly onto the virtual transcription service Otter.ai. Each of the five transcripts were then checked through by me to compare with the recording and ensure accuracy. I manually corrected any areas where the artificial intelligence application had difficulty interpreting, and ensured a verbatim account was recorded. As a matter of rigour participants were invited to review their completed transcript. Two participants declined to receive and review their transcripts.

The remaining three were emailed their transcripts, with two requesting minor edits. These edits improved clarity of meaning and ensured anonymity. The in-depth analysis process followed.

7.4 Reflexive thematic analysis

Ethnographic work is not always orderly, with data collection and analysis involving an iterative process. Typical qualitative research is the gathering of multiple forms of data, rather than relying on a single data source (Creswell & Creswell, 2023). The police experience phase of the current study therefore produced two different sets of data: interview transcriptions, and my experiential field notes and reflections, which all needed to be reviewed, made sense of, and organised in a manner that cut across all data sources. As agreed by both Fetterman (2019) and Timmermans and Tavory (2012), the process of analysing fieldwork data involves an abductive approach whereby data collection, and the writing of first reflections about codes and themes, proceed concurrently. Through constant comparison and reflexivity, inconsistencies and contradictions across the data were constantly searched for.

Once the interviews and fieldwork for the current study were completed, the reflexive thematic analysis approach was undertaken (Braun & Clarke, 2022; Creswell & Creswell, 2023). I explored, inductively built patterns, categories, and themes from the five interview transcripts as a separate dataset, initially. My approach to overall analysis was continually informed by the theoretical underpinnings of intersectionality and kaupapa Māori, as marginalised decolonising theories. This meant I remained critically alert to discourses, emotions, and subjectivities that signified power relations and intersectional discrimination.

The following core aspects of the six reflexive thematic analysis phases of Braun and Clarke (2022) were utilised and included: familiarising myself with the dataset; coding; generating initial themes; developing and reviewing themes; refining, defining, and naming themes; and writing up the findings. This process is typically not clearly delineated however, as the inquiring and interpretive nature of thematic analysis calls for repeated movement between phases (Terry et al., 2017). The reflexive thematic analysis process began with **Phase one -** familiarising myself with the dataset.

I personally interviewed, processed, and checked each police interview transcript, which ensured my closeness and familiarity with both content and context. Brief notes were also made to help capture any key features. As part of the rigorous approach, all transcripts were also read and coded by an academic supervisor which facilitated the development of new insights. As field notes and self-reflections were recorded each shift and consolidated in the 24-hour period following, specific mental distress events relevant to answering the study questions were also highlighted. These fieldwork insights were also shared with and developed by my supervisory team. This iterative process ensured my familiarity with the overall police experience dataset.

Phase two - coding, proceeded as follows. Using NVivo qualitative data analysis computer software[183] each of the five police interviews were imported as an individual Word document. Individual interviews were then coded with labels, to capture single meanings and concepts, and to create a collection of references to a specific theme, topic, concept, an idea, or experience. I remained alert to and identified examples of discrimination. I also considered divergent social and cultural

[183] NVivo is a computer software package produced by Lumivero https://lumivero.com/products/nvivo/

contexts that influenced the experience mental distress, of being Māori, and of social disadvantage. The following codes and others were identified (Table 2).

Table 2 Example Study Coding Labels

accountability	Māori
high threshold	biases
time	equality
flags	emotional regulation
identity	calm
barrier	talking
dilemma	informing
distress	reassuring
safety	unhelpful
prevention	using force
referral	teamwork

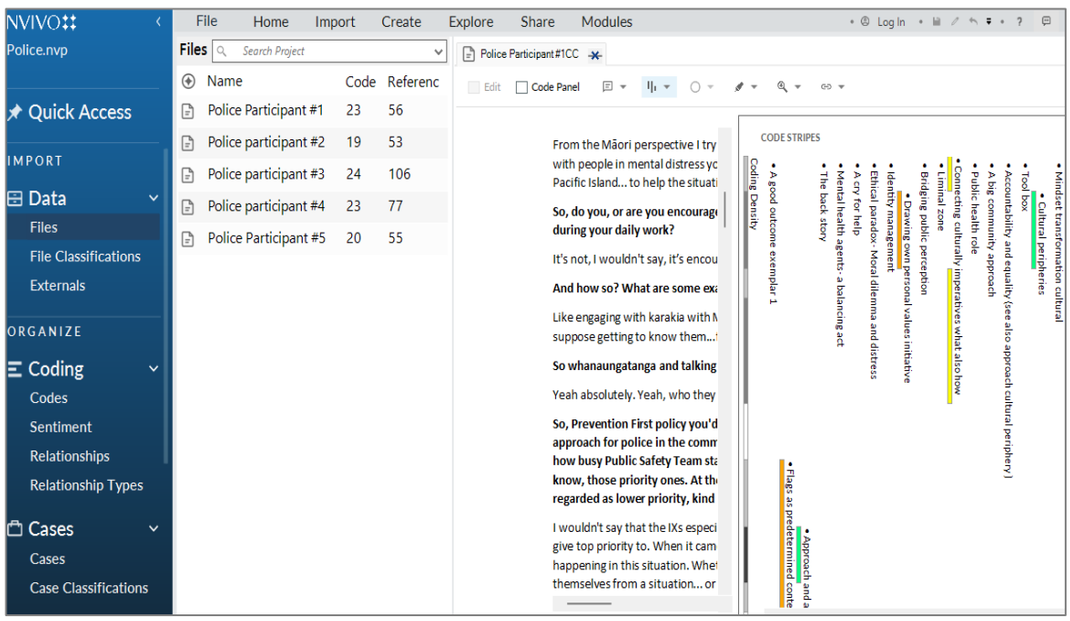
I developed new codes as I read through or used an existing code to highlight relevant sections of text. Each coded section provided an additional example, insight, or a contradictory perspective and ultimately captured my analytic take on the data. I then moved into **Phase three -** generating initial themes, where data that had been coded were classified, sorted, and arranged into initial themes. Some themes were already established because of their relevance to my study questions, kaupapa Māori and intersectionality theory, for example, Māori cultural awareness, and 'the back story'. The properties of each initial theme were then described with a broader shared meaning (Table 3).

Table 3 Example Theme Description

Theme	**Characteristics**
relational strategies	The nuances of relational work that endeavour to break down barriers
the back story	Accessing the narratives that people identify as being the cause of the distress experienced - traumatic events circumstances or experiences- contributes to understanding of intersectionality
the time watcher	Police using time to advocate for attention and resolve events

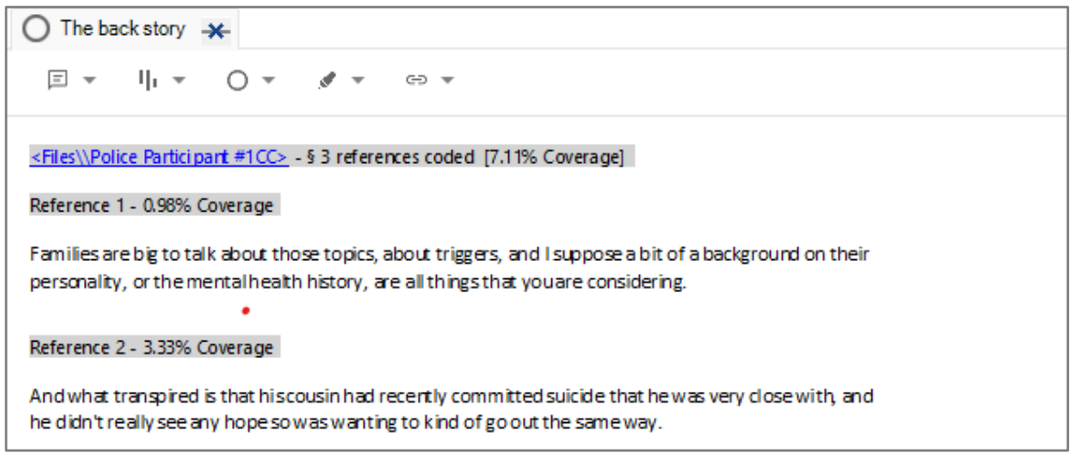
Each interview file was then fully revisited and coded. Content was highlighted with the relevant theme or themes (identified by the term 'code' in NVivo), and a coloured theme (code stripe) was applied (Figure 19).

Figure 14 Example NVivo Site - Interview Files and Coded Transcript 'stripe'



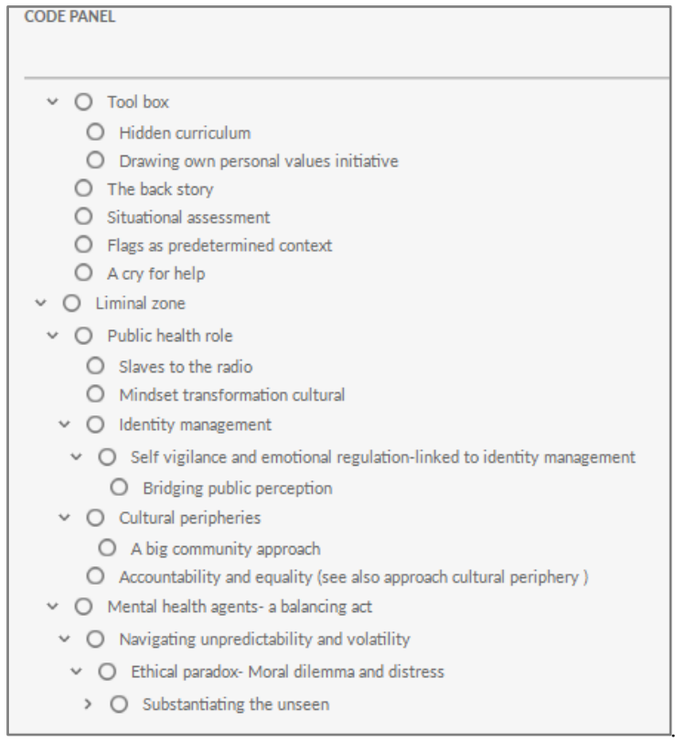
Through coding, all data relevant to each initial theme were automatically collated into a list (Figure 20). This text highlighting method also proved helpful during subsequent phases of my analysis.

Figure 15 Example Coded List



Phase four - developing and reviewing themes then followed whereby I continued to arrange my thinking. I organised the initial group of 27 themes into hierarchies within a coding panel (Figure 21). In this coding panel 'Mental health agents - a balancing act' initially hosted the sub-themes navigating unpredictability and volatility, ethical paradox, and substantiating the unseen. This main theme was subsequently renamed the kaitiaki imperative.

Figure 16 Example Coding Panel with Theme Hierarchy



To recheck the fit of these initial themes to the data, I proceeded to check back through the entire dataset of interview transcript coded lists, which totalled over one hundred pages. I moved between printed and on-line versions as I organised the dataset. Themes needed to highlight the most important parts of the dataset in relation to my study's research questions and theoretical perspectives. Themes were therefore identified inductively and deductively. I referred to individual interview files (as in Figure 19) and located sections of text that I had applied to more than one code, reconsidered, and then either deleted or retained as appropriate. This process of radical revision, although arduous,

meant I could also proceed to collapse themes (from 27 into 20), rearrange hierarchies, and consider my central organising concept, main themes, and their scope. I also wanted to check that I was not missing any discrete themes.

Phase five - refining, defining, and naming themes followed. Once the themes from the interviews were established, I was able to consider the story that each theme told. Theme names were further refined, and a brief synopsis of each theme was produced. The names of themes either originated from the analysis of central concepts, from words or phrases participants used, or from the manifestations of the theme, for example, the kaitiaki imperative which denotes the guardian role of police and the active protection of people. A point of further rigour was the sharing of all these themes and their properties with my team of academic supervisors.

The process of refining, renaming, and moving themes around continued as I began **Phase six -** writing up the findings. Once a comprehensive set of 20 themes was established, the set of around 50 field notes, including my reflections in the field and 31 photographic images, were individually considered in relation to each theme. Through the process of deductive thinking (Creswell & Creswell, 2023), each field note was then added to the best matched theme as substantial supporting evidence.

As themes were being constructed, I was mindful of how intersectionality influenced and informed the process of analysis and, although the focus of marginalised identities was initially on whānau, I found that intersectionality could also be applied to police participants. Part of a critical kaupapa Māori decolonising approach also meant that I was alert to stories of racism and discrimination that were not necessarily apparent to the participants in their accounts. I remained alert to ideas around universalism and equality and the related power relations in policing, and conversely equity and decolonisation. Braun and Clarke (2022) offer that analysis takes further shape in the writing that is completed around the data. Reengagement with the literature was therefore a necessary theoretical approach.

After several drafts of the narrative analysis, the final analysis of the police data is now presented across the following four chapters. Interview data extracts include verbatim quotes, and the field notes include de-identified narratives. These data are interwoven throughout their respective themes as illustrative and analytic narrative. Authorial comments about interview excerpts are written in past tense, and 31 photographic images are included throughout the findings. The resultant 'thick description', which refers to narrative that is richly contextualised and interpretative, is a concept that aligns well with ethnography (Ponterotto, 2006).

Summary

This chapter has detailed the methods, and the methodological and ethical issues I experienced while undertaking ethnographic fieldwork research of frontline police attendance to mental distress events involving whānau Māori in South Auckland. The chapter has also described the reflexive thematic analysis of police interviews and inclusion of fieldwork data. The following chapter identifies the four main themes, and 16 subthemes developed from the dataset. Findings are then presented from the first main theme, **agents of the board** and four subthemes: **blurred roles, up against the gate, the time watcher,** and **the symbolic handover- but where is community?**

8. AGENTS OF THE BOARD

Introduction

The previous chapter presented the ethnographic data collection and synthesis methods undertaken during the police experience phase. It detailed how researcher fieldwork observations, informal conversations, and additional insights were obtained from frontline police participants around their responses to, and interactions with, whānau Māori experiencing mental distress. It also detailed the reflexive thematic analysis process undertaken. This chapter begins with an introduction of the four main and 16 subthemes developed from the findings, including where and how they are presented in their respective findings' chapters. This chapter then presents the findings within the first main theme, **agents of the board** and its four subthemes. The first main theme begins to highlight what instigates and informs police responses, and how police are interacting with whānau. The following field note from the first ride-along shift, introduces the environment and the types of police jobs and people encountered. It also illustrates the pragmatic approach that the frontline police on duty have developed towards their work:

Area one snapshot

The Public Safety Team (PST) are informed that a renowned gang are coming to the neighbouring area for a drag meet following a tangi.[184] At the start of their shift, during lineup, there is a round of district staffing ratios, hot spot areas, and 'hot files'- where a row of images show tattooed, blank-eyed, brown male faces. This 'beat' is not a huge area to cover, but it is host to an exceedingly high crime-rate. A younger female officer passes the comment that 80 per cent of their work is family harm-related, and "the hardest part is not being able to do much", so much so they get call-backs to the same home time and time again. There is a sense of them working hard but not being able to enact positive change.

Noticeable in this region are the tall looming blocks of Kāinga Ora social housing. Police call into one block and there are people peering out their windows at the police car, multiple cars in the tightly packed car spaces, people coming and going… mostly wāhine Māori. Council rubbish bins lay empty all over the front kerb. A welfare check, another Police Safety Order (PSO), all ok.

I am hardly noticed in the tearoom. There is coarse language flowing fruitfully and freely from the mouths of young male officers and young female counterparts join in on the banter. At the end of the shift the PST are apologetic because there are no formal 1Ms for me to observe. This Saturday night shift has been quiet they say, "because all of the guys who would usually be beating up their partners are most likely down at the drag meet".

Figure 17 Suburban South Auckland View Northwards

[K. Hunter, field note shift #1, trip #1)

[184] The te reo Māori term 'tangi' used in this thesis means to cry, mourn, an occasion for communities to gather and show an outward expression of grief for a person who has died.

8.1 Police experience themes

Table 4 provides an overview of the four main police experience themes, the chapter in which they appear and their relevant subthemes, of which there are 16 in total.

Table 4 Police Experience Themes and Subthemes

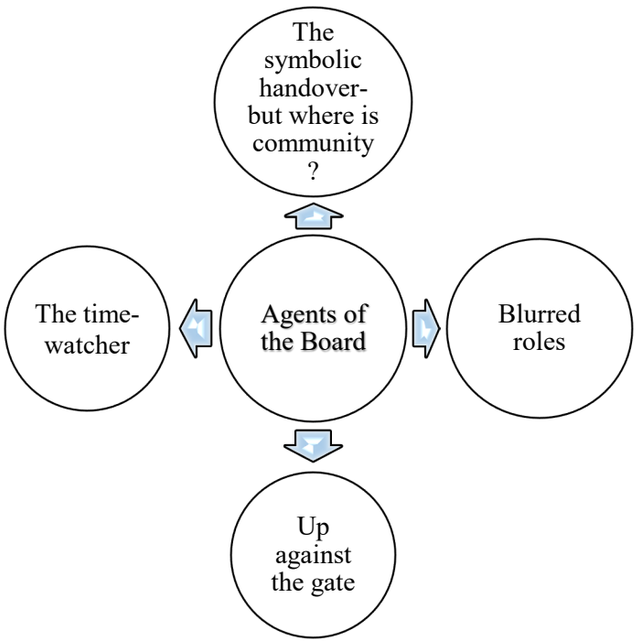
Agents of the board (chapter 8)	**The scope of affairs** (chapter 9)	**The kaitiaki imperative** (chapter 10)	**The apprentice's toolbox** (chapter 11)
•Blurred roles •Up against the gate •The time-watcher •The symbolic handover - but where is community?	•Slaves to the radio •Flags as predetermined context •Getting bumped (to the bottom) •Eliciting backstories	•The face of NZ Police •Navigating unpredictability and volatility •Ethical paradoxes •The tipping point	•Māori on the margins •Micro relational ways •One size fits all •Connecting socio-cultural imperatives

Throughout these police findings chapters there is a total of 50 field notes with 31 photographic images. These field notes are written in present tense and enclosed with borders. Alternatively, the data excerpts from police participant interviews are presented in past tense and are numbered from Police #1 to #5, according to their source. The four main themes are presented in no set order of priority as they are all interrelated. They include: **Agents of the board**, which explores frontline police awareness of their situated-ness during responses that result in mental health service and legislative involvement; **the scope of affairs**, which examines the origins of calls to police, and how police obtain and prioritise information to then respond; **the kaitiaki imperative**, which highlights the obligation of police to protect public safety and welfare whilst navigating unpredictability, stigma and discrimination, and moral dilemmas; and **the apprentice's toolbox**, which emphasises how police are socialised into their role, and the factors that underpin their interactions with whānau Māori who are experiencing mental distress, at a sociocultural and micro-relational level.

8.2 Theme 1. Agents of the Board

This chapter of findings illustrates how partner-agencies and wider systemic and socio-cultural issues impacted frontline police responses to Māori community mental health-related incidents in South Auckland. Data revealed the operational demand placed on frontline response officers to respond as a primary and/or default social and mental health support service. Findings encompass the police role in events that require mental health legislation, a high threshold for a mental health response, and the expanding role of police as inter-agency referrers. These frontline police had effectively become agents of the mental health service, or 'board', during mental distress events. Findings are threaded across the four subthemes, which are depicted around the central theme (Figure 23).

Figure 18 Agents of the Board and Subthemes



Public Safety Team (PST) frontline response staff are police constabulary officers with the powers and duties attached to that office, and who are available to attend incidents and offences. This first main theme, **Agents of the board** emphasised how during situations that presented as mental health-related crises, CMPD frontline police participants worked within the legal framework of the MH Act. Police #4 concurred that under Section 41 of the Act police were largely accountable to the directives of mental health professionals:

> ...we kind of are under the Mental Health Act. A Duly Authorised Officer[185], it's either 10 or 12, or... I'm definitely not getting it right. One of them can request our assistance for the purposes of them [whānau in distress] being sectioned or transported. So, we kind of are agents for mental health.

A clearer understanding of this intermediary role developed for Police #2 only after more than 10 years in the NZP service. His recent work in a specialty mental health role as part of a co-response team (CRT), helped clarify the process for him:

> So, we would go there [to the callout] and from that point we would be agents of the Mental Health Board. I suppose. That description wouldn't be succinct in my mind when I was more junior, but it does now. So, ensure their safety [whānau in distress] and then from then on, we're agents of the mental health teams.

[185] The role of the DAO was previously described in chapter 1.4.1 *Police, Indigenous Māori, and mental distress.*

The following excerpt emphasised how following correct legislative pathways was an imperative for police. Police #2 shared that frontline officers "...are strongly encouraged to follow the correct procedure". Police #5 agreed that there were concerns about being reprimanded if they did not:

> I guess we're very mindful of what we can and can't do in the mental health space. Legally or what we're unable to do by legislation. So, we're very aware of that and having to follow that. And I guess as well also not being criticised for not crossing our t's and dotting our i's ...

An awareness of individualising a mental health-related response was apparent during the interview with Police #5, who also commented about competing responsibilities and accountabilities:

> ...we try to tailor our response as much as possible to the individual, but we're also trying to protect ourselves as well in the process. And showing that we have followed procedural legislation and to keep ourselves safe if things do go wrong, I guess.

This excerpt begins to illustrate the careful balancing act that officers managed during mental health-related situations.[186] Police #3 added that it was wiser for officers to just "...stick to protocol, stick to what you need to do. Get them to that help... from there it is just up to mental health".

A key aspect of frontline police responses across CMPD was that a medical practitioner must undertake a mental health examination of the individual at the hospital, surgery, or at another appropriate place, and not in the local police station or at the main custody suite. When a constable was called to assist a DAO under Section 41 of the MH Act, they were required to enter the premises and detain the person or take the person to the place where they could have a medical examination. Some interviews centred around the limitations of a police-only response when a distressed person was in their home:

> A big, I guess, obstacle for us is where they [whānau] actually are. If they're at their home residence it really limits our... 'powers' the wrong word, but basically what kind of impact we can have legally. If they're out in public, then we've got a little bit more power under the Mental Health Act to detain them and seek some help that way. But we're really limited in options when they're at their home address, especially if they're not willing to engage with us. Police #5

In mental distress crisis situations, there was sometimes a delicate balance between police leaving a situation alone, making informal referrals to services, or enacting a legislative pathway. Police often had to make on-the-spot judgements about how to proceed, with limited time or opportunity to consult with mental health professionals. These situations are referred to as working in the 'grey zone', where there is uncertainty and reliance on the individual officer to decide next steps.

Police #2 described the fluidity of mental health-related situations and how police decision-making, without the presence of mental health professional, could result in an even more challenging pathway for whānau. Even with having the best of intentions for whānau, police could lose control of a situation, leading to an outcome they had not wanted:

> So many times, police will go to something like that [mental health crisis] and feel like they need to take the reins. And then they'll [whānau will] get detained from their own private property or something like that under an [Mental Health] Act which we don't have the powers for... and [whānau are] pulled out and taken to hospital and everybody's sitting in a waiting room and it's just ridiculous... Police #2

[186] The protective health and safety role of police, balanced with treating people with dignity, is further explored in chapter 10 *The kaitiaki imperative*.

Also evidenced across the dataset was the notion that tensions could develop between police and mental health professionals about management decisions. One experienced police participant shared how they would challenge a directive from a mental health professional if they felt handcuffs were unwarranted:

> I've been directed by DAOs to keep them [the person in distress] in handcuffs. However, I felt that it's either not humane or I don't have reasonable grounds to keep them in the handcuffs. And I'll take them off because at the end of the day it's my decision. And, and I get that they want their safety and things... but at the end of the day, I don't want to keep someone in handcuffs that doesn't need to be in handcuffs because... the only reason they're in it is because they're either a threat to themselves or myself or the public... outweighs it. They're not a criminal, they don't deserve to be in handcuffs. Police #3

In this example, the police constable understood the extent of her police discretionary and legislative powers and was able to clearly articulate them to the mental health professional. This act of advocacy, although challenging, demonstrated a person-centred response. They further explained their rationale and experience of this situation:

> But I found it tough because the DAOs that I dealt with then were saying, "You need to put them in handcuffs, you need to do this." And I just said to them, as horrible as it is... "I know my role, and I know my job, and I'm not gonna place someone unfairly in handcuffs when he's not a risk to me. And he's not a risk to himself". And that... continued throughout the transport to ED [Emergency Department], to which then even at the ED, they were like, "You need to put him in handcuffs". And he was probably the most compliant person I've ever dealt with... when I just kept him informed on what was happening. So, there's often that... that sometimes it can, we can be asked to escalate the situation, which I mean, some officers don't know the Mental Health Act as well... will just do what they're asked to do. Yeah, yeah, and that's very detrimental. Police #3

Rather than exacerbating the individual's level of distress, this officer considered the individual's safety risk and chose to enact a more dignified response where notions of liberty were considered.

Subtheme 1.1: Blurred roles

Articulated within this first main theme **Agents of the board**, is the first subtheme **blurred roles**. The data presented here are about the irreconcilable tensions of police work and contestations around the boundaries of their role, which expands or contracts to a large part depending on the availability of other professional groups. This theme emphasises how people considered NZP to be a social service that provides a means to an end. This effectively means that in situations involving mental distress, frontline police were used as a conduit for producing a specific result, or to resolve a situation. They assisted victims or witnesses to achieve a particular outcome, such as attention or relief, safety, refuge, or referral. They facilitated access to, or linked people with broader services because of the shortfalls of mental health and social services. Police #4 illustrated one instance of facilitating access to a hospital facility: "And yeah, we took him [distressed individual] through to [Adult Mental Health Services] to try and hopefully get some help".

Frontline emergency response services are a public service with the 111-emergency phone line facilitating a triple services option, Police, Fire, or Ambulance. Frontline police are responsible for responding to 111 emergency calls that are directed to the police service. The emergency response system is constructed in such a way that emergency call lines to NZP are accessible 24/7 and, in that sense, police were the default health provider for mental distress. There is now a general understanding that if you needed help, or someone was experiencing distress, to call the police. Public Safety Team officers in the field also commonly advised members of the public to 'call' them if they, or others, felt unsafe.

Because of their ready availability, frontline police responded to diverse situations where multiple factors needed consideration. Police #4 believed, "...we are not just police officers, we are social workers, we are mental health workers, we are ambulance officers, and we are treated as such". The data highlights that police were routinely engaged in navigating complex interprofessional boundaries that were contested and disempowering for police. The following field note provided additional insight into the broad scope of the police role. Police are not only called to mental health-related events, but also to whānau who experience extreme social and economic deprivation and isolation:

A displaced soul

This job file had been sitting in the police response system for longer than six hours. It was initially coded as a 1M (mental health) job. A mental health history is simply one aspect of a person's story. For some whānau, their lives, and the lives of those around them are a complex pathway of trial and destitution. Some endure isolation and poverty, and their daily lives are intermingled with drug use, gangs, and criminal activity. As evident in the following story, some individuals are disconnected from their whānau, hapū, iwi, and whenua, and are reliant on the government for everyday support.

At the centre of this story is a middle-aged wahine Māori who has been trespassed from her Kāinga Ora (KO) housing unit. 'Nerida' is 50 years old, yet she lacks the means to provide for herself and endures physical and psychological ill-health. There is an outstanding warrant for her arrest, yet the officers decide this is not an appropriate time to follow up. Nerida has been evicted from her KO unit for lighting fires. A social worker and mental health services visited earlier in the day. Police are now required to serve her a trespass order; it is after 10pm. Where is she to go?

The police are met by security in the housing block carpark and obtain the key code to enter the building. A couch but no toilet facility is at the far end of a well-lit entrance lobby. There is a pile of bedding and clothes in an overflowing cardboard box.

Nerida rises from the couch and starts pacing around, non-stop talking, jumping from one subject to another. There are no signs of aggression. "Are you meant to be moving?" one officer asks. He shows Nerida the trespass letter and quickly confirms that there is somewhere else for her to go. They will

take her to another KO housing complex somewhere across the city. There are also security guards at the new premises which means that it is safe and suitable for high needs clients.

Figure 19 Kāinga Ora Housing Block Lobby

Nerida is concerned about taking her possessions and notifying her brother. The female officer immediately locates the brother's contact number on her police phone app and attempts to call him. The call does not connect. Meanwhile the security officers acquire two shopping trolleys, and the constables start loading up her belongings. Disposable gloves are essential as the blankets and clothing are sodden. The officers quickly realise that the police car is not big enough to fit everything, so one returns to the police station and comes back with a police van. They proceeded to transfer the belongings into the boot and back seats of the vehicle.

Figure 20 Frontline Officers Loading Police Van

Nerida insists on traveling with her belongings. There is an attempt to persuade her to ride in the accompanying police car but, in the end, the officer agrees she can sit in the front of the van next to him. Throughout the journey Nerida talks non-stop, she likes that the male officer smiles and listens and replies to her. If he loses focus, she demands his attention. She kept complaining of a sore tummy, wondering out loud if it was because of her medications.

After arriving at the new location, the officers pile the belongings into more shopping trolleys and make multiple trips up a long access ramp. This KO building is identical to the one Nerida has been evicted from. The two big Pacific Island security guards are also similar in stature and attitude to those just left, and they decide that all of Nerida's belongings will stay in a corner of the lobby tonight because the lift is not working. She will only need her bedding.

The security men sit behind the big desk in the starkly lit foyer and Nerida starts sorting through her clothes and laying them out over the front counter.

Throughout the eviction and relocation, I wonder if Nerida is warm enough or if she needs to go to the bathroom, and how strange it might feel relocating to a foreign suburb and district without knowing or telling anyone. Despite feeling impressed by the officer's dedication and manner, no one

said goodbye or bade Nerida well as we left. I feel deep irony at Nerida's physical transferal from one government housing situation to another almost identical situation. I also feel that the police resourcing and effort to achieve this temporary solution is above and beyond.

[K. Hunter, field note shift #4]

The primary impetus for police involvement in this non-emergency job was because I was there to observe calls that featured mental distress. Despite Nerida having become increasingly distressed, which culminated in wrecked property and her eviction, she would have remained in the KO building lobby until police eventually served her eviction notice. At the tail end of their shift, these PST officers had driven a 60 km round trip through Tāmaki Makaurau/Auckland to relocate Nerida in the middle of the night. On reflection, one constable agreed that a social worker should have been present at the new location, however they anticipated that Nerida would be followed-up by the social services the next morning. The officers planned to file a report and would close the event from a policing perspective.

The following field note is another example of the diverse role police played in assisting whānau to meet their health, wellbeing, and physical housing needs:

Seeking a break

The call centre has requested that this unit perform a welfare check on 'Ron'. There are previous self-harm alerts on his file. The unit arrives at Ron's last known address, yet there is no-one home. A call to the Ministry of Social Development (MSD) informant reveals more details. Ron has been living in his car after his relationship ended and he is not eligible for solo accommodation. Ron threatened during his interview that it would be preferable to end his life than to share accommodation with a stranger.

Upon hearing this information, the officer urges his offsider to "not beat around the bush" and just contact his [Ron's] number. The PST constable speaks with a distraught Ron, who shares his dire situation. The officer empathises that it is not a good situation for him to be in. He listens calmly and asks questions like: What do you think you're going to do this afternoon? Are you going to be ok? Where do you work? What's MSD going to do for you? Where are you sleeping in your car? Do you want to speak to someone? Ron just needs somewhere to live.

The officer tells Ron to leave it with them and they will try and help by speaking with MSD. They suggest Ron drive to the nearest police station. The WINZ [the social service Work and Income] has provided him with petrol and food vouchers, and he is happy to drive back to the local station. He sounds like he is doing it tough.

Back at the station the female constable makes a call to the mental health crisis team. The triage team advise police to call back when there are concerns for Ron's safety. The male officer calls MSD again, and they discuss allocating Ron to single accommodation. They mention that Ron's mental health is of concern and the MSD worker agrees to help.

[K. Hunter, field note shift #10]

South Auckland police were commonly exposed to whānau who lived in situations of poverty and deprivation, with housing issues a prominent feature of the sociocultural context. This PST unit's act of support and advocacy helped Ron at a time when navigating social services was only creating more distress for him. The accessibility of police, their ready responsiveness, and position of power and influence in society has resulted in a good outcome for him. The PST unit also reflected that informing MSD of mental health issues was a breach of confidentiality, yet rationalised that because MSD was the informant and had reported the self-harm threat, they would have known this detail already. In this example, police had balanced competing interests to get a positive result. This situation also

raised the point that if a person does not readily share the extent of their distress, how else do social support services know if a person has personal emotional needs that require careful consideration?

The officers in this situation also considered that the arrangement of Ron's accommodation was a great outcome, although they agreed that it was not really what their role was meant to entail. One police officer involved in this 'seeking a break' field story shared that police generally do want to provide some form of assistance, saying "...so, if there's something that we can do to help along the way...". Police participants demonstrated a desire to help improve the dire situations some people were faced with, yet they also recognised that this situation was a systems issue that needed concrete solutions.

Despite police understanding how important it was that they attend emergencies and the role they can play in non-emergencies, the public demand and general over-reliance on them was frustrating. According to one female officer in the field, there were PST staff who wanted to focus solely on "going out and hunting down the bad guys". This point leads to an argument raised by police participants about the appropriateness of police fielding calls and attending mental health-related events that do not have a criminal component:

> ...a lot of the time... that call won't be a job for us. I would argue that that lady, who you know, has a serial history of calling police with claims of this nature, and has no flags for assaults police or criminal offending... she's just mentally ill, she's not a bad person she's just mentally ill. Police #4

This same officer conceded that there was a role for police in mental distress but argued against them being the sole operator:

> We're [police are] more than happy to accept partial responsibility or assist when they're [mental health services] short staffed. But it's this whole default, where "Oh the person's having a mental health crisis send police", as opposed to "Oh the person's having mental health crisis refer themselves to others and police". We are 'agents to assist' then we shouldn't be 'the agent'. We shouldn't be 'the' primary agency in dealing with it... Police #4

The reality of many of the observed situations involving distress was that frontline police engaged in complex communications with whānau with little need for the use of force. There were assumptions that in all cases of mental distress force would potentially be needed, which has been reinforced by the inclusion of police in CRT models.[187] Police #5 offered that the added demand on police and their involvement in complex mental health-related situations was often outside the scope of policing:

> I think we're overused possibly by mental health services, where it's really not our area and we can't provide the expertise, or the level of service that the people we're dealing with need and require.

Throughout this dataset, police effectively guarded people in acutely unwell mental states for prolonged periods. Rather than police sitting with the (often unwelcomed) responsibility, the preferred outcome for (some) whānau and police was that a mental health professional would attend. The following participant described their concern for the major weight of responsibility that police held when responding to people during their mental health crises:

> Yeah... it was. It almost felt like you were left holding the baby while you waited for mental health services to engage or that type of thing. You have a lot of responsibility of holding someone's life in your hands. A lot of the mental health situations were around suicide and people wanting to end their life. Police #1

[187] Discussion of co-response team (CRT) models was provided in chapter 3.10 *Nation-wide response models.*

Police participants also made frequent reference to the mental health triaging decisions they had observed. The delays and/or non-responses from mental health services created additional stress for whānau. Police #4 explained:

> ... if they've called a mental health support number and then that call-taker for that agency has advised them to call 111 [for police attention] ... because they think that the situation is beyond the scope of social workers and then maybe [there are] fears for safety... or there's... even just because there's delays and no one else can attend.

Police participants understood and acknowledged the difficult circumstances facing health and social services, and that inadequate resourcing had contributed further inefficiencies in mental distress responsiveness. Police #5 offered:

> It is hard. But I guess from... from our experiences, no one else is gonna come... The mental health team are really understaffed, under resourced and they'll tell people to call us, but you know all we're going to do is turn up and call them back [the mental health team], you know.

Likened to the 'hot potato' idiom, the issue of mental health service under-resourcing meant that meeting the mental health needs of all people who require support was fraught. An individual and their whānau would contact one service, be moved to the next, and back again, without receiving the necessary support and on-going care that they needed. Police #4 provided further insights:

> For example, with [hospitals] however many hundreds of vacancies that they have, in regard to mental health. So, we end up essentially being... because of their inability to do their own prevention and take care of people in the community, we end up taking up a lot of that demand, not preventatively or pre-emptively but reactively because that person has gotten to the point where they are now posing a risk to themselves, and our intervention's required.

During Police #2s decade of frontline experience, he has found that calling police does not necessarily result in the fast tracking of a person's access to mental health services. Although some whānau attempted to access mental health service support quicker by contacting the police:

> We, we kind of go there and we say "Okay, well, now we'll ring the mental health crisis team", and usually the answer [to whānau] is "Okay, well, they'll see you when they were scheduled to see you. I can't see any cameras in the trees. So, you just have to wait for them. They [mental health professionals] are not going to come around here just because you've called us..." and them [whānau/informants] not really understanding that.

Police #2 understood that whilst mental health services have limited capacity to meet such high demand for service, ringing police constantly was frustrating for police:

> But it's certainly not going to get them [whānau] the attention they need. How could the health board really keep up with that? "Oh, they've called the police we must rush around there and fast forward their next appointment".

Participants #4 and #5 also referred to the ambulance service and how their resourcing short falls similarly transferred health emergency demand onto police. In the following excerpt Police #4 described how their role as a default health service has evolved:

> Similarly, for... the St. John's [ambulance service] current staffing crisis, we're getting sent to jobs now that we never would have gotten sent to in the past. Where... we had an old man who had fallen over the other day, and he'd actually broken his leg. And they'd called an ambulance... requesting an ambulance and ambulance said, "We don't have anyone". So, we went instead and transported him in the first instance... when it's not a job for us, it's a job for ambos. But due to failings in the system, we are always the agency of last resort and when that culture is pervasive enough for any length of time, then we go from being an agency of last resort to the agency of first resort because they know they can rely on us to respond.

This ‘**blurred roles’** subtheme has begun to situate the emotional landscape of police in their ever-expanding role in mental health-related situations. Police participants were acutely aware of the increasingly demanding environment and climate they had been working in, including that mental health, wider health, housing, and social services were significantly under-resourced. Police #5 strongly advocated for change saying: “...there needs to be some sort of system in place, or different services. Yeah, yeah. It's not working”. Frontline police performed a broad range of functions and were in the ideal position to locate and connect people with services, however it was apparent across the dataset that any role boundaries of policing in mental health-related events are significantly blurred.

Subtheme 1.2: Up against the gate

This subtheme presents further study findings which evidences how multiple barriers exist that limit or prevents whānau access to mental health assessment and care. This subtheme links closely to the last, and presents further ideas expressed throughout the dataset that there was a high threshold for a mental health response, from services other than police. There were different situations and therefore discussions around mental distress acuity parameters that directly affected police attempts to refer people in distress onwards. Mental health services applied a risk criterion to people to prioritise acuity and to manage their own operational demand. There were also access issues for whānau who experienced mental distress frequently, or for those individuals considered to be under the influence of alcohol, for example. Police #4 described how a mental distress event must fit a specific criterion before a mental health professional would attend:

> The rule here is that with any mental health-related jobs, we must call the mental health hotline, the crisis team, and advise them of the situation and then they'll say whether they want to come round, or whether to detain them if they're in a public place and then they'll come round and see them immediately. That's rare... usually. I mean, they have to be, you know, quite injured, or, you know, obviously if they're at their home and they've threatened violence.

Police participants discussed the cyclical nature of chronic mental distress and the issues around follow-up care. Police #2 offered that sometimes an individual may already be known to mental health services, and the current event which has required police attendance was then normalised. They said, "...we bring the crisis team on the line and they're like, "Yeah, well he does this every second day. We'll be around next week"". In this situation, the mental health professional considered a pending appointment to be sufficient as follow-up.

The following excerpt illustrated how a threat of self-harm was significant enough to raise the concerns of wider whānau and police, yet mental health services had decided that a response from them was not warranted. The moral distress of frontline police feeling powerless to act in people's best interests is exemplified in this text:[188]

> ...us being at a person's house that... them [whānau] saying, you know, they want to harm themselves, mental health team saying they're not at risk enough and then we've got to leave, and nothing gets done. Police #5

A key part of policing practices that study participants contended with was repeatedly having their humanistic judgement challenged and their recommendations not acted on by mental health services. Counter to accessing the mental health support that may have prevented or reduced the risk of whānau self-harm, this officer had to leave the distressed whānau unsupported. This police participant anticipated that they would be called back to revisit the same whānau again in the future.

Police participants also emphasised how individuals affected by illicit substances experienced mental ill-health. They had faced barriers to access because of different health partner's interpretations around alcohol intake. Police #5 revealed how accessing support could vary, depending on who was fronting the support service that they had contacted:

> He had been drinking, which in the Mental Health Act... actually says that it shouldn't affect whether they receive care or not, but it does. So, we called the mental health team, and they said, "Well, he's been drinking so we're not going to assess him." Police #5

[188] The moral distress of police is a theme further explored in chapter 10 *The Kaitiaki imperative*.

In contrast, one other police participant had not encountered this form of opposition from services before. They confirmed: "No, I've not heard that at all, and certainly never seen it. There's no rule about whether they're on drugs or alcohol that we wouldn't refer anybody" Police #4. This constable shared situations when health professionals had responded positively including when a mental health professional was part of the CRT:

> I remember quite recently where he [mentally distressed person] was very drunk and the DAOs ... and one of them, we attended with the CRT [Co-response Team]. So, I guess that's different. But the second time I was on normal duties and the DAOs came to the scene quite quickly, despite the fact that he was drunk. Police #4

Police participants also shared that COVID-19 pandemic restrictions had created a barrier for the accessing of mental health care and assessment. Police #5 said, "We'd called [the hospital] to see if we could get him to go voluntarily and whether they'd have them up there. And they said they wouldn't because it was during COVID".

This subtheme **up against the gate** has emphasised, that there are barriers for police in cross-service collaborations and the accessing of support services. There was also concern about the lack of proactive intervention and follow-up during and after crises. The preferred outcome was that a mental health professional would attend in a timely manner, which Police #5 agreed with and added, "...which is not usually the case. Which is sad".

In the following field note, the whānau was clearly exhausted and at their wits end.[189] After years of interactions with mental health services they had lost faith in the mental health system. They were relieved to speak with police and openly shared their burden with the frontline officers:

Help us!

'Hāmihi' has a long history of mental distress. He must live at home with his parents who are both frail and in their early eighties. His parents have sought help through their local doctor, community mental health services, and age concern over the years.

Hāmihi experiences sensory overload. Today, the community clinic waiting room noise, his mum becoming upset... was overstimulating and they had to retreat. He had expressed that he wanted to end his life. On this occasion the mental health community team were too busy to visit them at home and said they could not attend. The mental health clinician instead called the police.

After nearly an hour-long visit to the whānau standing in the doorway, the two constables carefully listen and empathise with Hāmihi and his parents. They all appear incredibly stressed. The elderly mother has been crying throughout the visit and says she is not able to sleep. They clearly need some respite. The male officer phones the mental health clinician at the community centre to update them. All the clinician says is that they are about to finish work for the day.

These frontline police walk away from the house and share how hopeless they feel. They can only stand there and listen.

[K. Hunter, field note shift # 14]

Again, there was acknowledgement from police participants about the extent of under-resourcing that impacted on their own operational demand. They saw how long-term rather than reactive solutions were required for whānau living with chronic mental distress. The quality of wider whānau lives was significantly affected when they repeatedly experienced a lack of support during crises.

[189] The idiom 'at wits end', although informal, formed the title of my conference presentation 'At Wit's End - Police, Whānau Māori and Mental Distress', which was previously referenced in chapter 4.7 *Critical theoretical perspectives.*

The following field note illustrated another case where an individual with limited whānau support had threatened self-harm. In this situation the ambulance service had declined hospital transportation because they considered that the person's situation was not an emergency:

Desperate days

An ambulance-assist coded call reports a suicidal female with chronic medical concerns at 1300hrs (so, two hours prior). The unit arrive at the property to find an older wahine Māori seated inside her front window. 'Irene' is fully dressed, her walker and a suitcase are nearby. The female officer enquires "What's been happening? To which the woman replies "I've been unwell…"

Irene had phoned the ambulance service telling them that she was not well enough to get herself to the hospital and was told by the call operator that she was not sick enough for them to take her. She recalls how she then became upset with the operator, telling them she might as well just 'top' herself. Irene also shared that she would not actually 'do it' [take her own life].

[K. Hunter, field note shift #9]

This was yet another situation where whānau who are facing health and socio-economic difficulties have limited access to care. Social isolation and desperation had exacerbated the experience of distress for Irene.

Police #5 offered even further insights into the fractured health and social system, and explored the importance of establishing better community supports and prevention stategies:

> I think they're [mental health services] very understaffed and under-resourced. I also think that while they need to triage who they do take in... because of their understaffing and under-resourcing... But I think there needs to be some sort of middle ground where maybe a DAO or mental health crisis team doesn't attend but there's another option... rather than us being at a person's house that... them saying, you know, they want to harm themselves, mental health team saying they're not at risk enough and then we've got to leave, and nothing gets done. There needs to be some other option or some other step that needs to be available, I think.

As described in the previous **blurred roles** subtheme, officers would advocate for timely mental health attention. However, pressing for assistance on behalf of whānau did not always prove effective. In the following field note, participants described a situation where health professionals neither validated their concerns, nor did they act promptly to help reduce or stop acts of self-harm:

How much is too much?

Two PST officers separately recounted tension with hospital staff they had experienced in the hospital setting last week. Hospital staff were not moving to assess the man they had detained and accompanied. One officer shared that they had been waiting for three hours. The distressed man kept lifting the bed up by his handcuffed wrists.

The man had a history of no sleep for six days. He had been violently hitting his head against the police van wall, and already had bloody wrists from the handcuffs. Officers had to work hard to explain to emergency department staff that he needed assessment and treatment. The response they received was that he was "not as high needs" as other patients.

When the man recommenced lifting the bed up again the officers again asked for attendance and were told that security staff were coming. The officers agreed that security was not what the man needed, he needed health professional attention. They were already present for safety management.

Medical staff told the PST to just let the man harm himself. Police explained they were not mental health trained and the response they received implied that they would therefore not have the knowledge to determine his needs. The medical personnel indicated to a woman sitting on her bed who was crying out loud and said to them, "This woman has mental health needs". The medical officer eventually sedated their charge. These officers had worked three hours over shift.

Figure 21 Hospital Room

(scene unrelated to story)

[K. Hunter, field note shift #7 and #8]

In the following field story, because police staff had repeatedly fraught interactions with health partners their disappointment was readily apparent:

A mana so low

'Hera' has a history of a mental health breakdown in the past. Her son has contacted police out of concern. When the PST locate her wandering down the road she is terribly upset and tells them she is wanting to go to heaven. She agrees to go to the hospital to have a check-up, although needs reassurance that she is not going to get locked up. The officer says, "you're not getting locked up anywhere… what you have said is just a wee bit concerning that's all… we care about your health." Because of her erratic behaviour they have detained Hera under section 109 of the Mental Health Act (Police powers in relation to person appearing to be mentally disordered in public place), even though she is voluntary. This means that the police will now transport her to Middlemore Hospital for assessment.

The constable places a call through to mental health who tell them that before they bring Hera through, they will need to speak to her. A 30 second conversation between Hera and the mental health nurse unfolds: "Hi …my name is ... I'm a registered mental health nurse… so the police… what's going on?

Hera replied that her mana was low and asked what do you mean what's going on? The nurse tells Hera to put the police officer back on which makes Hera even more upset.

The mental health nurse tells the officer that there is no point bringing her in here under a 109 if she's already speaking to a mental health worker badly. The officer moves away and explains to the nurse that the whole issue is that they can't leave her all by herself, there is no one at home and the only other family member nearby is the person making her aggressive and suicidal. The nurse tells the officer that suicide is probably a threat she will use if she is angry with him. She finally agrees that they can take Hera up to ED and she will let the staff know.

Throughout this interaction the other three police constables kept looking at me beseechingly as if to say, "This is what we must deal with, just listen." The officer who was on the phone also rationalises that Hera was threatening self-harm, and I can see just how erratic she is. He implores that this is a typical response from mental health.

[K. Hunter, field note shift #15]

The high threshold for a mental health response and navigating challenging behaviours from partner agencies appeared to be a frequent feature of the daily work of frontline police. The following subtheme presents further study findings which evidence the limitations of mental health services and the impact of these barriers on broader policing functions.

Subtheme 1.3: The time-watcher

The intermediary relationship police had with mental health and other services was directly affected by increasing public demand, the high threshold for a mental health response, and the impacts of cross sector under-resourcing. **The time-watcher** relates to the frustrations of police regarding prolonged mental health service response times and situates the repeated idea that mental distress events consumed hours of police time. To impress on me the apparent demand and tensions they experienced, one PST constable greeted me on shift #3 with the statement, "Are you here to point out the flaws in our mental health system? I hope you like waiting around". This subtheme relates to the police practice of detaining whānau until mental health professionals could attend, and how police 'clock watched' as an advocacy tool.

The following field note is one PST officer's account of what happened when police needed a DAO to attend, and the impact of prolonged waiting times on police resources and their limited options:

Stuck in time

If someone unwell is at home the wait[ing] time for mental health professionals is extensive. The police are told to just take the person to the emergency department, but they can't transport them if the person doesn't want to go... or if they do start transporting them and the person says "Stop" they need to let them out [in public] … then the situation becomes a Mental Health Act [section] 109.

[K. Hunter, field note shift #7]

Police participant interviews and observations often focused on mental health legislation, which stipulates that detention by police under Section 109 may last no longer than six hours. Police would clock and measure the passage of time and referred to it in communications with health professionals as a means of advocating for, or fast tracking, a health response. Police #3 described how they would often manage situations:

> So, if someone very quickly is identified as being what I would call a 109, they're very quickly placed under [MH Act] 109 detention, and that six hours starts. And I do that because one, there's no mucking around for us, and two, it gets the mental health clock rolling... and so... for mental health to get in there.

Police #3 also described one event when they had to wait for the maximum time limit of six hours, which made her feel extremely let-down:

> I'm very sure to make sure that when I do invoke 109 I know the exact time that I've done it and I ended up having to transfer her care into another officer due to us ending shift and I was made aware later that mental health arrived exactly two minutes prior to us ending a six-hour period, which then they basically said that she was fine...

The following field note describes how one experienced officer aimed to better coordinate hospital care processes and achieve a timelier police detainment period:

Hospital...waiting...

The PST officer frequently arose from his seat outside the emergency department room to speak with the charge nurse at the front desk. He asks them, “How far off is the DAO?” On this occasion it was known that the DAO was in the building... it was also known that the man’s relative was on his way to the hospital as he was required to witness the Section 9. They had told the officer that the relative, an uncle, was only 10-15 mins away.

On returning to his seat the constable announced that he would go and check for the uncle again shortly “...because sometimes they [relatives] will arrive and be sitting in the waiting room...”
No-one communicates that they have arrived until sometime later. He said, “you have to second guess every move as I’m once bitten twice shy” in reference to the fact he has had to wait much longer than necessary before.

Figure 22 Researcher in Hospital Emergency Department

[K. Hunter, field note shift #8]

Police #4 described how hard they found it waiting for mental health personnel to attend when they had competing police work priorities. In this example at the hospital they were required to use coercion in the form of handcuffs and watch that the person didn’t harm themself:

> When you have... you know, multiple family harm jobs in the system pending... people assaulted, you have serious offenders who have breached their bail conditions and need to appear before the court, assist ambulance jobs, you know, all this kind of stuff. It's difficult. It's really difficult.

Even though they could hear serious events unfolding over the radio, each unit was committed to resolve the current job before being allocated to the next.

The following data excerpt was another account of poor mental health service responsiveness. It also revealed the social characteristics that frontline officers associated with people who experience mental distress. Firstly, Police #4 explained how he had experienced markedly better responses from mental health services in another district:

> I've actually had really good experiences with dealing with ‘out of area’ mental health services, [other Police District] in particular... Super onto it, really quick... well I found anyway. Ours [CMPD] are just... anytime you go to a mental health job, it's like shit...

This constable moved to comment that his inter-agency dealings were worse than his experience with managing people in distress who had presented with unmet physical hygiene needs:

> Not because of you having to deal with, you know, a mentally ill person... who you know, has its own stereotypes and assumptions... which aren't always accurate but, you know, I've dealt with enough of them that it does, you know... whether I can help them or not, pop into my mind where I'm gonna deal with someone who, you know, might be unhygienic or you know, hasn't dealt... you know, probably hasn't showered, brushed their teeth, all that kind of stuff... and they're going to be uncomfortable and unpleasant to deal with. That is a minor, minor emotional feeling in comparison to the complete... all the negative feelings that I associate with dealing with people from mental health [services] based on my previous experiences and dealing with them, their delays in time, and just general incompetence.

A shorter waiting time for mental health to answer a constable's phone call after-hours met this following PST unit by surprise:

A notable improvement

The PST unit are sitting in the police car two blocks away from the house, and only wait for five minutes for mental health after-hours [MHAHs] to answer. The two constables' comment on how the call-waiting songs are familiar to them.

The wait time for MHAHs to answer calls has been an ongoing issue for these police. They also comment that there have been notably shortened call waiting times in this South Auckland district more recently. The officers do not know what has contributed towards this improvement.

Figure 23 Frontline Unit Parked up on Patrol

[K. Hunter, field note shift #4]

These PST constables welcomed a timely response to their call through to MHAHs as this had a positive impact on their workflow, including making them available to attend other emergency calls.

Subtheme 1.4: The symbolic handover – but where is community?

This final sub-theme expands on ideas noted throughout findings already. The most resolute outcome for some whānau (whether witnessing or experiencing acute mental distress) and a police response, was the handover and formal receipt of care by a mental health service. A significant aim of police was to formally handover care, so that they could then resolve the call for themselves. In the following field note, the point of handover for a detained man awaiting in-patient hospital assessment and treatment, including sedation, symbolised the end of one mental health crisis job:

Ceding custody

The constable was hands-on, and he gently held the man's leg down. The tāne had previously been kicking his leg up in the air. He said, "Chill out mate". The man's eyes slowly glazed over, and his movements became relaxed. At 1258hrs the handcuffs were removed, having been on since 1007hrs, so 2 hours and 51 mins. Asleep.

The officer spoke with the attending ED doctor and made it noticeably clear that he was now 'ceding custody' to the hospital. The PST left the man in the care of the ED doctor at 1319hrs.

[K. Hunter, field note shift #8]

Police #2 described how this 'ideal' outcome, the responsiveness of social and mental health professionals and the provision of appropriate care, was well-facilitated by the CRT he had been a part of. However, the presence of police wasn't really required during some situations:

> And so, I was part of that Co-response Team and the happy ending stories were when we had a social worker DAO, and a registered nurse DAO, and we went round there and they were there... and basically the police just stepped back and said, "Well, there you go. This scene is safe", and then they spoke to that person and set their mind at ease. And those are the happy endings... they've seen the professional. Then they get the best result that could possibly be... is done there and then. We ensured a quick response, not to all but to as many as we could... patients as we could, and it was done and dusted there and then.

As previously described, police had to report any mental health-related job to mental health services. This was necessary so that a mental health professional could establish any patterns associated with the person's experience of mental distress, determine and arrange follow-up support. In the field, I observed police asking whānau if they wished to engage with mental health services on the phone,[190] or if they wanted to decline future service interaction. Similarly, when police lodged a referral when whānau were not physically present, a mental health professional would say that they would follow-up with a call or a visit to the individual. However, police did not provide whānau with a no-referral option.

Police #3 described how they navigated the referral process with involvement from whānau, and how logging an event with mental health services symbolised job resolution from a policing perspective. However, the following 'up-in-the-air' resolution to a job was more symbolic than practical:

> Basically, if we recommend mental health... I'll call mental health and ask [whānau] if they want to engage [with mental health personnel] ... if they decline mental health and don't want to engage, that's on them. I've given mental health a call, they know their details. I've done what I feel I can do. Sometimes they [whānau] just go "I don't want to talk to mental health" and say, "Piss off." So, we'll call them [mental health] ... be like, "Hey, just to let you know, we've had this call for service, is this person known to you?" If not, "Here's their details..." and then we leave it up to mental health to contact their GP sort of thing. Police #3

[190] There is a field note example called, *Getting a flag on* provided in chapter 9 subtheme 2.2 *Flags as predetermined context,* where police did obtain consent prior to contacting mental health services.

Another important aspect of this study, which explores police responses to and interactions with Māori experiencing mental distress, was the consideration of inter-agency relationships between police, mental health and hauora Māori services. This subtheme **the symbolic handover**, highlights that there was no obvious ready referral process for accessing whānau support and for addressing Māori cultural imperatives, from a te ao Māori lens. Thus, the addition of the phrase to this subtheme – **but where is community?** Throughout the conversations and observations, I found that there is a true sense amongst police that Māori mental health concerns were the role of mental health professionals. If considered at all, there was an overall assumption that hauora Māori cultural support should, or would be initiated, not by police, but by mental health professionals.

Evidenced across the dataset, frontline police actively advocated for the diverse health, social, safety, and security needs of whānau. Yet advocacy for Māori culture and identity at the point of hand-over to mental health services was not seen as a viable option, nor was it seen as the responsibility of police. Police #1 said they would "...make contact with the mental health or the District Health Board [now Te Whatu Ora] staff rather than any Māori support specifically". Frontline police therefore relied upon other professionals to hand over to hauora Māori services. They viewed mental health services as the triage service that would take leadership for meeting the cultural needs of whānau who had been experiencing mental distress.

Police #3 also confirmed that when they do contact mental health services, there was no set point at which a person's cultural or ethnic origins could be highlighted by them:

> It becomes really difficult, because when you give a call through to mental health, you only got the option of the person that answers the phone at the end. And we don't really have the latter of the choice of basically saying that they're of Māori culture, they'll prefer to speak to someone... along those lines that kind of understand it. I guess...

The following opinion was from one experienced officer who absolved police from the responsibility of deciding the best treatment pathway for Māori who experienced mental distress:

> ...how mental health patients should be treated is not for police to decide. I think sometimes some people do try to decide... police officers that is, and I'm not sure whether they should be because environments are important and who those people are with are important. I think... Police #2

This interviewee drew largely from his six months of experience working alongside mental health professionals as part of the co-response team pilot in South Auckland:

> When I was on the CRT, I really got the impression that it was best to let them, the mental health professionals, do the decision making about what should... what should be done to treat the people. Certainly, some things aggravate the patients, and I think the mental health professionals are very aware of the surroundings for patients. Police #2

This police participant believed that the medical model of mental health approach to the treatment and management of whānau who experience mental distress was preferrable to a hauora Māori culturally informed approach.

> So where am I going with this? I guess if those Māori, how we call them... organisations were mental health professionals, certainly. I suppose that would be all right, but I think there might be a bit of a danger of having people who are trying to treat patients in the Māori way may not be necessarily treating that patient in a way that's suitable for their treatment. Yeah... the right people, the right activities, I learned are very important, and there's the drugs and... again, who helps them. There is a lot of parameters, and I think it'd be easy to think you've got the right answer for that person perhaps because they're Māori and I am speculating here completely, but they might not be right for the patient. Police #2

This officer's account not only revealed that the experience of being Māori was considered separately from the experience of mental distress, but that they considered mental distress as a disease, along with the assumption that hauora services did not provide full treatment options.

In this study I sought to establish if Māori cultural imperatives[191] informed policing approaches at all during mental-health related events. Across findings, participants noted that a wider Māori community approach to managing mental distress would be beneficial, however that extra investment and resourcing was needed to improve referral and access. Participants recognised that there were some inter-agency collaborations developing between police and local marae hauora service providers. As Police #1 understood:

> It seems like there's more support services out there that are targeted towards Māori, or whether that be through local marae, like Papakura Marae or Whare Waatea Marae out at Mangere there, where we feel that we can approach them, and they have access to a lot of different support services within that kind of te ao Māori framework... that can best support...

The referral work between police and local marae was seen by police #1 as important for addressing Māori community support needs. Police #5 also acknowledged the importance of kaupapa Māori, marae, hapū, and iwi-led community services to provide holistic health, social, and criminal justice focused support to whānau. He confirmed: "...we're really lucky now the local marae is really good. They do our Te Pae Oranga[192] stuff. So, they work with all the alternative resolutions, and they also have a doctor on site and nurses, they do counselling services, and things like that".

Police #1 offered, that police held some accountability when responding to whānau mental distress, however, he also acknowledged that there were wider issues beyond the scope of the police role that needed addressing:

> I think we are reaching out more to those different organisations. It's not something we would be able to fix on our own, nor do I think it is our responsibility to fix... it's definitely our responsibility to be there, and to help, but it's a big community kind of approach.

Police #3 also believed that the limited number and availability of kaupapa Māori-focused services needed addressing. She acknowledged that there were some supports available for whānau in mental distress, yet room to progress those which were Māori-owned and led:

> I feel a big gap in our system for them [whānau] getting the help that they need. And I probably can't say that it's directly related to Māori. But that... essentially, the likes of marae(s) or iwi(s) are getting involved and supporting them... is something that we need to do.

Police #4 was aware of the Māori Pacific and Ethnic Services (MPES) division with NZP and the value that they contributed to mental health-related events in their equivalent communities. He also raised issue around their resourcing and availability however, and offered his vision of an alternative approach to supporting the holistic needs of whānau who experienced mental distress:

> I will say that what I think could be super-beneficial... which we don't have access to, is our Māori Pacific and Ethnic Services division... Who are our... essentially our liaisons with different ethnic communities. They're incredible, like they're amazing and they're like such a great resource, but if we could have them, at least like one or two people who represent each community, even not just on a... even if they were on an on-call basis, but after hours. So, if you call them during daytime hours, on the weekday, they're there. That's great. You know, better de-escalation, less you know, necessity to use use-of-force or to disrupt, you

[191] Māori cultural imperatives are explored in chapter 11 *The Apprentice's toolbox.*
[192] Previously introduced in 2.7 Kāwanatanga in health and policing, Te Pae Oranga iwi community panels use tikanga and kaupapa Māori and restorative justice practices to deal with crime and prevent reoffending.

> know, be essentially disruptive whilst doing our job that we're justified in doing. But you don't have the same... that same capability with Māori Pacific and Ethnic Services staff after hours, or weekends.

Again, participants wholeheartedly agreed that police as a frontline service were expected to manage situations in the community with the awareness that they were not the most appropriate people to respond, yet accessing more culturally appropriate services in a timely manner was not an option. As Police #5 reiterated, when trying to access services on behalf of whānau there was, "...nothing that... I guess we could action immediately. It's more of a referral kind of process. And then they [marae-based services] follow-up in the following weeks".

Summary

This chapter initially introduced the full set of four main and sixteen subthemes developed from the police experience phase dataset. The data were collected through ethnographic methods and developed following reflexive thematic analysis. This chapter then presented the first of four police experience main themes, **agents of the board** and four subthemes: **blurred roles, up against the gate, the time-watcher,** and **the symbolic handover - but where is community?** The frontline police role, their accountabilities and challenges as mental health response partners, and their expanding role as a support and referral agency have been highlighted with interview excerpts, ride-along fieldnotes and photographic images. The next chapter presents the findings of the second main theme, **the scope of affairs** and four subthemes.

9. THE SCOPE OF AFFAIRS

Introduction

The previous chapter presented the first main theme, **agents of the board** and four subthemes from the police dataset. The chapter revealed the operational demand and challenges experienced by police during responses that necessitated mental health service, and/or legislative involvement. This chapter presents the second main theme, **the scope of affairs**, which takes a step back from the first chapter's response-oriented findings and illuminates the formative stages of police mental health-related callouts. It provides evidence of how police access and process any situational information that influences their responses towards Māori experiencing mental distress. This chapter therefore highlights what instigates and informs police responses and provides additional examples of how police are interacting with whānau. The following introductory field note is from the second CMPD area. This fieldnote highlights a multi-cultural neighbourhood and police cohort. A common feature of the frontline policing experience in this area was the presence of gangs and the frequent occurrence of firearm-related callouts:

Area two snapshot

This station is reportedly the busiest in the country. There are multiple Pacific Island and Fijian Indian stores with saris and boldly coloured island print outfits in the windows. The police staff are ethnically diverse and represent a broad cross-section of Aotearoa NZ society. I have already met officers with Chinese, Korean, Pacifica- Tongan and Samoan, Māori, NZ European, Indian, and UK backgrounds.

I am allocated to one unit, and they load up the patrol vehicle with big black bags, firearms - side arms and rifles, road spike trays, a red first aid bag. All officers wear bullet-proof vests due to the increase in firearms. We drive past a house with a gunshot hole through the second-floor window.

We drive past one service station and see patched gang members look up quickly. Gangs intermingle here, "like a bag of Pascal's Pick n Mix [lollies]'" observes one officer. A gang house burned down last week after having a Molotov cocktail thrown at it. There are daily reports across the country of youth ram-raids.

The PST and detectives ask me to position myself at the supermarket entrance and ask the public not to enter during their investigation of a robbery.

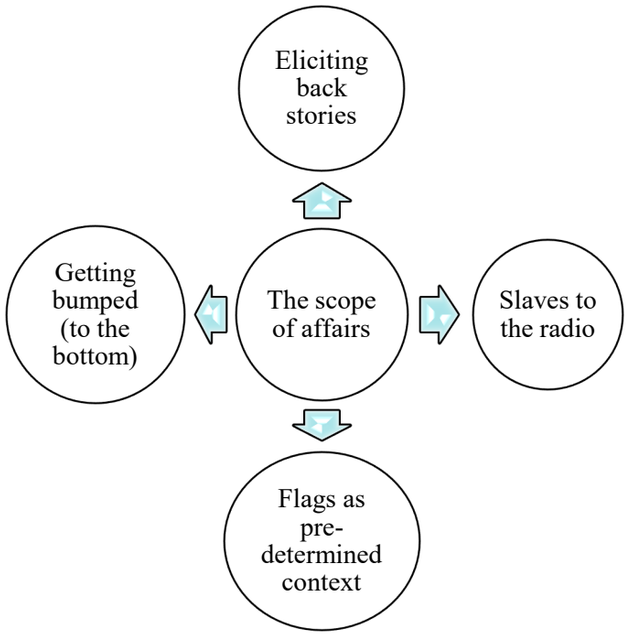
Figure 24 Researcher Outside South Auckland Supermarket

[K. Hunter, field note shift #3, trip #2)

9.1 Theme 2. The scope of affairs

This theme builds on the first findings chapter to construct a broader overview of the frontline police response role in mental health-related events involving whānau Māori. The four subthemes in this chapter provide evidence of the job dispatchment process, where calls to police across South Auckland originate from, and how incident details are recorded, shared, and prioritised by agencies (Figure 30).

Figure 25 The Scope of Affairs and Subthemes



Noted throughout the police experience dataset already are a range of situations and informants that generate emergency and non-emergency mental distress calls for the police service. The previous chapter presented data whereby mental health, social service, or ambulance staff alerted police to incidents. Police #1 also reiterated how mental health professionals would often call police, "...and that was more around transporting a person that they've deemed to be of a higher risk." Police #4 further described supporting mental health legislation enforcement:

> ...we got a call from our mental health partners, Duly Authorised Officers saying that they needed our assistance because they were essentially sectioning him because he had locked himself in his room and he had... some form of, like the worst kind of obsessive-compulsive disorder you can have...

The frequency of agencies requiring police support during situations of heightened risk, builds on a widespread idea seen across the dataset that if a person's behaviour was considered risky or unmanageable, police were readily available to provide the agency with support. Police #4 confirmed this notion:

> Sometimes, we get called to... or quite often I should say... to community mental health facilities for some of their clients who they are having difficulty with. Or, and occasionally... very seldomly... we sometimes get called to the Middlemore secure [mental] health facility.

Police #1 said that "...helplines would contact them directly", or, if a family called the mental health crisis line and the operator considered the situation to be of considerable risk, Police #5 shared that "...they're told to hang up and call police".

Police participants recounted how whānau/family members, usually parents, or a partner, or a friend of the person experiencing distress would often contact them. In the previous story of 'Hera' [193], her son initially contacted police. However, when prompted to reflect on incidents that specifically involved whānau Māori, participants had variable opinions about who would initiate the call to police.

Police #2 said they "...would liken Māori mental health related jobs no differently from others. Really, I can't see any difference in pattern." Whereas Police #4 argued that although there was a low threshold for ringing police in general, there was a high threshold for whānau themselves to contact them:

> I'd say that it's somewhat rare for... not that it doesn't happen, for family members or people closer to... you know, yeah, for family members to call... because I assume that's just because of our perception in the Māori community... generally speaking.

Police #4 understood that poor relations existed between Māori and police and, as a direct consequence of the high level of distrust, whānau would not actively seek out nor invite police interaction. Police #5 agreed and added that the level of situational acuity would often reach crisis point before whānau did reach out for assistance:

> I'd say we're not called until the situation is out of control in the caller's point of view. So, if it's a family with a family member that has mental health issues, or is diagnosed with some sort of condition, we won't be called until it's out of control and safety is at risk... to both the person themselves and the family that are around them.

Police #1 recounted that when whānau did contact them, the whānau member was in a position to share valuable information about the distressed family member, for example saying:

> "Look things aren't right", or "they haven't taken their medication, and these are their signs and symptoms... they're talking to themselves... they're very erratic". Just that they're really concerned and need police help. Especially if they're smashing up a house or have knives with them and are threatening to hurt themselves.

All police participants agreed that emergency calls frequently came from members of the public who had seen, or were witnessing, other members of the public exhibiting signs of distress. Police #2 described that on most occasions the observer "...could be a neighbour or somebody who's seen unusual behaviour in the public place." In the following excerpt Police #3 illustrated how a typical scenario would unfold:

> Members of public. Yeah, for ... people that are in a public place, it is often. Actually, I could probably say... majority of the time, you have got someone in a public place driving past that has seen them [person in distress] and has been concerned for them, rather than [the distressed person] ... ringing for themselves.

Police #5 evoked a further image of how witnesses external to an event, both physically and relationally, would raise the alarm after noticing a disruption: "So, it might even be that we're not called at all by the family, but neighbours are calling because it's noisy".

[193] The story of how police interacted with 'Hera' and they witnessed an unhelpful response from a mental health nurse was presented in chapter 8 subtheme 1.2 *Up against the gate.*

One interesting impression shared by Police #1 was that individuals in distress would call police themselves, "...only on the odd occasion". However, Police #2 elaborated further to say that when distressed individuals did call police "...it's usually [them]... crying out for help in their way, which varies quite a lot". The following field note introduces 'Reg' who would regularly contact police and therefore was well known to them:

Neighbourhood characters

'Reg' believes someone wants to kill him..." The PST unit listen to this broadcasted communication over the radio and continue driving towards another callout, an alleged robbery. On arriving at the scene of the burglary, I notice an elderly Māori man standing on the pavement just metres away. Neither officer acknowledges him. They proceed to talk to people standing outside the home instead.

I watch as the man simply wanders off down the busy street - it was near on dusk. Something made me wonder if this was Reg. The officer confirms my suspicion. It was Reg. He has multiple 1M flags and is well known to police. He frequently appears at the police station front desk saying things like, "Someone has stolen my wallet".

The officers explained to me that their community located 'non-callout' related response (as determined by either the duty sergeant or comms operator), was 'no response'. Despite being aware of Reg's most recent claim that someone was threatening his life, they happily update the job text as having sighted him. They recall that he stays at a respite home just down the road.

Figure 26 Road Scene on Dusk

[K. Hunter, field note shift #2]

There were notable demands placed on police to respond to repeated events where the same individuals were experiencing distress. These characters become well-known to their local police. On the previously noted occasion with Reg however, rather than initiating any form of interaction, the officers practiced avoidance.

Further findings revealed that police attended calls where mental ill-health was not the primary feature of the call, yet distress was part of the composite picture. For example, psychological upset was a distinctive feature of family violence and harm events. In reference to the broad nature and origins of mental distress, Police #5 was quick to add that when it came to events that involved whānau experiencing mental distress, they experienced daily interactions: "So, whether it's a family harm event we go to, where mental health is a contributor, or whether it's kind of a predominantly mental health kind of callout... or those kinds of things".

The data also advanced the notion that mental distress was increasingly affecting younger Māori. Participants described how rangatahi who were under social service care could be particularly fragile and vulnerable to emotional outbursts. From their care home settings, the agency would often call police to assist. Described by Police #5:

> So, it could be... well, even with youth, it's become quite predominant recently. Especially with kids in Oranga Tamariki care, we're called if they have kind of mental distress or outbursts... to attend the residence... the Oranga Tamariki residence.

Based on these insights, Police #5 confidently summarised her three most frequently attended mental distress incident types: “So, I'd say those are our kind of main interactions ... family harm, youth and then the mental health kind of solely mental health calls as well”.

Subtheme 2.1: Slaves to the radio

This first subtheme **slaves to the radio** was named after a jargon term that frontline officers used in reference to the demanding nature of their work. The data illustrated the process of job allocation when an informant had raised the alarm. Police #4 described how "...as frontline staff, we are kind of... as to use the vernacular 'slaves to the radio'. We are dispatched and assigned jobs by our dispatcher, or by our supervisors, and we attend it".

In South Auckland a Public Safety Team (PST) frontline unit typically comprised two police officers, a driver, and their passenger 'offsider'. The unit would spend much of their time on patrol responding to 111 emergency calls. The following field note contextualises the mobile office setting of frontline PST officers and references the busy-ness of driving around South Auckland:

Traffic stalls

The traffic is heavy and the officer in charge of driving complains that they are a "slave to the radio on dayshift". It is far better navigating around the streets on lates and nights they both agree.

Figure 27 Frontline Officer Offsider Navigating Phone App

[K. Hunter, field note shift #10]

Understanding the process of job dispatchment contributes to an overall understanding of how frontline response units received known information about individuals and events. In the field, I observed that PST officers relied heavily on radio and phone-based communications to inform them of incidents. A frontline officer would communicate with a dispatcher based at the police communication centre, their duty sergeant, and other nearby units via radio or mobile phone. A mobile data terminal (MDT) screen indicated the next job or incident and provided text about the incident as it unfolded.

Police could also readily access on-file information such as a person's name, their age, gender, ethnicity, or their iwi, if known. Police #4 explained about the phone apps they used:

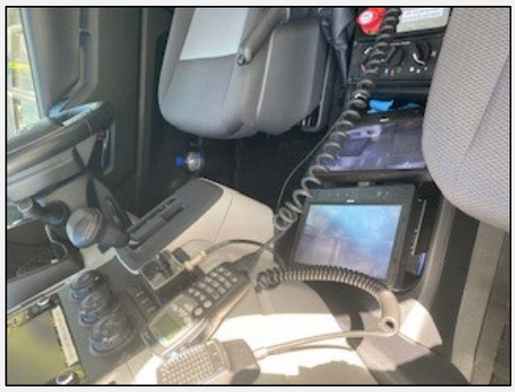
> So, we have two primary apps. We have 'Responder' which is the one that shows us the jobs that we have pending in the system, or the job that we're currently assigned to... is the information of the informant, and the information of the people involved and the job narrative of essentially what's happening, essentially 'real time' for the call taker. And then we have 'On duty' which is essentially our National Intelligence Application [NIA] but on our phone. That's the one that we can, you know, run cars, and run people and it shows their photos and their history and their past dealings with us and 'what not'.

Through the NIA, police kept a file of all persons that the service engaged with. In cases of mental distress, the file was the main resource for police to immediately determine the person's history and behavioural nature. However, as Police #1 remarked, "...sometimes that's [the policing software] not always available". As the following field note depicts, the police responder app would often stop working, with call communications then becoming reliant on radio and phone calls:

Responder down

The policing app has been out for two or three hours this morning, already making police work difficult. They are so reliant on their phones for accessing the computer-aided dispatch details.

Figure 28 Police Car Communication Devices



[K. Hunter, field note shift #6]

The following field note details how despite not being able to view incident details on the phone app, the PST unit were still able to undertake a complex response and share information across-services:

Details in the dispatch

This was yet another occasion when the Intergraph mobile responder was down. A woman has phoned emergency services with a concern that a man has ingested rat poison and locked himself in a room.

The ambulance was initially going to attend, yet the same woman has since phoned asking them not to go. The comms centre have informed police that the informant has post-natal psychosis. It is Hato Hone St John's staff who have requested that Police attend the address. They have her medical record in hand. The ambulance service agrees that if police find anyone they will then attend.

Police use powers of search and surveillance to force entry. The house looks like the woman is in the process of shifting. No one is there. They search for her vehicle at the supermarket carpark. They attempt to contact her on her phone. When there is no reply, they 'pole' or track her phone location, and inform police in another area to keep an eye out for her vehicle.

[K. Hunter, field note shift #9]

Noted in the previous findings chapter, the emergency call centre dispatcher would allocate any jobs to an available unit or, if there was a 1M coded event sitting in the system and a unit was available, they could advise the dispatcher at the Emergency Communication Centre (comms) that they will take it. However, tensions were evident across the dataset around the process of job allocation. One PST duty sergeant understood that it was her job to manage comms, but comms would allocate jobs to a unit without the sergeant knowing, which made her management of the section, or the team of frontline officers on duty, more difficult. Police #5 shared:

> From our point of view, whether it's a correct assumption or not... they're [dispatcher] sitting in an office behind a screen and they're trying to clear the screen and make their jobs go away or be resulted, and we're the ones on the other end of things trying to deal with, with all of it. So yeah, I think, I guess comms are trying to triage and prioritise certain jobs and maybe on our end of things, our triage or our assessment of what is 'priority' may differ. That's where the tension comes from. And then we're also trying to make sure that our staff are able to eat, or have toilet stops... or you know, we're trying to manage that, that side of things as well as getting the jobs attended to.

In contrast, the following field event emphasises one comms dispatcher's frustration when a non-emergency mental distress call was allocated by a duty sergeant without their oversight:

Clearing calls

I was allocated to the PST unit and shared the purpose of my ride-along. The young female constable announced, "I thought you were going to say send us to all the 1Ms… you'll be looking after me!"

Despite her clear dislike of attending mental health-related jobs, she asked the duty sergeant to allocate them to a job that has been waiting in the system. The wahine informant has a history of six 1M events in the past. Today she is very upset and claims that her neighbour has caused damage to her property.

After the officers resolve this job, the PST comms dispatcher phones the young female constable and tells her not to clear jobs unless dispatched by them, and that the duty sergeant "will be told off too". The female officer is clearly unhappy and exclaims how this eventuation has just impacted her mood even more now.

[K. Hunter, field note shift #11]

This exemplar not only illustrates the demand inherent to managing conflicting priorities and multiple calls but gives insight into external workarounds that PSTs navigated. This field note also reinforces the notion that frontline staff could be openly reluctant to attend mental health-related events as they can take up time, and there were minimal practical solutions readily available to help resolve the event. During an informal conversation with this officer of three years' experience, the officer revealed that she preferred to attend family harm incidents rather than facing what she perceived to be the challenges and frustrations inherent to mental health-related events.

The interview data and field notes within this subtheme have highlighted how jobs are allocated, and the initial method of communication to police respondents. The following subtheme focusses on the reporting method police used to record events, and how that information influenced their responsiveness.

Subtheme 2.2: Flags as predetermined context

Already noted across the dataset is that police and mental health agencies categorise and record events as a means of triaging and communication. However, there was a case for ambiguity when officers were required to determine what was and was not a credible mental health-related case. This subtheme expands on the coding systems, or flags, that NZP, the Emergency Communication Centre (comms) and mental health services apply to incidents. Police #3 explained that codes were added to a person's file note to specify the general category and type of incident they were involved in: "The 'flags' as we call them in our system... so if they've previously been under police for certain things, they'll get a 1M flag, so a mental health flag".

The dataset also confirmed that not only flags, but also file notes were significantly relied upon to influence police discretionary decision-making. Police #3 described that, "...a lot of the times, you go to these jobs, and you read what's in the job text". Indeed, during observer ride-alongs officers constantly referred to job details, however information was not always readily available. In some situations, there was little, or no detail provided, and in P1-coded (priority one) emergencies there was minimal time for officers to prepare. Police #5 alluded to the variable nature and urgency of jobs: "And you know whether that's in the car while under lights and sirens to get to their address... or whether you've got a bit more time... it kind of depends".

Depending on time and job detail availability, officers would actively seek out incident history details. The offsider would tease out and share any relevant information with their driver en route, identifying any factors that had the potential to activate or further aggravate the current mental distress situation. Police #1 provided further insights into how they effectively utilised their response preparation time:

> One thing that I would do... is... going to jobs when we knew the person involved... was reading through their previous occurrences with police... and looking for things around triggers, or just circumstances which may have led them into that state. So, you can kind of go in with a bit of a picture, the best picture that you can.... and what's going to deescalate a situation, or best support that person.

Police #3 believed that the accurate documentation of events was an exercise in care. Detailed information could help to inform or pre-empt future responses and interactions with whānau:

> A lot of the times if police have done their due diligence previously, you can read how they [whānau] acted in other circumstances and what the outcome was on that. And a lot of the time you can gauge whether they're going to interact with police well, whether you think they're going to interact with mental health well, and all those sorts of things... you kind of get an idea of what you're facing when you go to see these people in this situation.

Police #3 elaborated further on specific details they would focus on including "...their history with police, in regard to how many times we've been called out, whether we know them to be violent towards police, carry certain weapons on them or anything". Police #5 also placed value on knowing about any cyclical or recurring patterns of behaviour:

> We will look the person up usually on... on our system and see if there's any prior reported stuff so that we can potentially get some history, and if it's a recurring theme then we can already be informed as to what this person... behaves like with police, but also what their triggers are.

These excerpts begin to introduce a notion widely apparent throughout the entire dataset, that there was a heightened consciousness amongst police participants to pre-empt how a person might behave

towards them. One interviewee agreed that a primary purpose of reading a person's file was to help predict the level of potential risk, not only to them, but to police and other people:

> First of all is there any threat to themselves or anybody else?... be it police or other members of the public. That's probably the first factor. So, I mentioned before that some jobs are coded a suicide threat, whereas others are mental health so... quite often, they're threatening to harm themselves or say they have consumed something, or are going to do something to hurt themselves... Police #2

Police and partner agencies prepared for their response by considering an individual's prior behaviours. Police #1 described one situation where mental health professionals called them for support based on a person's history of violent behaviour:

> We had been contacted by mental health to assist with a female that had been sectioned. And we were to go in, pick her up and transport her through to the mental health facility in Auckland Central... where she had not been taking her medication and had... was in a psychosis. So, we were called because in previous circumstances she had... or they had made contact with her to take her back in for care... she'd picked up a knife and held it to a child's throat... to not be taken away.

Police #4 had over five years of frontline experience and strongly believed that considering whānau history, including patterns of behaviour, was an effective means of predicting future events:

> I'm a big believer in... especially with mental health... previous events or previous behaviours is highly likely to dictate how they ... how they will behave in the future. So, if someone calls and says that the neighbour has been raped. And that's what they call up about most frequently, most often, almost always. Then they call up and say "Hey, I've been burgled and there's someone at my house". Then looking back on their history, and we still treat that as a priority job because there's been a differentiation in their story. It doesn't always work because there are people that will call up about hundreds of different things all the time.

However, Police #4 also admitted that sometimes there was a risk that events were miscoded when staff made assumptions about the nature and presentation of someone in mental distress: "So, there's absolutely... I'm not going to say that it doesn't happen that jobs are miscoded, I think that it very well could happen. But... I'd say for the... for the most part..."

Aside from predicting risk, the act of coding a job as 1M or 1X was also considered by police as a means of gaining access into the mental health system. Police participants saw 'flagging' as a means of improving an individual's chance of receiving appropriate mental health support. The following observation is one such example:

Getting a flag on

The police officer asks her off-sider "What do you want to code this? 1K [drunk]... or 1M [mental health] ... just so we can get a flag on him". They decide to on 1M and place a call through to the MHAHs [Mental Health After Hours].

A mental health nurse answers the call with "kia ora" and requests the name and address of the victim. They reply saying, "He's not in our system", to which the constable agrees saying, "I'm not sure if he has dealt with mental health services before, so might not be in the system".

The mental health triage nurse asks if the victim had agreed to this phone call and the officer assures that "Yes, he does know… but was very drunk". The nurse advises police "Can you get mum to ring back tomorrow between working hours to update and we can triage him directly?"

[K. Hunter, field note shift #4]

Also indicated in the previous findings chapter, logging an event with mental health services symbolised job resolution from the police perspective. In the situation described here, the consent of the person experiencing mental distress, and his mother were obtained before the police contacted the mental health crisis team.[194]

This dataset highlights the importance of accurate coding and information sharing, but also reveals an inherently fraught communication process. Despite some police believing that flagging an event would secure a mental health response, Police #2 noticed how other services did not always pass-on recorded police information:

> So, I suppose probably your average cop wouldn't know this, but when we call the crisis team on the line, I understand... I did understand that not all of that information ended up in the hands of the crisis team. I think there was an agency called 'Homecare Medical' which was an interim between the two and they... they prioritised events due to their own sort of priority ratings. So, some of the instances just never made it to the mental health crisis team...

Police #2 believed that the process of communicating information across-agencies had improved following the three-month co-response model pilot in CMPD:

> Since the CRT [co-response team] I think that we've… we've nailed this now and so our mental health referrals actually do end up on the DHB [public health system, now Te Whatu Ora] computer. As a matter of... protocol. I suppose by doing that referral… is the only way we really do act towards prevention, that's ensuring that the mental health organisations get the information they need. So, for example, I think those, the mental health... the key worker wouldn't know sometimes that mental health patient Joe had rung up the police 25 times in the last three months, because the Homecare Medical hadn't rated or hadn't passed on the information because it'd been rated too low.

Police #2 also spoke about there being a fine line between police deciding that an event was mental ill-health in origin, or not. He was personally cautious about determining and documenting the underlying cause of a person's distress saying: "So, I guess I'm just talking about the fact that we're not trained mental health professionals to recognise that kind of thing, sometimes, sometimes it's obvious, and sometimes it's really not..."[195] This same participant did not mention if, or how, they would determine the involvement of drugs or alcohol, rather that they would consider extreme behaviours a definitive feature of mental ill-health, or else leave the event uncoded. They explained here:

> And I suppose that's the interesting element to this as well... when do police determine that this is mental health related? Well, it would have to be something quite clearly crazy. But there's... there's a weird line of you know, is this person... you know we wouldn't know... We've got someone who's reporting something that we can't prove happened, there's no witnesses, and we'll just file it and then it doesn't get coded mental health, mental health wouldn't know anything about it.

The police participants also noted that police or comms staff would sometimes apply a 1M code to a person's file based on previously reported 1M events. However, the following conversation mentioned how reapplying a mental health label to a new event caused response staff to dismiss or disregard what the individual in distress was saying:

[194] The handover to mental health services was also discussed in chapter 9 subtheme 1.4 *The symbolic handover -but where is community?*
[195] Training and education of police findings are presented in chapter 11 *The Apprentice's toolbox.*

> I think what we do sometimes, is we'll get a call saying something has happened and it might seem quite sane, or it might seem quite forgive the term 'crazy'. But if they've got a mental health flag on their dossier view, which we see, comms will in quite a lot of instances, just code that a mental health related job... even if what they're saying has happened. And that was something we at the CRT saw... was a lot of distress from mental health patients that was basically ignored because it just coded 1M and "Oh!... they must be (again, forgive the term) 'crazy.'" Police #2

Other stories from the field reflected this occurrence. The more chronic the experience of mental distress, the lower the priority for intervention and timely follow-up from mental health services:

Synchronicity

One officer recounts that there are people that keep coming to their attention with hundreds of mental health alerts and self-harm attempts. These are the ones that mental health brush aside. Mental health will inform police that the person has a plan, and that they will see her on these days.

"The person may be standing on a bridge... maybe she's not going to jump?... but that's where she is right now, and police have to act on that. At the end of the day if she's still standing on a bridge next week there is something going on in her head… she's not a criminal. Yeah, a lot of it gets passed off as behavioural… yet there is something else going on".

[K. Hunter, field note shift #14]

The frustration and concern of attending officers when left to manage people who are deemed to be 'chronic' cases, through situations of high risk, was apparent. The following field note is not only about people having multiple labels, but also of multiple visits made by police to the same known individual or 'frequent flier'. The situation involved a rangatahi based in Tamariki Ora care. Considered by mental health services as having experiences of mental distress that are 'behavioural' in nature, 'Tara' had established a pattern of contacting police frequently with threats to self-harm. The police responses generally required lengthy communications involving delicate calming and distraction techniques. The officers on this occasion were wanting to avoid attending altogether:

Engage as normal

Many of the PST are on a well-overdue meal break at the station when there is a 1X self-harm call. The Lifeline informant has received permission from the victim to contact Police. 'Tara' is a teenager with over fifty previous flags and is well-known to ALL frontline police at this station… i.e., everyone has had an interaction with her recently.

The officers discuss amongst themselves. Firstly, they are deciding whether to respond... they then acknowledge that there is a plan in place... and "let's check it before we decide". The deliberating officers move to include their duty sergeant in the discussion, who orders them to "engage as normal!".

[K. Hunter, field note shift #3]

The chronic nature of recurring events impacted on police responsiveness efforts. On this occasion the threat of self-harm was the determining factor that saw Tara's call prioritised as a P1, or a lights and sirens priority one emergency event, and therefore police had to attend. Tara was trusting of police, and they spend an hour talking with her. This was the third night in a row that police had been called by Tara. When reflecting on the hesitancy of these officers, the idiom 'to cry wolf' comes to mind. That is, to call for emergency help multiple times, yet on attendance there was no apparent risk. In future events involving mental distress, police may risk thinking that Tara does not need help when she really does.

Even when there was doubt about the truthfulness of people's stories police still had to respond. Police #2 outlined the protocol that triages call risk:

> So, the suicide threats would be a higher priority than just a mental health job. Because there's physical threat to someone's safety... so yeah, I think they generally... we have the system worked out well. So, if there's someone who's under physical threat right now, whether its mental health-related or not, that's going to take more priority over a mental health-related job where someone's called to say they're hearing voices, for example.

Analysis of the dataset has already identified events where disordered thoughts, heightened emotions and behavioural issues are featured. There were whānau who experienced delusions or paranoia that would regularly seek out the police to provide them with safety and refuge. The following and final excerpt for this comprehensive subtheme**, flags as predetermined context**, illustrated the tenuous nature of demand and response. Police #4 acknowledged that they take a terrible gamble when deciding themselves which job may be more urgent:

> You know, if we have a minor assault job, where a woman is... you know, being punched or has been punched in a dairy and the guy is still there, and the informant is reputable, or at least we have no reason to doubt the veracity of their story, versus the guy who's called up 200 times this year and he says that there's someone in this house with a knife. We're probably going to go to the minor assault job right... because that... you know, that one where someone is at risk, and we have a strong belief that they're at risk versus very unlikely.

This participant demonstrated their deductive reasoning and logic in decision-making. They rationalised that patterns of behaviour could be predictable and cyclical, but that there also remained a chance that the person would self-harm, despite best predictions:

> And again, I'm sure sometimes we get that wrong. But... but there is no... it's a no-win scenario. You know, you've just got to guess it. It is a gamble, and a gamble I think that we win for the most part. Police #4

This dataset has emphasised how the basis of frontline police work across CMPD involved quick decision-making based on the information at hand. The officers were generally reactive in their approach to manage the safety of whānau during higher priority, or P1, coded events.

Subtheme 2.3: Getting bumped (to the bottom)

As far as providing a preventive service that aligns with the NZP Prevention First National Operating Model that focuses predominantly on preventing crime, this third subtheme acknowledges the challenges for frontline police in mental health-related events. The demanding nature of frontline police response work across South Auckland meant that there was typically always a backlog of calls where mental distress featured. Police #5 described how they experienced the chronicity of lower priority or P2 coded events, and her genuine concern at the continual supplanting of one P2 coded job over another, seemingly more urgent situation:

> ...we get on [shift] and there's usually at least 20 jobs waiting for us that haven't been attended, and then obviously there's more coming in as we go. So, definitely... jobs get bumped down the list very fast, and unless it's imminent danger it'll go to the bottom of the pile, which is really sad because someone's called us to help, and it might take us days to get there... or not at all.

Dataset findings also emphasised the value of early intervention and support in addressing mental health issues. With respect to preventive policing of mental distress in the community, the following field note is an example of how a police welfare check-in helped to provide reassurance and constructive advice to the distressed individual:

Living in fear

Police perform a welfare check on an older wahine Māori who had called 111 herself. 'Moana' is well known to mental health services. She has spent time in the inpatient unit in recent years.

Living alone in her flat Moana is now experiencing paranoid thoughts and she is fearful of many things.

Moana is happy to talk to the officers. They validate her concerns and offer strategies, like not answering the door, and speaking through the window if necessary. They advise her to call 105 if concerned, or 111 if the person has a gun, or such like.

Figure 29 Researcher in South Auckland

(location not specific to story)

[K. Hunter, field note shift #8]

One of the constables in this field story also participated in a formal interview after this event. When asked about their capacity to undertake mental health prevention work, he felt compelled to explain his actions during this same incident:

> ...the call that we took you to with the lady on [street] who was... if you remember... she thought that her neighbours were beaming cell phones, you know, into her, you know, whatever she was saying. So, as I explained at the time, that's not a call that we'd usually attend. And the reason... we took you was to essentially show you how... if we have time, [and] there are no jobs in the system, which almost never happens and if it does, very rarely. Police #4

Other participants provided their insights into mental health-related prevention work. Like this field story about Moana, Police #1 believed that they approached prevention work "...mainly on our own accord... in how we address those types of situations".

The frontline police interviewees acknowledged that they had limited capacity and means to work in a preventive manner. Police #2 stated: "Actually... that's a very good question [how are they supported?] … umm probably... not at all." Police #5 was of the same opinion, saying "... as far as mental health goes, I don't really see how there is any prevention". Police #3 elaborated:

> It's hard because in frontline, we can't say that we really are preventative, we are the ones that get the 111 calls, and we are the ones that just go job, to job, to job. So being able to prevent this sort of stuff is very hard for frontline. And especially in regard to mental health stuff, a preventative... Well, the...one that I know of is... it doesn't exist.

A notable feature of the PST work across the South Auckland community was the relentless demand on them, with much of their duty time spent responding to 111 emergency calls. Officers needed to adapt quickly as they moved between situations requiring vastly different approaches and interventions.[196]

These officers had difficulty realising their role in mental health prevention, yet there was organisational pressure on frontline officers to perform other prevention activities. An informal discussion held amongst one PST section was that even though emergency response was their primary job, there was an expectation that they would do more 5K coded high quality bail checks. Police #4 expanded about other types of prevention work:

> What they're talking about in terms of Prevention First is doing bail checks to ensure that our offenders are compliant with their bail conditions and doing three mikes [3M coded events], which is driving around certain hotspot areas to deter criminal offending. I consider prevention first, if you really want to prevent offending is to stop suspicious cars or do active surveillance on high-risk offenders.

Police #5 explained how they considered the overall police response to family harm events to be a constructive prevention activity:

> I say we've got really good systems... or don't get me wrong there's room for improvement in every area. But I think we've got good systems in place when it comes to family harm Prevention First. You know, we take that really seriously. If we can separate the parties, we will... if the victim wants to prosecute, we'll do that. And then we've got the family harm team that follows up in the days afterwards to provide wrap-around services.
>
> Whether it's financing so the victim can become financially independent, or... you know, all those kinds of things that help prevent it occurring again... and can keep people safe and maybe educate them that their relationship isn't a normal healthy one. But as far as mental health goes, I don't see that there's any prevention.

The endemic and cyclical nature of family harm cases in the district was captured in the following field note:

[196] The means with which frontline police approach heightened situations is further expanded upon in chapter 10 subtheme 3.2 *Navigating unpredictability and volatility*.

An ordinary Tuesday

We attend no less than five domestic callouts or 'dommies' throughout this day shift. I face the realities of poverty... government housing, unemployment, relational issues, and family harm patterns. It is just relentless police work, trying to locate/access, advise, educate, refer, and prevent…often by serving a piece of paper.

Figure 30 Police Constables Entering Private Driveway

(location unrelated to story)

[K. Hunter, field note shift #6]

These quotes and situations in the field indicated that frontline police were acutely aware of their responsibility to perform general prevention activities, however they did not believe they had the mastery nor capacity to take on a more significant role in mental health-related prevention.

Police #4 clearly rationalised against frontline police being wholly accountable for mental health calls and acknowledged that mental health services have a high workload too:

> But in the realm of mental health, I think... it's not that the onus is on us, it's we don't have capability to have a Prevention First mindset with regards to them, because we don't have the training, or the resources to deal with people with mental health. That's the job of mental health providers in the community who are, in themselves, swamped.

The interviews and observations across this subtheme highlighted the tensions police experienced trying to accommodate increased mental health demand. Interestingly, the following field note provided a nuanced example of how everyday frontline policing public relations activities could be an effective means of acknowledging and supporting heightened anguish:

Public relations as prevention

'Maria' has placed a 111 call to police around mid-morning. She is scared for her safety after a whānau member with a gang affiliation visited her earlier in the morning. His visit was completely out of character. Maria has had two previous calls to police in the past that have been flagged as '1M'.

Police are careful to check in with each other about the names of the victim and her visiting whānau member and use their names when arriving at the house. Maria is surprised because she hadn't been told by the call centre that they would attend. Police advise her that any calls of this nature are followed up. Maria is also concerned that she is unable to contact her teenage daughter. Police offer to try and contact her. They ask Maria to call them if her gang member whānau returns and his behaviour is out of character or causes her concern. Police also advise, they will make a note for Kāinga Ora to help speed up reallocation of rental housing as Maria's current home is known to the gang. This event is noted on file as a '2P' police coded public relations/prevention activity.

[K. Hunter, field note shift #6]

Evident within this last field note and each of the narratives are fragments of the background stories of whānau. These narratives hold within them important understandings related to core concepts, including whakapapa (genealogy), and cultural values, as well as people's health, political, and social experiences. How these stories informed a police response is revealed in the following final subtheme.

Subtheme 2.4: Eliciting backstories

This final subtheme considered dataset findings about how frontline police not only considered previous records and how they received real-time updates from informants, but also how they attempted to access the wider narratives that people identified as being the cause of the distress experienced. The subtheme **eliciting backstories** emphasises an important and integrated approach to police risk assessment and their discretionary decision-making. Police participants acknowledged the value of gathering background information from people involved in or associated with an event. Participants agreed that gaining a clearer understanding of the situation was an operational imperative. Frontline officers would:

> ... talk to whoever's present and establish what's going on, or kind of what the main issue is. If it's a predominantly mental health call... you know... someone that's threatening to harm themselves or wanting to end their life... Police #5

Police #1 added how valuable communicating with whānau members was for informing background details. They said: "Families are big to talk about those topics, about triggers, and I suppose a bit of a background on their personality, or the mental health history, are all things that you are considering". Another approach already portrayed in the dataset was that PST police would sometimes contact call informants directly to get their detailed perspective of an event. Police #3 provided their rationale for doing this: "...because it [the story] often gets relayed to a call taker then to a dispatch centre. So, it's kind of, it's easier just to call that person straight up".

On occasions when a lower priority event was waiting for a timely police response, this same duty sergeant might also contact the distressed person directly. However, they placed more value in meeting someone face-to-face to ascertain their situation. As explained here:

> If I feel that if a phone call needs to be done, then I'll make the phone call. I don't often like doing that... I prefer that police go around and sight the person. Because as much as speaking to them, we're looking over their body for any signs of... I prefer it, police go around and see it because they're not just talking to that person. It's easy to lie over the phone and say that... but you look for baggy eyes, red eyes, cuts on their arms, cuts on their necks, self-harming cuts, their whole demeanour towards you everything like that is what you're looking at when you go to that stuff. But I prefer to see someone so then I can look at every... And cops are great. You can lie over the phone all you want and sound happy and chirpy and like you're having a wonderful day and deep down inside it's the 'shittiest' day of your life. Police #3

Police #5 agreed that being physically present during a response was the most effective way of determining risk. They preferred, "... just getting there and talking to them and kind of assessing their behaviour and what they're saying, you know, their level of threat to themselves and to us and things like that". This same participant also valued finding out the person's history including if they have recently experienced significant health, or life trauma. They would ask, "...what's generally been causing them to have these low feelings or be distressed?... or you know... whether it's a recent breakup or death, or if they've been diagnosed with something".

Police #1 recounted attending an emergency 1X coded self-harm event where little information was available. "So, we attended, we didn't know who it was, we had no kind of background or circumstances... they are in the middle of a footbridge..." This same officer proceeded to find out from the tāne Māori what had transpired just prior to this event, he discovered: "...his cousin had recently committed suicide that he was very close with, and he didn't really see any hope so was wanting to kind of go out the same way." They agreed that "...more often than not you would kind of find out that bigger story, bigger story stuff.... yeah, you want to know how someone's got to the space that they're in". When frontline police made follow-up referrals to other services, understanding the

broader circumstances around an event or person helped them to advocate for people. Police #1 agreed that it was important for them to know background details, "...so that we can support that person and pass them on to the right providers or pass on the right information that's going to get that person the best help".

Summary

This chapter has presented the second of four police experience themed chapters, **the scope of affairs** and its four subthemes: **slaves to the radio**, **flags as predetermined context**, **getting bumped (to the bottom)**, and **eliciting backstories.** Study findings revealed who instigates and what informs mental distress calls, and other operational processes leading to frontline police attendance to events. The following chapter presents the third main theme **the kaitiaki imperative** and its four subthemes.

10. THE KAITIAKI IMPERATIVE

Introduction

The previous chapter presented the second main theme, **the scope of affairs** and four subthemes. It highlighted the common origins of mental distress calls to police across Counties Manukau Police District (CMPD) or South Auckland and contextualised how frontline response police obtained and prioritised available information to respond to whānau Māori who were experiencing mental distress. This chapter presents the third main theme, **the kaitiaki imperative**, which presents how frontline police interpret, enact, and experience their accountabilities, responsibilities, and obligations during such events. This chapter also highlights what instigates and informs police responses and interactions. The following is an introductory field note that pertains to the third area of fieldwork. This fieldnote describes the layers of complexity in policing across the community. There was apparent conflict for police who attempted to be preventative and positive in practice, yet they were also not trusted by whānau and armed themselves for some events. The relationship between some whānau Māori and police was actively hostile:

Area three snapshot

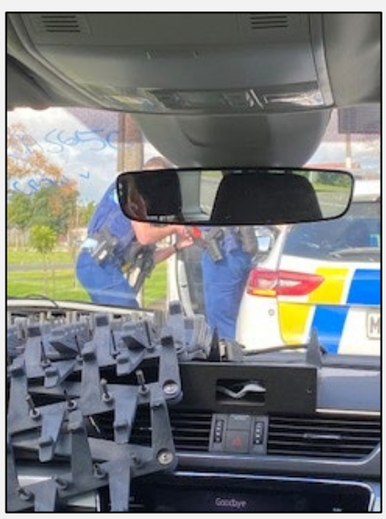
At the end of their dayshift the frontline unit have driven extensively but have only covered 10 per cent of their area. There are noticeably more Māori in this community and for the first time, I notice active resistance and distrust shown towards police.

One rangatahi challenges police after receiving a PSO (Police Safety Order). He orders them to give him and his cousin a lift to another address. When the officer explains that there isn't enough room for them and his personal belongings, he exclaims, "Well, what's she doing here? [pointing at me], she doesn't need to be here... only need two cops!"

As we drive into a now familiar street, we pass multiple vehicles, including vans full of whānau Māori. I wonder if they are heading to a tangi. They have been gathering at a house across the road for some hours. The derision and disdain on their faces when they see the police car coming towards them is apparent. I recognise the blank-faced stares and curled upper lips.

The station underwent armed defender training on Tuesday, a district-wide initiative - so all PST will receive the training... "Given what's going on at the moment with gun violence", I am told. We attend two events with reported firearm involvement. Police pull over onto the side of the road to prepare.

Figure 31 Frontline Police Preparing Armed Defence Equipment



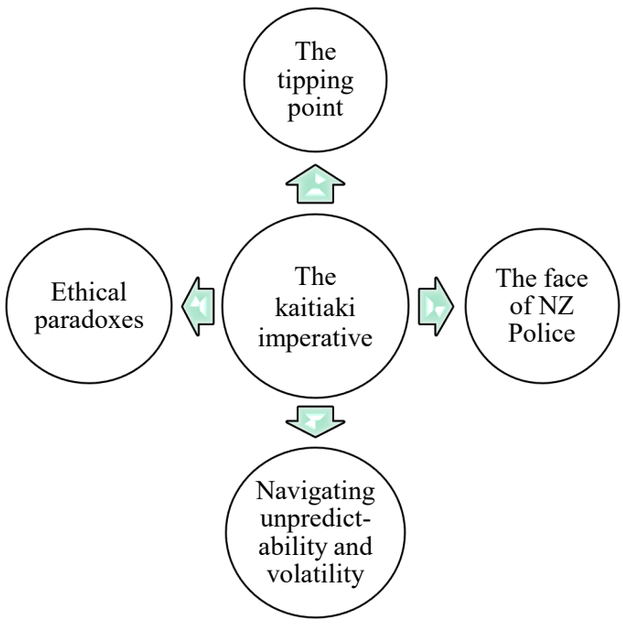
[K. Hunter, field note shift #9, trip #4]

10.1 Theme 3. The kaitiaki imperative

This theme title refers to the Māori term 'kaitiaki' which, in the context of this study, means guardian or minder. **The kaitiaki imperative** therefore denotes the guardian role of police and how they endeavoured to actively protect all people from harm. Across the dataset police participants were clear around their role and accountabilities when attending mental health-related events. Frontline police wanted to protect lives and offer support, and their conduct was guided by legal and moral obligations.

The four subthemes (Figure 37) identify that there were, however, polarised attitudes amongst whānau, with mistrust and dislike shown towards police by some Māori people. Most frontline officers were aware of and tried hard to navigate any barriers created by their police identity. Frontline police were also frequently faced with moral dilemmas during 'grey zone' events. For example, making the decision to detain a person who was experiencing mental distress, or doing nothing. In rapidly unfolding crisis situations, there was often little time for officers to prepare a well-thought-out response.

Figure 32 The Kaitiaki Imperative and Subthemes



Regardless of who was involved, all frontline officers in this study understood that establishing and maintaining the safety and welfare of all people was a crucial part of their role. The following participant believed that there was always a risk during situations of heightened distress that an individual might cause harm to self or others. He said: "Yes, I would say the majority of the time, that was the case" Police #1.

Police #4 shared what their top priority was when they attended mental health-related incidents: "So, the first thing is... obviously in any situation is... staff safety and safety of the public... is paramount." Another participant's primary focus was the distressed individual with Police #2 commenting, "...so, we would attend... I think the main aim is to ensure that person's safety". Police #3 described their approach sharing, "I've played into that... I'll keep them safe, that if they stick by me, we'll keep them safe. No one can hurt them, that sort of thing". By establishing themselves as the person's guardian the officer believed that a more trusting relationship could develop, and the person's level of distress and compliance would improve.

Participants also shared how they would navigate the nexus between following correct safety procedure and enacting a humanistic response by showing genuine respect and concern. Police #3 would share the following advice with newer officers:

> And I just always tell them that they've got to draw back on 1. they're human and 2. we have protocols. And if worse comes to worse, at the end of the day, you just draw back on those two things. You... you flick into protocol, and you make sure that you treat them to the best of what you can at that time.

Police #2 expanded on how an officer's sense of moral obligation and benevolence translated during events:

> I think the natural tendency is... police just are in the job because they want to do the right thing. I think for the vast majority. That comes out when we go to mental health jobs, because we're kind of like, "Oh, they said they're going to kill themselves." We can't leave them. We've got to stand here forever [laughs]. This kind of thing happens.

With the onus placed on police to protect a person from harm, ensuring this responsibility was honoured carried immense weight during a response for some officers.[197]

When frontline police were able to help whānau achieve a good outcome and their gratitude was made apparent, officers experienced a sense of job satisfaction. Police #4 described having had positive outcomes across a range of situations:

> But... you know, when you do get to talk to someone and get them a resolution, or you don't take away... or you know... fix one of their problems... whether or not that's... you know, arresting a partner that's assaulted them, or helped return one of their children who's been doing something naughty, and they're thankful.

Frontline police attended at least 20 mental health-related incidents over the study's ethnographic fieldwork period. Participant observations confirmed that most whānau Māori were open to the physical presence and assistance of police. Like the frustrations of police towards systemic issues, whānau were generally frustrated by the inefficiencies of mental health services. The field notes about Hāmihi, Irene and Hera presented in chapter 8 demonstrated the struggles people endure when trying to access appropriate care and support.

Police #1 had personally experienced positive interactions with whānau who had requested their assistance, confirming that: "Yes, by the time they had called us, it was outside their capability of being able to handle themselves. For them, anyone that could come in and offer some support [was welcomed] ..." Police #3 had also experienced situations where they felt their interventions, even the use of restraints, were welcomed by some individuals who had actively sought their assistance because of their mental distress and being at risk of harming themselves:

> But I have had those ones where... us seeing them... said to them [distressed person], "Look, this is what I'm doing, happy to come with me?" Yes. "If you're happy to I'll put you in the back of the police car... I'm going to put your handcuffs..." Yes. And there are those people that genuinely want that help, that are willing, that know that they need it.

Police #3 described their effective use of a supportive communication method during a situation where no resistance had been shown towards them from the distressed individual. They provided clear explanations of their intent to use restraints and to transport the individual to a place of assessment, they also gained consent at each step of the response.[198]

---

[197] The moral distress of police is further explored in this chapter subtheme 3.4 *Ethical paradoxes.*

[198] The interpersonal approaches utilised by police participants across the dataset are further explored in chapter 11 subtheme 4.2 *Micro-relational ways*.

Hera's story is another event where the assistance of frontline response officers was welcomed:

Hera[199]

We walk through the kitchen with Hera carrying her packed overnight bag and towards the front door… there is a large roast on the bench defrosting… it's for a niece's second birthday celebration tomorrow. Tonight instead, Hera is voluntarily heading to Middlemore Hospital with the police officers where she knows she is less likely to self-harm.

[K. Hunter, field note shift #15]

Rather than moving away from perilous situations, which was the natural inclination of members of the public, frontline police would enter those spaces. Police #4 confirmed that when a distressed individual had a known criminal history the risk posed to officers would increase:

> There are bad people, or I shouldn't say bad people... I should say there are people with colourful criminal histories who are mentally ill. And I understand if we are sent in the first instance and deal with them because of the potential risks they pose.

One participant clarified that frontline officers were required to stabilise a situation before partner agency staff, or in this case a CRT with other police staff, could attend:

> ... we had a pilot... when a police officer, a mental health support worker and a St John's ambulance worker all attend mental health jobs. Once frontline... once PST has attended to kind of deescalate the situation and when it is safe for them to enter the property, they will step in and help support that person. Police #1

During informal conversations with police participants in the field it was revealed that many frontline officers were either unaware of the CRT trial or they felt that their workload was not any less, because they still had to attend the calls to ensure they were stable before the CRT arrived.

In situations where there was a potential for high risk or active resistance, one participant shared how he would always personally choose to arm himself. Police #4 rationalised wearing a firearm for his own protection despite his awareness of public controversy:

> But it's just... it's just what we have to do to protect ourselves. Other people [police] may not do that. I have a very controversial opinion. I have personally never had someone complain... a member of the public, about me wearing a firearm. A lot of people say that there is an inherent barrier that it creates between ourselves and members of the public when they see us armed. And I understand that, and it very well could exist on a subconscious level.

The same interviewee believed that his approach and communication style[200] was important and could effectively counter the presence of a firearm:

> But I think that your own body language and demeanour... if you rock up to a job and you have a sidearm on, and you come across as friendly and willing to communicate, that overrides anything in terms of their... for the most part... their being uncomfortable with you being armed. Police #4

Although police endeavoured to protect all individuals, whānau, the general public, and themselves, there was however, a counter narrative. There were marked objections from some whānau Māori about police responding in the first place. The police identity, which is described in the first subtheme, was noted as a significant barrier during mental health-related responses.

[199] 'Hera's story was previously introduced in chapter 8 subtheme 1.2.
[200] The communication styles of frontline police is further explored in chapter 11 subtheme 4.2 *Micro-relational ways*.

Subtheme 3.1: The face of NZ Police

Because they are always seen out in public and on patrol within the community, frontline police are the face of NZP. This subtheme includes data around the police uniform and its impact on public perceptions. In this subtheme, police participants recognised that they could create additional harm by exacerbating the distress experienced by whānau, and that they were not always the right people to attend events. The mere presence of an officer in their police uniform and in a police vehicle had the potential to aggravate whānau rather than to allay any heightened emotions. Police #1 described his clear understanding of the stigma associated with being a police officer:

> I don't know...we're not usually the most liked people ...when we're at jobs. It's not because, you know... there's great circumstances. But I think people... people have a lot of anxiety around at least interacting with police.

Police #3 confirmed that whānau experiencing mental distress would challenge them during interactions. She said: "I think it depends on their previous interactions with police. Yeah. I can definitely say through my career, I've had more negative interactions, then I have positive..." She supported this claim by recounting the following story:

> ...we were called to someone that was being sectioned. So, they were already at a mental health clinic. And they had asked us because this person was getting aggro. And when I got there, the person's first comment was... "What the fuck are you doing here?" And I said, "Look, I've just been called here for assistance, what's going on? He goes, "Well, you tell me". Police #3

This same officer added, "...with someone that's already under such mental distress to then have police turn up is a negating factor, no one likes police turning up" Police #3. Some whānau interpreted the mere presence of police to mean there was a criminal component to their situation, which in turn exacerbated feelings of mistrust towards police. Police #3 illustrated another event:

> And his [distressed individual] first question was, "What have I done? I'm not a criminal" ... And it's very hard to explain to someone like, I know you're not a criminal. But they've called me because they've got concerns. Did I think these concerns were valid at the end of the day? I never saw what their concerns were. And I don't know if they were the case. And I find that often police are used as a bodyguard for mental health, and it can look very negative to that person, because now they think, well, what have I done wrong? Why am I such a bad person? Because police have been called.

In this situation where the individual felt criminalised, the officer was placed in a position where they had become more of a hindrance than a help. The police were required for the protection of mental health professionals, yet they had exacerbated the individual's level of distress because of their presence.

Police #3 moved to reference the South Auckland district as being significantly affected by high rates of negative police and whānau interactions:

> I find in our community as well, that a lot of these people have previously had such negative interactions with police, whether it's a criminal thing, family violence, or something like that, or they've just had an interaction with a cop that they didn't either like their attitude the way that they spoke to them...

Whānau adverse reactions to police also reflected that there was a degree of stigma and shame associated with being involved with the law.

There were further stories of police interactions across the dataset that conveyed how whānau would work proactively to manage their encounter with officers better, to retain their mana (status), and tino rangatiratanga (self-determination and authority):

Police in our street

The police unit received a call to visit a whānau regarding their missing teenage girl. The girl's koro (grandfather) had found a boy in their house the night before and angry words had been spoken between them all before the youths disappeared together.

The grandmother arrives home from work and growls at the officers for standing at their front door in full view of the neighbours. She quickly beckons them down the stairs and into a ground floor room so that they can all talk in private.

Figure 33 Police Car Parked in Front of Suburban Homes

(location unrelated to story)

[K. Hunter, field note shift #10]

Other stories noted in the field conveyed how much the presence of police was abhorred by some Māori within the South Auckland community. The following field note depicts a clash between police and a tāne Māori with obvious gang affiliations:

A fraught relationship

Lights and sirens on, travelling to a P1 emergency call late at night. The police car navigates quickly through heavy, rain drenched traffic. The informant is a member of the public. They report a distressed man standing on a rooftop.

Three police units arrive in the carpark simultaneously, they search and spot the man on top of the building. Far from appearing distraught, the victim calmly explains to the officers that he thought his unit door was being kicked in. He was so scared that he had leapt out of his window onto the roof below. Two bystanders, one clearly intoxicated tāne Māori (staggering and making leering comments towards the female officer) stops when he recognises the man on the roof. He says that's his mate and yells up at him to say that it was him that had knocked on his door. He had come to visit. Having ascertained the backstory, Police retreat to their vehicles quickly leaving the man on the roof. As they move a barrage of abuse comes from the man on the ground "Fuck the Police!... [Gang name] rule!" etc. Some officers fire back with an equally passionate response.[201] One officer comments quietly that maybe the two men will have a good fight now and the police will be called back to lay assault charges.

[K. Hunter, field note shift #1]

[201] This field story has also highlighted the issue of police and gang tensions within South Auckland.

The following field note further exemplifies the high level of contempt shown towards police by whānau. This event involved a man who had a criminal and mental health history, and who was enduring home detention:

An aversion to police

There is a one-day old report of a Māori male recently released from prison who has been seen washing himself at the back of an industrial business. Police drive to the location and question the public informant. They head to a rehabilitation home where the man is staying whilst on home detention. The PST officer's exchange notes between each other, "Is he a big dude?" ... "Yes, but not huge, huge...".

The police unit park outside a double-gated securely locked premises in the torrential rain. The police speak to the house manager by phone. They explain that their primary intention is to sight the man, "...to make sure he is safe".

They get out of the patrol car and then scramble for waterproof jackets as the sky opens up again. The officer approaches the home carer who is standing inside the gate and attempts a friendly "Hey Boss". The man avoids eye contact and refuses to allow police entry. Instead, the tāne in question is beckoned outside, he paces around on the driveway and does not establish eye contact. He returns inside, closely followed by the carer… the front door shuts and the police return to their car.

The officer calls the off-site manager again to update him and asks, "Is he meant to be taking his medication?" The manager mechanically responds that he will "...speak to the man's whānau about his medications, and the doctor, and mental health." It sounds like he has recited this all before. He also warns police that "As for going onto the property... there are people in there who are not too fond of you guys."

[K. Hunter, field note shift #9]

South Auckland police participants understood that many whānau Māori who have had prior negative interactions with police and the criminal justice system in general, have a vehement dislike for them. Police #4 had a clear understanding of the reasons underpinning such derision, citing colonisation as a contributing factor. Their approach to individuals on remand or in short-term accommodation was informed by this knowledge:

> ...often... quite a few residents of the marae itself... because it is used as a form of transitional housing, though they're not exclusively anti police... I would comfortably say the majority of people that I've dealt with at that marae, outside of the elder people, are quite anti police and they have this... you know, kind of issue and... you know... probably due to... you know obviously, our history of colonialism when we turn up on their marae, which is their land... then they're very unhappy to see us despite the fact that the kaumatua have either invited us... Police #4

Police #4 agreed that their police identity was a significant barrier to being able to establish trust and confidence with whānau, and suggested that other agencies may have better relations:

> ...rightly or wrongly my perception is that they [Māori] would be more willing to engage with mental health coordinators or people kind of from the health care world as opposed to police. It just due to our... you know, the negative connotations that we have within, and our past dealings with that community.

One participant described how the use of coercion to manage an acute mental distress situation negatively shaped whānau impressions of police and affected any future encounters. Their use of force in this situation was considered necessary to protect the safety of the distressed woman:

> We had had multiple calls. And I knew that she was a risk. It ended up being a big push and shove between her and I and at the end I managed to get her on the ground. Got her sitting and I took a step back because I knew right then and there that I was the officer that had stopped what she was trying to do. Police #3

This same participant has been a frontline officer for approximately three and a half years, and they also trained probationary constables. She would take care to advise new recruits about the impression they would make as police officers, and how their presence might be interpreted negatively. They also described a personal coping strategy. Police #3 would say:

> ... a lot of these cases, they're not going to see it like that [that you are there to help]. They're just going to see, obviously, a person in blue, and for whatever reason they fight police, and you're... I just tell them; you're always going to be the bad guy. But as long as you know within yourself that you've done the right thing, not to wear it...

Participants were also highly aware that they would likely be videoed by members of the public during interactions, like the following field note describes:

In the public eye

The man is yelled at by police that he is under arrest, the officers grab him and slam his body against the police vehicle to apply handcuffs.

Afterwards one officer asked if I was ok as I am in the back passenger seat of the locked vehicle. I say “I'm fine” as he moves our vehicle to the opposite side of the road. He says I can get out now if I want to, but I will most likely be videoed. I say I will remain in the car because I feel this event is outside the scope of my study. I can see a man at the end of his driveway with his phone out recording everything.

Figure 34 Police and Patrol Car in Residential Street

[K. Hunter, field note shift #4].

Police experienced being insulted by people who chose to respond to the uniform and not to themselves as people. One participant also spoke about how they perceived their own ethnic identity to be a significant barrier during interactions: “So, in that situation she [the distressed person] was a Māori fluent in te reo and was very against white officers... I’m pale myself; most people don’t know I’m Māori myself... so that was a big barrier for her” Police #1.

Subtheme 3.2: Navigating unpredictability and volatility

In fast moving crisis situations where hazards were unknown, there was often limited time for preparation, or for demonstrations of genuine care, concern, and relationship forming.[202] The retrieval of historical or current event details or obtaining people's back stories at the scene[203] was not always possible. Rather, the response of a frontline officer was informed by on-the-spot decision-making and actions described within this subtheme.

Frontline police in CMPD frequently attended situations of heightened distress and danger which required them to quickly manage escalating behaviour. Police #1 illustrated how they understood and approached this aspect of their role: "... you can go from zero to 1000 in a split second. That's something you just have to constantly monitor… have a backup plan if that does happen straight way or throughout the journey." The opposite situation would occur too, where there would be a marked difference in situational intensity, from heightened action to calm. Some situations required that the officers be carefully measured in their approach, rather than acting in full-action mode:

Highs and lows

One officer in the field comments about the challenge of being readily adaptable in their responsiveness, he says he finds it "…hard going from a full-on adrenaline-rush case [like chasing and arresting an offender with suspected firearms and drugs] to a 1M call... such a change in intensity".

Figure 35 Police on South Auckland Motorway

[K. Hunter, field note shift #5]

Represented across the dataset were repeated ideas around incidental assessment. Police continually drew upon their situational and subjective assessment skills to measure the degree of risk, and to inform their response. Police #5 spoke of "...just getting there and talking to them and kind of assessing by their behaviour and what they're saying, you know, their level of threat to themselves and to us and things like that". Police #1 agreed saying, "I would personally deal with each situation as I approached... and that would... for me is kind of... not cornering a person that's in mental distress... those types of things." The following field note describes one simple risk management strategy practiced by police:

[202] How police attempted to bridge public perceptions and use interpersonal skills during interactions is further explored in chapter 11 subtheme 4.2 *Micro-relational ways*.
[203] The retrieval of people's back stories was discussed in chapter 9 subtheme 2.4 *Eliciting backstories.*

A simple strategy

It's a chilly winter's day and I stand at the porch door and quietly ask the officer whether to shut the door, but he quickly replies, "No leave it open". I wonder… is this just in case we need to make a quick exit?

We are welcomed in by the mother, but it takes me a while to establish the distressed man's position, his mood and level of predictability. At first I am fearful that he may get angry… I'm just not sure.

[K. Hunter, field note shift #4]

One interviewee explained about the tactical options framework they were trained to consider and apply to situations. Police #3 would take into consideration not only the attributes of the distressed individual, but also her own attributes and safety:

> PCA is what we call it. So Perceived Cumulative Assessment. And it's what [we apply during] all situations that we go into. So, we take into account their history, their demeanour, their size, their build, basically... I mean, if I've got a big Island or Māori guy that's six foot something, he will stay in handcuffs because I'm not of a build and I know that... and they are quite unpredictable. They are a risk to themselves, but me also foremost. And when under stress they don't see good and bad, they often just see bad. Police #3

This excerpt inferred that police have applied bias to their assessment of individuals which shaped their response. This officer considered a person's ethnicity, gender, and size, which then shaped the tactical options or degree of force they would use. This police participant also inferred that her default opinion or risk assessment of a man of Indigenous Māori or Pacifica background would be to expect a possibly violent reaction from them.

Police #5 explained that there was no response framework that police could apply specifically to mental health-related situations. Rather, they expanded on the previously described risk assessment approach, which encouraged police to make their best judgement. They needed to decide along a continuum whether a person was compliant, right through to whether they were threatening a life:

> Yeah, the only framework we have for assessment is TENR [Threat, Exposure, Necessity, Response] ... And that's, that's just a threat assessment which can be used for any situation... and that's whether a person's you know, assaultive or compliant or likely to cause death or GBH [Grievous Bodily Harm]. And our response obviously, measures up to what level on that spectrum we think they are. But there is definitely nothing to help us assess mental health specifically. Police #5

The irony was that sometimes in more critical and dangerous situations, an officer would have less time for assessment and planning of an approach. Police #5 explained:

> If you've got time, and it's not a time sensitive thing, then you might... not formally go through your TENR... but usually when, when they're higher on the scale... And if you've got to you know, go hands on to take a knife or a razor or pills away from them or... pull them away from the edge of a bridge... then you kind of don't have time to talk about that or discuss it or come up with a plan... Police #5

In the field, the following situation unfolded over the course of two minutes. This incident exemplified how urgent a situation could be, and how quickly police responded:

Zero to 1000

It's a sunny Auckland day following much torrential rain and storms affecting much of the country. The frontline unit is parked in the patrol car overlooking the high tide. They are taking time out for morning coffee and bakery food. This moment doesn't last.

The officers receive an emergency P1 job call from the dispatcher about attending a mental health crisis incident not far away. The time is 1005hrs, and the informant is a private boarding home manager. A male resident has been threatening people with a knife, which the manager has managed to remove from him.

The unit drive lights and sirens to the address. The offsider is trying to read the job text, and the driver is trying to navigate quickly to the address. He overshoots the turn-off and must spin around and drive back.

As the police car enters the cul-de-sac, the driver immediately stops the vehicle, and we are faced with a wide-eyed man with a beard covered in saliva and blood from his nose. One eye is black, and the swelling is evident, even from a distance. 'William' is running wildly towards us with several people behind him.

The driving officer leaps out of his door without a word to his partner, and she follows suit. The first officer has his taser out and points it at William, who tries to open the rear passenger door of the police car. He is warned by both officers, "Stay back... just stop!!"

Another police unit has arrived, and William tries to open their patrol car door… these two officers leap out of their car and, together, the three male officers hold William down on his knees and hand cuff him with his hands behind his back. It is 1007hrs… William is detained from this point and is transferred to Middlemore Hospital ED.

Figure 36 Middlemore Hospital Main Entrance Carpark

[K. Hunter, field note shift #8]

There were times in the field when referring to the rule book and contemplating tactical options to help manage situations was not entirely possible, especially if there were unknown hazards or urgency on the part of officers to react. After this mental health crisis event and back in the station tearoom an informal debrief occurred between the two officers and other PST section officers. The female off-sider exclaimed that she was very unprepared for what had unfolded, and that the male officer had taken the lead by quickly jumping out of the patrol car without communicating his plans with her.[204]

[204] Team work and the attibutes of partners/offsiders is further explored in chapter 11 *The Apprentice's toolbox.*

Participants emphasised that there were inherent challenges for them when they tried to manage someone experiencing heightened distress or psychosis. Police #1 described their feelings of uncertainty when managing the volatility and unpredictability of a person who was affected by mental ill-health:

> ...you don't know what's going to happen. You know, I've been in the back of a police car, and the male that I was in there with... it was another transport for mental health... was talking to about six different persons, all within his own head but out loud. You try to be as calm as you can, but you don't know. Like, he was having an argument with the people inside his head. You just don't know what moment that's he's going to snap... or whether he will snap or not... and be physically violent.

Police participants described and demonstrated how emotionally charged they could personally become during a crisis event. In the following situation little was known about the person at risk, except that there was a serious threat to their life:

> In a good outcome there was a Māori male who had... well the call that came in was that there was a person sitting on the rails on an over bridge over the motorway, and they looked like they were going to jump... so a very kind of stressful situation. And that maybe he really could have just jumped at any moment, we managed to... my colleague and I managed to get close enough to him to just engage and kinda see what was happening for him in that moment and how we could help him. Police #1

There were a range of mental distress response preparation periods noted in the field, from immediate and emergent, to timely and pre-planned. The following story exemplified how when the criminal and mental health background of a person was well-known, and when there was time (yet also a degree of urgency to achieve a desired outcome), a police response could be well planned:

Avoiding treatment

Public Safety Team assistance is requested to locate and transport a tāne Māori, 'Taine' who is under a community treatment order. His file is checked en-route to reveal a mental health diagnosis, and an extensive criminal record, outlining acts of violence and drug charges.

Taine has failed to attend his court hearing early in the week. A warrant has now been issued for him to appear in court today. It is likely that his community treatment order will be extended as there are reports that he remains unwell. Despite being under the Mental Health Act, the court has issued a warrant for police to enter the premises and apprehend Taine. The court order has taken several hours to obtain, and time is running out.

Two frontline response units and the mental health liaison arrive at the premises where Taine is reportedly residing. They have met down the road to discuss a plan which includes arming themselves. Spacing themselves around the property, the plan is for the least number of officers as possible to present to Taine. At the property through the fence there is noise of the motorway beyond. They soon discover no one is home. The next step is to travel to another suburb where Taine's parents live as he might be there. The idea of being in another South Auckland area, outside the one that they are located, fills one officer with dread. Another cop, a female friend, got punched unconscious there a couple of days ago.

Figure 37 South Auckland Highway Scene

[K. Hunter, field note shift #13]

Subtheme 3.3: The tipping point

Across the dataset, frontline police participants demonstrated how they can be uncomfortably positioned during situations. As depicted throughout this subtheme, some situations where whānau are mentally distressed can create an ethical dilemma for officers as they try to rationalise the best practical approach.

During mental distress crises there would sometimes reach a point when police either could not advance with procedural justice type communication and work towards minimising the persons level of stress, and/or they were required to detain a person because of threats to life or because of mental health legislation. Police #4 described how they sometimes would not have time to communicate with whānau in an informing and therapeutic manner during crises events:

> It′s you know... unfortunately, it is what it is, when you have somebody inside of an address who's actively harming themselves, or... you know, poses an imminent threat to themselves or others. Then there literally is not time to affect the purpose of you know... you can't communicate with the family in a way that will... you know, in a calm "Hi, my name is [officer′s name], we're here because we're worried about [distressed family member′s name]." You know... "how've they been lately?... just reiterating they're not in trouble. You know...but we are worried about them.... blah, blah, blah. It's... sometimes, it's literally you get to the door, they're holding a knife, everyone's screaming and you literally just have to get units there... bundle the family out of the house, sometimes against their will to protect themselves and deescalate the situation, and then attempt to communicate with the person and if they're not willing to communicate and still actively harming themselves, then we need to deploy appropriate tactical options in order to prevent them from killing themselves.

The use of a taser in this situation was rationalised as appropriate by this police participant. They went on to explain how they implicitly understood that they had in fact criminalised the distressed person through their choice of tactical approach. However, this was to prevent them from actively self-harming:

> So, which I've personally done, when I've tasered a gentleman who was attempting to slit his own throat with a [bladed weapon], and when you have other people there and you know... it is true that they haven't done anything wrong, they're not doing anything criminal. But we have an obligation to protect life. And the best way to do that is unfortunately, a not very nice thing, which is tasering them or using force on them in order to prevent that from happening. Police #4

In another situation the physical chasing and restraint of another individual who had been endangering her own life was described and well-rationalised by one female officer:

> I was the person that ran out into traffic to stop her. I was the person that restrained her, put her on the ground and then tried to... I had to, I had to pin her down. She was flailing and trying to get back in that traffic. Police #3

It was also noticed across the dataset that frontline police worked at managing their police identity. They showed themselves and police in a good light, as if they have trained themselves to speak in a restrained way. They did much emotional self-regulation and used minimising language to describe something horrific and terrifying as ‘not very nice’. Or they would rationalise that even though the person had struggled, they didn′t cause physical harm, such as illustrated in the following excerpts:

> We did have to use force in getting her out of the property. But she was in a deep state of psychosis by that point and... it was very difficult to kind of break that barrier. Like we almost didn′t. But towards the end, by the time we got her to the facility, she had managed to calm down a little bit... We handcuffed her. And that was the extent of the force was having to kind of catch her and get handcuffs on and there was a little bit of a struggle. But no injuries to her it all. Police #1

> And then yeah, we had to go in and we grabbed him. And he did wrestle with us for a bit, but

> he is a bit smaller in stature than myself and my offsider. So, we put him down on the bed, handcuffed him and then went out... and you know, it's unpleasant and uncomfortable for him, but he didn't get hurt. And the family understood what was happening. Police #4

These unpleasant acts were often witnessed by whānau, such as described in the following field note:

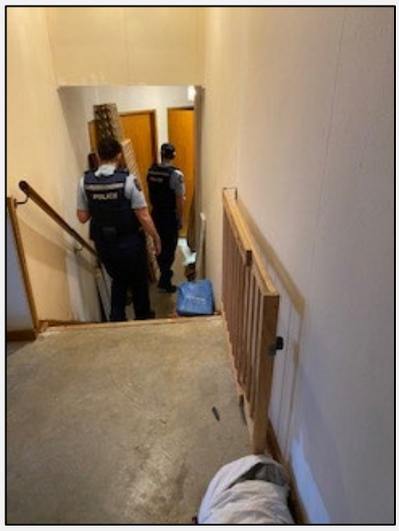
Leave me alone!

The police unit are called to perform a mental health welfare check on a woman in her 60s. The informant is the unwell woman's daughter. 'Trish' reportedly has a long history of depression, anxiety, and had a recent suicide attempt.

The officers suspect that Trish is hiding inside her home because her car is in the driveway. A neighbour confirms their assumption, and there is a large dog barking furiously inside the house. The daughter informant agrees that they gain entry by force, after knocks on the door and phoning Trish directly both go unanswered.

Figure 38 Police Officer Checking House Access

Figure 39 Police Inside House



The officers enter the home and clear the downstairs area to move tentatively upstairs. The dog is now barking behind a closed door. "I don't get a good feeling about this" says the female officer. Trish is lying prone on her bed with her face to the wall, and she wants the police to go away as she claims there is nothing anyone can do to help her. The male officer spends over half an hour standing at the doorway talking quietly to her, "At least we're here to listen to you" he says.

The female officer moves outside and makes a call through to the mental health crisis line who request to speak with Trish. They are seeking assurance from her that she is ok, however the questions escalate her emotions even more. Two whānau members arrive but they remain out of sight as they know that their presence will contribute more upset.

The mental health crisis team are trying to locate her file and will call back in half an hour. They may move her back into a respite setting. They phone back reporting that they can't find the file and

suggest the whānau bring her in to the hospital emergency department, however this is clearly not an option. The DAO will be hours away.

Over two hours after arriving the whānau agree to stay downstairs and the police can leave. They will return if the mental health crisis team decide to relocate Trish. The mental health team have now located her file which was sitting with another service.

Four hours after the initial call to them for assistance and two hours after they left the home, the mental health team DAO contacts the same police unit requesting their assistance to uplift Trish.

The frontline unit and a duty sergeant travel back to the house, they arrive shortly after the mental health professionals. A psychiatrist and two mental health nurses speak with Trish at length assessing her status and deciding on her treatment which is to be under the Mental Health Act. The three police officers wait outside.

It's 2300hrs by this stage and the night is getting chilly. One officer removes her safety vest to put on her jersey- I hold it for her and am surprised at how weighty it is. The decision is made to transport Trish to Middlemore Hospital under a compulsory treatment order. There is no bed available at the mental health inpatient facility, but she will be placed in a short-stay room.

The three officers move upstairs with one mental health professional. They initially try talking to Trish who is still lying in her bed. They then go 'hands-on' to get her out of bed. Trish refuses to stand but they manage to get her to her feet and the sergeant applies double handcuffs, one on each wrist. Trish begins screaming and yelling. As they reach the top of the stairs she collapses to her knees. At this point the female officer issues stern words ordering Trish to stand up.

During this uplift, the duty sergeant reassesses the level of threat compared to the distressed woman's health and safety risk. He asks Trish if she has any medical conditions (he says to me afterwards that he had concerns that she may have osteoporosis, or a heart condition given her age). The duty sergeant decides there was more risk of injury to Trish on the stairwell whilst handcuffed and she hasn't posed any physical threat to them, so he removes the cuffs. Trish asks the police sergeant to leave the cuffs on her.

When they arrive outside the house and onto the street, Trish yells expletives at her whānau who are hiding out of sight. They look absolutely worn out. Trish is placed in the back of the police car with a mental health nurse and the two PST constables transport her to hospital. As they leave the scene, no-one has engaged with the waiting whānau again, which I think is rather strange.

[K. Hunter, field note shift #14]

There became a clear turning point in this situation. Once the Compulsory Treatment Order (CTO) was activated, the police were required to transport Trish, and they had to use force to do so. The following and final subtheme of this findings chapter is about how police justified the use coercion during situations when distressed whānau were actively harming themselves.

Subtheme 3.4: Ethical paradoxes

Linked to a previous subtheme of **navigating unpredictability**, police officers often experienced moral distress and faced dilemmas when deciding between two (or more) conflicting requirements. For example, their duty of care and calming, versus their duty of safety, protection, and restraint.[205] There was empathy and concern demonstrated on the part of some police participants who inherently understood that coercive actions were not very nice. Police #3 described how they felt about using force:

> I don't like getting hands-on with people, I don't like having to restrain someone. It's not what we like to do. Yeah, I don't like having to restrain people. It's not, it's not a nice... I'm not one that likes to be touched in any way. So... and I call them unwanted touches, whether it's a hug, being pulled, being pushed, I don't like it.

This female officer had reflected on how adversely she felt about being handled herself, which affected how she felt about responding in a physical manner to people in distress. There were times when the establishment of a safe situation had to over-ride this feeling, however. Police #3 found it difficult: "...to then do it to someone that I know that is not going to react well at all. It's hard because I know... I have to do it [use force] for their safety, for my safety".

Police #1 also described their use of restraint as an unpleasant experience, and that they would carefully consider whether to apply force or not:

> And when someone's in such distress it's... you know... it's sometimes not nice for them to be restrained, so you also have that component that you're having to wrestle with, as well as... right we want this to be a nice calm process. But you know that if you put handcuffs on them that that's potentially going to escalate the situation. So, you're torn in that sense as well. And in that case, I didn't handcuff him.

Again, there was a moral dilemma expressed by this participant. Another officer agreed that they carefully considered the use of handcuffs. They explained how using coercion on someone who was distressed was not a nice experience for that person, and that it was unhelpful for minimising the person's trauma:

> Due to the nature of mental health issues, and the unpredictable behaviour that people with those issues exhibit it's... it [handcuffing] does more harm than good. But a lot of the time you could think... yeah, I can take the handcuffs off. And you know, it makes it a little bit more comfortable for them. You know, it makes them more willing to engage, they don't feel you know... having handcuffs on is an uncomfortable... it's not nice. Police #4

Police #4 and other participants identified that using coercion sometimes reduced their ability to effectively communicate with, and gain compliance from a distressed individual. Police #3 reported how in the past she had negotiated the use of restraints with people she had bonded with, in exchange for their agreed compliance:

> I have had instances where I have very easily built the rapport with that person, and they have been fine towards me, however... [the person] can be hostile towards a DAO or such. And I will make an agreement... some I've taken out of handcuffs with the agreeance that they are, for example, to stay on the bed at the hospital at the ED and I'll remain in the room, and I don't leave.

Police #4 went on to rationalise the use of restraints in situations when police are unable to predict the person's ability or willingness to comply and when there was increased risk:

[205] This theme is also closely linked to the previous chapter 8 *Agents of the board* theme where the accountabilities and challenges for police in mental distress situations were explored.

> But... if you... the other side of the coin with that... is if you do take them off [handcuffs], and you're transporting that person, and they've exhibited that they're physically willing to get away and you can't guarantee that they're not going to do that. Then you're talking about cops being assaulted. People opening doors on the motorway trying to escape the car...

This male officer recounted witnessing a high-risk situation develop when the handcuffs were removed:

> I've seen a guy unhandcuffed... wasn't my job I just happened to be there... and try and jump on the train tracks, no trains were coming. And it's just not safe. It's not in their best interest or anyone's best interest to take them off. Police #4

This same participant had experienced a worst-case scenario, which made him even more risk adverse. He agreed that when he actively restrained someone, either using physical or verbal means, the experience was difficult for him. Again, risk management outweighed the emotional burden that coercive actions created for them and the distressed individual. He explained:

> ...you know, using force or having to be aggressive, and... and... or, or be talking to in an aggressive manner... is uncomfortable and we don't like it. And you know so we're... we'd be making our jobs harder if we fail to do that. Police #4

Police #3 also agreed how difficult it was to manage situations sometimes, yet she also prioritised safety first:

> It's very hard, because the ones... the examples that I can think of the people have been in such distress that I... at the end of the day have to take off my hat for that side of things, and I have to deal with protocol... on being that their safety is the most paramount thing.

Officers also explained how when they worked in the 'grey zone', or where it was unclear whether to detain/arrest, or do nothing, they would then be challenged with the circumstances of doing nothing.[206] Police #5 described the personal emotional toll of leaving situations when she had felt strongly that the person remained at high risk of suicide:

> Oh, it's hugely frustrating. It's... oh you know, you try not to but sometimes you take it home with you and I've had situations where I come home and cry and talk to family members because I'm worried that when I'm at work the next day, I'm going to be called to a... to a body at that address. Yeah, so it's really, it's disheartening for sure.

Another participant understood how other officers experienced moral distress, but only because they faced repercussions. They personally had a more pragmatic approach to leaving situations, by rationalising that they simply had no other option:

> Yes, and it stems from being... how do I say? Do you know what I mean sometimes you've just got to walk away. Yes, some people feel like they can't. Because it'll come back on them if something goes wrong. Police #2

Police #5 described one past incident when rather than walking away because the situation did not meet the threshold for hospital admission, she acted on her intuition and advocated strongly for the safety and welfare of the distressed man:

> And it was one of those ones where usually we just have to leave them there because legally, that's all the options we have. You know, you can't force him to go somewhere. Middlemore wasn't willing to have him. He didn't have any family to stay with, or anyone we can call to kind of watch over him. So, I dug my toes in and kind of called our big bosses and said "Look, I can't leave because we're going to be coming back to someone that's not alive". And... and we did break procedure, and we ended up putting him in the cells overnight, which we didn't have any reason to... [he] hadn't done anything wrong. It was probably quite horrific for the person even though it was explained to him. But that was our only way of keeping him safe and ensuring that he wasn't going to hurt himself. Police #5

[206] A theme raised in the first findings chapter 8 *Agents of the Board* illustrated how there would often be a high threshold for a mental health response.

This officer invested much effort into ensuring this man did not take his own life. His threat of self-harm and need for observation and care overcame the dilemma of detaining him in custody. The emotional distress experienced by this officer over this situation was apparent:

> Yeah, that was one of the ones that I came home, and you know cried about. Yeah, just because you know it is so frustrating and you do... you know even though it's a job you know, you do really care, and you don't want that... kind of... on your conscience. Police #5

Summary

This chapter has presented the third of four police experience themed chapters, **the kaitiaki imperative** and four subthemes: **the face of NZP, navigating unpredictability and volatility**, **ethical paradoxes**, and **the tipping point.** Study findings have demonstrated the balancing act that police undertook when they were called to attend a range of mental distress events in the community. There were certain barriers that they faced and there was also recognition that police can both protect people, yet also cause more harm. The following chapter presents the fourth and final theme, **the apprentice's toolbox**, and four subthemes.

11. THE APPRENTICE'S TOOLBOX

Introduction

The previous chapter presented the third main theme, **the kaitiaki imperative** and four subthemes. These findings have illustrated the obligations of frontline NZP to protect public safety and welfare, whilst navigating unpredictability, role stigma, and ethical dilemmas, including the decision to use coercion or force. This chapter presents the final main theme, **the apprentice's toolbox,** which explores the idea of the frontline workplace as a place of experiential on-the-job learning and practice socialisation. To enact a response during mental health-related callouts involving whānau Māori, police participants described learning from peers and drawing from their own values and past experiences to inform their interactions. This chapter also shares findings around Māori cultural responsiveness, including how tikanga Māori informs policing approaches and interactions. The following snapshot introduces the final South Auckland area visited for frontline police observations, its vibrancy, culture, and the hardship associated with poor housing:

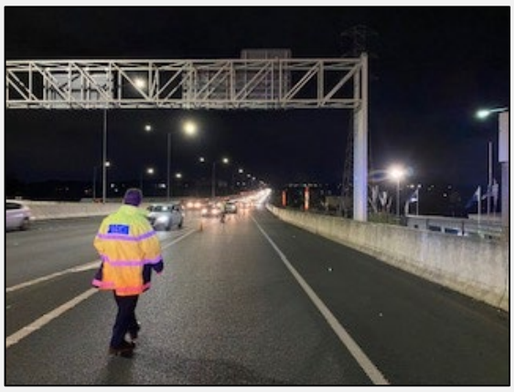
Area four snapshot

Starbucks Manukau City-I have become very fond of South Auckland and the people here. The wahine serving greets everyone with their drink of choice and a hearty "Here's your .... you amazing human", or "I have your cookies & cream grande... thank you dear. Have a lovely day". The district is certainly vibrant in culture… kai (food) and whānau (it's the school hols currently).

I am a minority with my pale face, but I feel much aroha towards people. I smile at people. I said 'Kia ora!" to a dishevelled looking tāne Māori sitting in a carpark stairwell. He was both surprised and delighted, "Chur neat alright!" he said. I am heading into my final stretch of shifts in this fourth district area… my first shift starts in two hours.

It has been a wet night, and the area is sodden. There has been so much rain this July. I think of the mould-ridden homes that I have seen around some South Auckland suburbs and the whānau who live there. Mould patches visibly creeping several feet up the outside walls of wooden homes.

Figure 40 Frontline Officer on the Southern Motorway



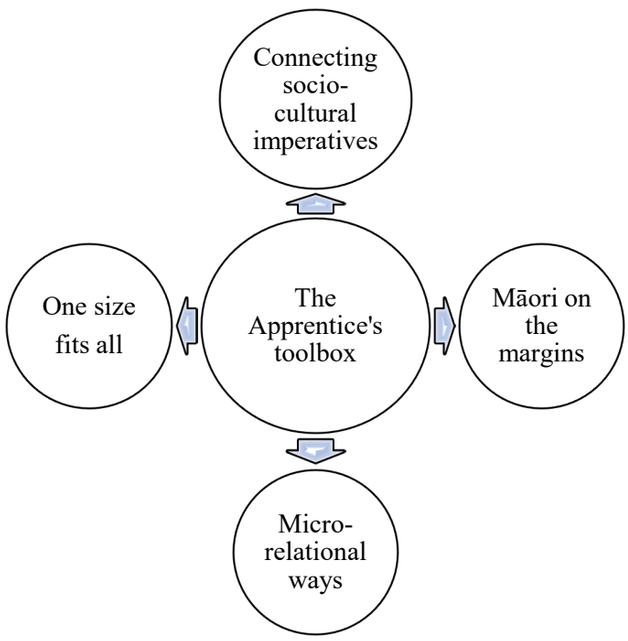
[K. Hunter, field notes shift #13, trip #7]

11.1 Theme 4. The Apprentice's toolbox

The findings within this final **apprentice's toolbox** chapter emphasise how police are trained and socialised into their role to become an efficient and functioning policing unit during frontline responses. Following their initial induction training at the Royal New Zealand Police College (RNZPC) it was apparent that officers learnt most strategies for their role in mental health-related situations in an apprenticeship, on-the-job, experiential, peer teaching and learning manner.

The four subthemes within this main theme (Figure 46) further illustrate how frontline police learnt to respond and interact with whānau Māori experiencing mental distress, not only within a legislative, health, and safety framework, but culturally, relationally, and interpersonally as well.

Figure 41 The Apprentice's Toolbox and Subthemes



Police participants agreed that their mental health-related training, delivered during the 16-week induction course at the RNZPC, was brief in nature. Police #5, who had been in the service for just over three years, laughed when asked where and how do police learn strategies to respond to people in mental distress, she added: "I would say in Police College they probably touch on it when you're first training".

Police #4 had been in the service for a similar period of time and agreed at the cursory nature of their training, which included learning how to apply a general communication tool: "I'd say that the training is very limited. You're... in college you're taught your AWOCA[207] communication tool, but... that's quite limited". He explained how the tool guided their interactions with people who are "passively resistant and above, in order to gain compliance... not just [for] people with mental health issues, but you know, anyone who doesn't... want you to be there". However, he also agreed that the tool was less effective with people with mental health issues, "because of the nature of mental health".

Another participant elaborated on the training they had received during their induction phase six years prior. Police #1 believed that the practical skills and legislative knowledge they had learnt contributed

[207] AWOCA is the acronym used to describe the tactical communication technique. It includes ASKING or telling a person what to do, explaining WHY it is necessary for them to comply, giving the person OPTIONS, CONFIRMING that the person understands, and ACTING by taking action.

to the development of a wider policing 'toolbox' that would enable them to actively manage a range of situations:

> We're given brief training on... like when I went through [RNZPC] Police College... brief training on... the law and legislation around mental distress was the main thing... and 109s [police powers in relation to person appearing to be mentally disordered in public place]... often it would hark back to how to detain persons... and I suppose, given tools... to address or work with people under mental distress is kind of one of the main properties. And I don't know if it's just because every situation is so different.

Already depicted across the previous three police findings chapters, the nature of mental distress events and the individuals involved were diverse, however police had a set of standard procedures that they would follow. Police participants agreed that once a probationary constable had entered the workforce, they were expected to develop expertise in many facets of their role. Police #2 used a 'fish and chip' analogy to describe the diversity they encountered, and the scaffolded approach to learning in situ:

> How do they learn strategies... well policing... when one comes out of college [RNZPC] it's just a whole new world of... a little bit of this, and a little bit of that. So many other little areas. The general consensus is that one's supposed to become an expert in all those little departments. Mental health is one of them. So, we kind of go in it with a vague understanding of the powers under the Mental Health Act... and really, it's a bit of a fish and chip along the way.

Police #2 expanded on how an officer's approach to mental health-related work could develop, yet also indicated that there was room for error through inexperience and misinterpretation of legislation. They said:

> And it's not really until one really delves into those powers and... that one I think gains a better understanding of how to deal with specific events. I think basically mistakes are made due to a misunderstanding of those powers. Police #2

Police #2 also drew upon his six-month experience within the CRT that ran for 3 months in CMPD and offered a practical solution for the training of frontline officers and to alleviate demand:

> ...my offsider and I talked about how the CRT might look, which will be a bit different from how we played it. And it would involve having police officers, junior police officers rotated in and out, resulting in a better understanding of mental health powers, which would mean better responses to jobs.

Police #3 agreed that experience in the field improved responsiveness, saying "the more and more you go to these jobs, the more that you very quickly learn to assess that person".

It was evident that following recruit training at RNZPC, experiential workplace learning was the predominant means of consolidating an officer's skills and strategic approaches to whānau experiencing mental distress. Participants agreed that formalised mental health-related training in the workplace was limited. Police #4 said "...there's very kind of little [training]... that we're provided... We might get it brought up at the odd district training day if we're lucky, but it's not structured". They also spoke about their dislike of completing online workplace learning modules saying, "Like, I'm personally not a huge fan of the e-learning. We do [them] because it's a... I think it's a box-ticking exercise and a lot of people on the frontline treat it as such". They added that "people do pay more attention when a new one [e-learning module] comes out".

Another interviewee was equally as frank about the lack of ongoing mental health-related training with there being more of a focus on tactical response training. They said:

> But... to be honest, since graduating we don't really get a lot of continued education in that kind of sector. You know, we get continued education when it comes to tactical stuff. If there's any updates to legislation, but as far as... that kind of continued education, it's not really provided or touched on. Police #5

The following field conversation illustrates one experienced police officer's concern at the limited training provided for them around recognising behavioural indicators that may help determine the context of a situation:

How do they discern?

'Peter' has been drinking for several days and he shares with the officer that he has been feeling very low and upset, so much so that he feels like killing his wife with whom he recently separated. The officer manages the communications effectively throughout this response. Peter remains calm and appears willing to receive support.

Following what was initially coded as a 1X self-harm incident, the officer shares with me that, "Four hours of mental health training is not enough. I have studied psychology but how are other police meant to determine if someone has an underlying mental health issue, if they also present as intoxicated?"

[K. Hunter, field note shift #4]

One participant shared that he had a personal interest in mental health which had influenced his self-directed approach to learning more about the topic. Police #4 explained, "...there's a couple of videos on YouTube and stuff I've looked at in my own time because it's a type... I do find it interesting". This same officer would sometimes talk to mental health professionals about situations, but he explained that he had also seen these professionals undertake unhelpful practices:

> ...and you know, there might be the odd gem there [mental health professional], but a lot of the time, you'll look at the way that they deal with their clients or customers, and I don't know if it's because of burnout or because they're over it, or whatever, but you look at them and you go, "What are you doing?... you're not helping the situation at all." Police #4

Rather than mental health experts being a valuable source of learning for this officer, their credibility as a practice role model for Police #4 was minimised because of their poorly executed interactions.

Police #2 summarised their understanding of how officers learnt their role in mental distress, and added how valuable it was to learn from an offsider. He said that police developed an understanding of their legislative powers under the MH Act and learnt to approach mental distress situations through workplace experience, "and then of course, the experience of the offsider they're working with". Police #4 agreed saying, "I've personally learned all this stuff... I don't proclaim to be an expert on the topic, but a lot of it is just on the job knowledge you just learn from... you talk to other cops, other cops is my best resource."

The police constables that I observed in the field ranged from day-one on the frontline, to eight years of experience. These officers would spend two years as a probationary constable, and they would initially be paired up with and receive instruction and support from an experienced offsider. I noticed that the more senior of the pair may only have two years of frontline experience, or even less. For some, this length of time was adequate for consolidating their own role efficiencies and to confidently mentor others.

The peer-to-peer practice-modelling and socialisation of police into the culture of policing by others in the service was apparent across the dataset. Police #5 explained how the peer mentoring approach prevailed, "...you know, whoever you're buddied up with, whoever you're partnered with... sort of learning from each other". The term 'tuakana-teina' is a concept from te ao Māori which, in the context of the teaching and learning of frontline officers in this study, refers to the reciprocal relationship between an older (tuakana) and younger (teina) person. This exchange between police officers could also take on a variety of forms depending on levels of expertise, gender, ethnicity, or experience.

This pairing of officers as a unit meant relying heavily on each other during their patrols and callouts[208]. Police #5 said that there were variable partnerships that affected how supported they felt during the shift. Being capable and dependable as an offsider was seen as an imperative.

> There are different levels of trust, depending on who you're working with, I think we pretty quickly identify... yeah, who we're trusting of on our section and who maybe we... we don't. Or we feel like you know, we're working by ourselves, but we've got...we've actually got a partner. Just depends on how long they've been out as well. Police #5

The maturity and past life experience of an officer was also seen by participants as a helpful precursor to joining the police service. One participant was 30 years-old and had been working in the police service for five years. She provided insight into her experience of teaching younger staff with limited life experience, saying "I'm a training officer. I get juniors that come through, and they have lived the sheltered life as I'd call it, they haven't had that experience". Police #3

Police #3 explained how being exposed to challenging circumstances in her personal life had helped her cope with traumatic events that she encountered on the frontline:

> I think it's something that we kinda... you either learn it through your age, for example... I mean I didn't join the police until I was in my late 20s. And had been through having friends that had committed suicide and everything like that. So, I had that kind of bit of understanding around it.

In the field, I observed effective working relationships across units, with male and female officers often paired together. However, I also noted the frustrations of one experienced officer trying to teach an offsider who was in his late 30s:

Developing initiative

The unit are called to perform a welfare check on a young wahine Māori, 'Aariria', who has frequent episodes of psychosis. The mother informant shares that she has not seen her daughter for five days.

Driving towards the welfare home where Aariria is staying, the female officer is annoyed because her offsider is not reading the incident details to her. She explains that he needs to read through all the details and 'pull-out' any information of interest. She must drive and can't be expected to read about the case as well. The female officer is becoming increasingly frustrated and says, "Just use your initiative, I'm not going to tell you… open the app".

We are standing outside the front of the accommodation with Aariria and another neighbour whilst the female officer is on the phone to the Mental Health Crisis Team. There are empty bourbon cans scattered around everywhere. The male officer takes himself off to the toilet in another building without warning. After the event and whilst in the police car the female officer reinforces to the male officer that he can't just leave her there without telling her where he is going. They need to always have each other's backs.

[208] In chapter 10 subtheme 3.2 *Navigating unpredictability and volatility*, the field note *Zero to 1000* illustrated how quickly an event can unfold and how easily one officer can act without the offsider knowing their intentions.

Figure 42 New Zealand Police Patrol Cars

[K. Hunter, field note shift #13]

A frontline officer's use of initiative is important for safe and effective policing of events. In this case, the male officer required much ongoing peer support and guidance. The female constable explained that her offsider had been out of NZRPC for six months now, and that she must "keep a tight rein on him". This example highlighted one challenge faced by police during their response to a mental health event, managing an offsider's lack of the necessary skills, experience, or intuition.

Across South Auckland, frontline response officers were ethnically and culturally diverse and drew not only from a range of personal values, attitudes, and life experiences to inform their policing but also past jobs and education. Some participants described having had teaching experience working with both children and adults. Others had experience working in other police service roles, in health care, hospitality, airline, or in corporate or trades-based roles (to name a few). Many had, or were, studying topics like criminology, law, human rights, sports, or psychology (as aforementioned in the previous 'How do they discern?' field note).

Police #1 felt that their experience working with children had taught him the value of having a calm approach and effective communication skills:

> ... just managing children to kind of... who were in situations of... in a heightened state... or, I don't know if you would call it mental distress, but you know, having their challenges and not knowing how to cope or deal with certain situations.

The following officer was able to draw from his own maturity and grounding and provided a non-judgemental perspective about a 'frequent flyer' that was counter to general opinion:

Another viewpoint

One constable with a background in law studies says that he manages to not become affected by witnessing trauma and by becoming too emotionally involved. He leaves work and doesn't think about incidents any further.

He offers good support and advice to his offsider saying that well-known behavioural cases "clearly don't enjoy their distressed state, and yet others [officers] claim they are simply attention-seeking'".

[K. Hunter, field note shift #6]

The dataset also revealed how frontline officers have different styles of policing, and that often their differences in skills and attributes were identified as strengths that were drawn upon during events. For example, in the earlier field note story about 'Tara'[209] who was well known to police with multiple 1X calls, one male officer who had not had good interactions with her in the past remained out of sight (hiding behind a tree), because he knew his presence might inflame the situation. On this occasion the female officer was considered as the more appropriate person to interact with Tara.

Other participants agreed that the strengths, and conversely the limiting attributes, of each officer were sometimes intuitively taken into consideration. Police #3 said:

> ...and we pick up as well on maybe who's got better rapport with whoever we're dealing with... then we'll... without discussing it will leave the talking or the... you know, the interaction to the person that's got better rapport, and the other person will kind of take a back seat.

Police #3 described one situation where she had personally been the officer to use force and restrained a distressed individual, and how her offsider was now the more appropriate person to try and establish a connection. They explained:

> So, I let that officer deal with her in that front, and they just talked about her mum, while I stayed in the background and did the calls to mental health. I made the calls that I knew were going to make me the bad guy. And we kind of kept ourselves separated. And that fact and Istayed the one that, did the procedures, did what we needed to do. Police #3

Police #4 agreed that having the most appropriate person interact with whānau at certain times achieved a better outcome. They said:

> ...having an officer who wasn't involved in the initial interaction and is a superior and potentially of the same ethnicity as they are... explain to them, what has happened and why it's happened. And then you can kind of get a dialogue going and then potentially reintroduce the attending officers who say, "Look, we're really sorry, we had to do that". I hope you've had explained why... essentially... no one likes seeing their loved one in pain or having to suffer any form of force.

The following field conversation is about the capacity of police to send the right people to jobs. There might be five units covering one South Auckland area, and once a unit was allocated to a job, they must see it through to resolution. The officers therefore agreed that due to the demand and stretched resources with limited units readily available, being able to carefully consider and send the right person to the right job was not always physically, nor tactically possible.:

[209] The story of police responses to 'Tara' was introduced in chapter 9 subtheme 2.2 *Flags as predetermined context*.

A range of demand

"You would send some officers there and not others, however when 60 per cent of your workforce is tied up, people are tired and potentially burnt-out, options are limited".

Figure 43 Police Officers Setting Up Road Spikes

[K. Hunter, field note shift #5]

Each observed shift highlighted the importance of effective interactions between offsiders. As a functioning/dysfunctioning unit, being partnered with another officer who held a strong opinion about a type of event or had a different manner or approach with people, impacted on how events proceeded.

In the following field story, the female officer was identified as the most appropriate person to interact with 'Tina'. This was likely due to the officer's gender, her manner, and the nature of the event. However, on this occasion, the male offsider also felt strongly about contributing support:

The giving of advice

The unit are spending their entire shift with one case. The support of a distressed young wahine Māori, 'Tina'. She has experienced partner abuse and wishes to make a statement. Tina is nervous about going home and finding her partner there. She is reassured that they will sort something out. The officers decide it will be best for the female officer to take the statement although the male officer keeps interjecting.

He tries to affirm that he understands her situation. He enquires about her understanding of what might happen to the partner once he is linked into the criminal justice system. I notice he is speaking over Tina constantly. He is wanting her to understand and agree that she shouldn't be the victim in the situation. He keeps repeating, "Police are here to help you, but you need to help yourself".

The female officer reminds the male that she has the questioning in hand. He later offers an explanation as to why he might seem so abrupt with Tina as a victim of family harm. His sister was in an abusive marriage when he was younger and, even after she left her husband, she maintained that her ex was the love of her life.

Figure 44 Counties Manukau Police Station district headquarters

[K. Hunter, field note shift #12]

This field note has described a situation whereby an officer's experience with his sister influenced the advice he proffered to the family harm victim. However, he kept mansplaining[210] everything and talking over the female victim when she was trying to speak. This proved frustrating for the female officer whom they had initially agreed would lead the interview.

It became evident to me very early into the fieldwork, that police appeared to be socialised into their role to behave and cope in a particular way, and right from the very beginning:

Socialised from the start

The friendly young SCOPE[211] from Thursday is back on her second observer shift and she seems to have adopted the minimalist interaction stance. To me it appears that she has acquired a serious and almost cagey police officer persona.

Figure 45 Police Car On Roadside At Night

[K. Hunter, field notes shift #2]

It was also apparent across the dataset that there was a high degree of emotional self-management required by police.[212] Police #5 described how humour was often used by police behind the scenes as a means of processing some situations: "Umm...I guess the black humour comes in for sure. Which sounds awful from maybe an outsider's point of view, but I guess it's a coping mechanism that we all rely on".

[210] The perjorative term 'mansplaining' means to comment on or explain something, in a condescending, over confident and often inaccurate or simplified manner.
[211] A SCOPE is part of the recruitment process where individuals who are interested in the police service experience first-hand what being a police officer is about by spending 4 x 10 hour shifts working alongside an officer who checks they have the competencies and values required to be an officer. e
[212] The moral distress of police participants was also explored in chapter 10 subtheme 3.2 *Navigating unpredictability and volatility* and 3.4 *Ethical paradoxes.*

The following account was shared during an informal field conversation and reflects the traumatic and personal nature of events that police participants encountered:

Getting too emotionally close

The young female officer shares how she had returned home after attending the suicide of a young kōtiro (girl). Megan had attended the body and had also attempted to take a statement from the completely anguished and distraught mother. It was impossible to do, and Megan completely understood why.

The PST said to leave it, and somebody would return the next day to take her statement, which they did.

Having dealt with thirty or so 1S (police code for a sudden death) in her two years on the frontline, she admits that this has been the one that has impacted on her the most. She went home after the late shift and didn't come in for her two rostered nights. She knew something was wrong when her dad phoned the morning after the event and asked how her shift was. When she couldn't physically speak, that's when she knew the death and the situation had affected her.

The officer shares how she went on leave back to her hometown and talked with a friend who was also in the police service. They walked on the beach together.

The officer won't deal with a body and take the statement from whānau next time… admitting that you just become too emotionally close.

Figure 46 Polynesian Design Roadside Statue

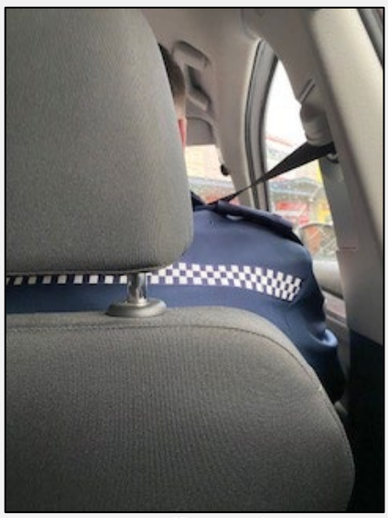
[K. Hunter, field note shift #13]

For this officer, although she understood that there were people available in the workplace, she shared that she did not want to talk with someone whom she did not know. The issue of police seeking out counselling was raised in other conversations as well:

Battle on

The officer had heard of another officer seeking out counselling and they had then been 'told off' for not telling the boss. They said stigma exists in the police to 'battle through', which is detrimental to their wellbeing and contributes further to burn out. The shifts are extremely taxing and "people are arriving on shift and carrying out their shifts exhausted".

Figure 47 Police Officer On Patrol



(officer unrelated to story)

[K. Hunter, field note shift #5]

Participants shared further thoughts about the expectation that they just 'get on with the job' and not access emotional support. Police #5 explained, "Yeah, there's still huge stigma about police themselves seeking help in that area. I would say. There's still you know, the old concrete pill, and that kind of thing". They also felt that the familiarity of witnessing trauma was expected to desensitise them:

> I think because we do see so much and deal with so much that... I guess we're... It's not that we're expected to be emotionless, I don't think. But it's kind of like, "Oh, this is just another one" or you know, "...we've been here before, and you've dealt with worse, or you've seen worse..." or whatever it is... that it's kind of like, well... why does this particular one stand-out? Police #5

Of key relevance to this kaupapa Māori study was exploring not only how police respond to mental distress but what informed their responses and interactions with whānau Māori. This meant exploring whether frontline police learnt, taught, or were socialised to consider Māori cultural imperatives during interactions. The first subtheme of **the apprentice's toolbox** contributes to this line of inquiry.

Subtheme 4.1: Māori on the margins

Across the dataset it was apparant that some frontline police had the very beginnings of a rudimentary sense of Māori cultural awareness. Participants referred to having personal life experiences and relationships with Māori work colleagues, friends, or whānau/family members that helped them to develop an awareness of Māori cultural imperatives and te ao Māori worldviews. Police #4, who self-identified as a "Pākehā male with a private school upbringing", explained that he had had minimal interactions with the Māori community in his formative years:

> [I] ...went to a school with not many... people of different ethnicities. You know... quite a few Asian people and a few Indian people, and then maybe three or four Pacific Island people, and to the best of my knowledge no Māori people. The only interactions that I probably had with Māori people at school was on the rugby fields, you know versus? other schools or inter school events. And then at uni that kind of broadened a little bit where I did have... quite a few Māori or Pacific Islander, or people of other ethnicities in my lectures and stuff and people that I've become friends with and talk to... socialise with.

Other police participants could not recall having had much personal experience interacting with Māori culture outside of work. One shared how learning about te ao Māori had been difficult for her as she wasn't born and raised in New Zealand, "So, I've come here with very little knowledge around it. My [extended] family are New Zealanders, and born and raised in South Auckland, so they've had a little bit of that upbringing" (Police #3). In contrast, Police #5 shared that her partner and in-laws identified as Māori adding that she was therefore unbiased towards Māori, saying, "...you know, I'm not affected by that kind of thing, or that... I have a broader knowledge... maybe than I would if I wasn't exposed to that in my personal life".

Police #2 had been in the service for 18 years and had spent some time overseas prior to joining the service. He explained how he had learnt the significance of upholding and respecting Māori cultural traditions through sport:

> So, when I was in my mid-20s, I left New Zealand and went abroad. I tell you what we heard... there was several instances of sports teams, international sports teams who were using the haka[213] for their own. It was their way of team bonding and fist pumping, I guess. I remember that there were... there was complaints that this should not be done from representatives… or self. I don't know whether they were representatives of Māori or self-assigned representatives, but it was not acceptable for them [other sports teams] to do this. Police #2

He had also been involved with the Ihumātao protests[214] as a police officer deployed there, where he noticed, "quite a lot... certainly a strong feeling about [Māori culture] .... in that" (Police #2). From my perspective the experience likely raised awareness of the value and meaning of whenua (land) and te reo Māori me ōna tikanga (Māori language and traditions) to Māori.

[213] 'Haka' is a ceremonial dance in Māori culture. New Zealand sports teams' practice of performing a haka to challenge opponents before international matches has made the dance form more widely known around the world. The non-accurate performance of haka by non-Māori are considered erroneous and sometimes offensive.

[214] Ihumātao is located in Māngere South Auckland- home to Aotearoa NZ's earliest market gardens and a significant archaeological site on land considered wahi tapu, or sacred, by local hapū and iwi. According to a news source (Fernandez, 2019), it was confiscated under the New Zealand Settlements Act, thus breaching the 1840 Treaty of Waitangi agreement. In 1867, the land was acquired by Crown grant. This land was on-sold to Pākehā settlers and was a privately-owned farm for the last 150 years, before being bought by Fletcher Residential who decided to build 480 houses. The start of the protests against the development began in 2015 and involved protestors occupying the land and police deployment of officers, eviction notices and arrests. In December 2020 the government bought the disputed land and a Memorandum of Understanding (He Pūmautanga) was signed by the Kīngitanga, the Crown, and Auckland City Council setting out how parties will work together to decide the future of the land.

Police #2 also shared how the coverage of Māori cultural issues via media platforms had helped to broaden his mind, saying "I think media has certainly had more of a part to play in that". He felt that the publicity around Māori culture today was a significant development from the past when it was less acknowledged:

> Certainly, when I was younger as we know... I think it's generally known these days that **they** were less open about it weren't they?... and accepting of Māori culture, but I think it's quite predominant in media and **all societies** that I'm aware of. I think that... you know, it's sort of upheld and something to be proud of nowadays, whereas that wasn't the case 20, 30, 40 years ago when I was in school... I remember it was in some regards. It certainly wasn't something to be ashamed... but I do have... looking back on history, I take an interest in history, I know that it [Māori culture] wasn't always upheld as it is today. Police #2

It was unclear in this excerpt who Police #2 had been referring to as 'they', or what he meant by 'all societies'. However, they, like Police #5, demonstrated their awareness that bias and racially discriminatory attitudes towards Māori existed in Aotearoa NZ society.

Police participants also spoke about how their few Māori colleagues at work would help educate them around Māori culture and tikanga. Police #4 and #5 agreed that there had otherwise been little formal education provided to them around the topic within the service. The absence of education had necessitated their reliance on other staff to learn about tikanga. Police #4 said he would "[speak with] a couple of my colleagues... just talking to them about it. I mean, their kind of like worldview and perspectives", adding "but it's not their job". Police #1, who identified as Māori, described his positioning in the workplace. He shared that "...it's not, I wouldn't say, it's encouraged [contributing Māori cultural knowledge] to do so. But I do just pick up on that by myself".

Alongside noticing a societal shift in people's exposure to, seeking out, and acknowledgement of, Māori culture, participants were aware of wider organisational changes that represented a specific focus on Māori. Indeed, NZP PRIMED values (professionalism, respect, integrity, commitment to Māori and Te Tiriti, empathy, and valuing diversity) were apparent across all of organisation messaging and emblazoned on walls and posters at the South Auckland police stations visited.

Figure 48 Police PRIMED Values On Station Walls

[K. Hunter, field images shift #10]

One police participant described how he felt about the police organisation's progression and commitment towards being more responsive to Māori. He said:

> I feel confident in the way that ... I feel like as an organisation we are trying to be better in this space with how the organisation interacts with Māori and tikanga, and I suppose it seems like there's more from when I first joined [6 years ago] to now. Police #1

Police #2 shared that he had noticed karakia (Māori prayer) in the workplace, saying "karakia's are quite common these days. Yeah, we quite often begin seminars and group meetings, and things were done with a karakia". The engagement strategies and nuanced micro-relational work that police undertook to approach, break down barriers, and interact with whānau, are presented in the next subtheme.

Subtheme 4.2: Micro-relational ways

Across the dataset and throughout the police experience chapters already presented, there have been multiple examples of how frontline police respond to, and interact with, whānau Māori who are experiencing distress. Officers spend anywhere up to several hours attending low-moderate risk events where delicate negotiation, observation, assessment, and interpersonal communication skills are required. The findings presented in this subtheme reveal how some police endeavour to navigate perceived identity-barriers (relating to their police role, ethnic, or gendered differences) before interactions unfold. There is an awareness of a lack of trust and fear towards police, which presents as a formative challenge to officers during a response. Some frontline police participants worked hard during their initial interactions with whānau to overcome any stigma associated with their police identity.[215] Police #1 who self-identified as a tāne Māori with pale features, shared why it was important to try and reduce the apparent power imbalance:

> Once we were able to, I suppose, break down the initial barrier of, you know police being there, and trying to... myself, I suppose remove the presence of like, obviously still wearing my uniform, but that can act as a barrier for people. Just trying to remove that barrier and engage in a one-to-one person connect with him was how we were able to, I suppose get close.

It was also important for this officer to whakamana (empower and foster the identity and status) and manaaki (convey that they cared for) whānau. Police #1 would endeavour to make his intentions clear from the start and described his approach:

> So, it's about breaking those barriers down and letting them know that we are here to help and that we care. And to see that, you know, that we were not there to just come in and lock someone up or take them away, that we want to get to know the person and what's happening for them and how we can support them.

There was a general awareness amongst police participants that certain approaches could either exacerbate or minimise an individual's experience of distress. The following field note is an example of a calm mental health response:

A welcomed approach

'Peter' is sitting cross-legged on the mattress on the floor and is drawing in deep snorting breaths and mumbling his words. The officer crouches down so that he is at eye level and starts enquiring into Peter's wellbeing and situation. He asks, "What's been going on?"

The conversation proceeds… "There is an issue with you jumping in front of cars… that's why we're worried". He further enquires… "Any thoughts of self-harm? Are you feeling a bit sadder or down?"

I sense that both Peter and his mother are okay with the police being there. The man is certainly not defensive towards the police, and both are more than happy to chat.

[K. Hunter, field note shift #4]

On this occasion the officer's body positioning, his genuine concern, and line of questioning helped achieve a sense of calm. This PST unit referred Peter to mental health services and ensured that his mother and other whānau members had support and a plan in place. A similar communication approach was used by the officer in this story about 'William',[216] who had been experiencing a mental health crisis at the boarding home where he resided:

[215] This subtheme is inherently linked to *The face of NZ police* subtheme 3.1 in chapter 10.
[216] The police response to 'William' appeared in chapter 10 subtheme 3.2 *Navigating unpredictability and volatility,* in the field note story *Zero to 1000*.

Calm after the storm

I notice that 'William' is now being talked to quietly by the male officer who is kneeling in front of him. He says, "How are you feeling now? Stay down and relax". He follows on with, "We are going to go to the unit" and then reads him his rights under Section 109. He also assures William by saying, "...you're not in trouble".

Figure 49 Tiaho Mai (Mental Health Inpatient Unit) South Auckland

[K. Hunter, field note shift #8].

Other participants also agreed that remaining calm was a good engagement strategy. Police #2 said, "A calm approach from myself certainly goes a long way. That's habit now really with all manner of instances, mental health or not. I usually find that behaviour mirrored from the subject". Police #4 shared their insights into the benefits of presenting calmly:

> You know, if you escalate, and yell at them to do something, they're not going to do it because it's going to escalate and they're going to continue doing whatever they're doing. But if you lower your voice... so you get down to their level and you... you know, approach them with non-threatening body language, then they're going to have a lot higher likelihood of engaging with you in a positive way.

Aside from trying to not be intimidating and remaining calm, talking with and keeping individuals informed was another valuable strategy noted in the dataset. The following story saw increased in compliance once the individual was adequately informed by police:

> I later found out that [he] basically had been at this clinic for pending three hours and had only gone to pick up medication. But whatever transpired, he was then being sectioned. But he was never informed. They had just then called police. So, when we explained to him, "Look, you are being sectioned, you are going to be transported. But at the end of the day, I think I'm more your bodyguard to make sure you get there safely sort of thing." He was wonderful with us. And every aspect was great because he was fairly informed of what was happening. Police #3

This officer's attempt to understand at least some of this man's backstory, their provision of information to the individual, including an explanation of why they were there and what will happen next, appeared to improve the experience for this individual. The officer was also able to clearly convey care and their desire to provide protection.

The following story is one where the individual was very familiar to police. The officers basically engaged in a prolonged conversation, they attempted gentle humour, and conveyed friendliness throughout:

Becoming acquainted

The officers have spent nearly an hour with the young wahine who has called the police herself. They interact calmly, with respect, patience, and care.

She does order the male officer to go away. He retorts with a laugh saying, "You can't call the shots here, don't you remember me? I thought we were friends…" The police are allowed to interact with her, but on her terms.

[K. Hunter, field note shift #3]

In the following field note, mental health, drug use, and criminality have overlapped. The officers were again patient and allowed this tāne the time to organise himself before taking him in to custody:

Matters of importance

'Wiremu' is recognised on the street running towards his home. He is in breach of bail for burglary charges, and this is the seventh time this year. His mood is elevated and there are suspicions he is 'high' on illicit substances.

The PST are polite and supportive. They communicate with Wiremu's partner at their house and give him time to vape and collect his clothes. They check to ensure his antipsychotic medications are in hand.

There are minimal interactions with Wiremu on the way to the station. He talks randomly the whole way and gives directions to the officer driving.

[K. Hunter, field notes shift #6]

Having the ability to communicate well with people in distress was an attribute that police participants felt was advantageous to defuse or keep situations calm. Police #5 agreed to listening and being honest with people:

> Just talking to them, like a person because they are a person. You know, saying, "...look I might not have all the answers, and I know I'm not qualified necessarily, but I'm here to listen and I'm wanting to listen" ... and listening to what's causing it on their end. A lot of them if they've kind of been in this situation before will make comments that "Oh well, the mental health team's useless". And you've kind of got to... we'll say "Well, yeah, I agree with you". But...you know, we're still here, we still care. We've still got to kind of come up with some sort of plan. We can't just leave you to it kind of thing. So yeah, just being honest with them. And not, not B.S-ing [lying], but also kind of yeah... listening.

Police #3 described being in situations where people have been more drawn towards their delusions, and she would not try to correct them by saying that their beliefs were false. She said: "And as much as you don't want to play into that you've... I've done ones where I've just agreed with them, that that's what they are seeing". If the situation allowed and the person was in the position to engage, Police #3 also shared that it was important to identify their needs, saying "... when I go to someone that's probably more expressing suicidal ideation or distress... but they can communicate... it's more having a talk to them about what it is they need that... will help more".

Counter to events where officers validated whānau concerns, listened, and offered strategies, the following field story is of a very distressed wahine Māori who would have benefited from better police engagement and interaction. Instead, 'Rina' was responded to with the impatience and efficiencies of one officer, and the other officer barely engaged with her at all:

Living in fear

An older wahine Māori, ‘Rina’ has called police complaining about being harassed and intimidated. Her neighbour’s children have been causing wilful damage to her property. Rina has a recent history of six previous 1M related calls. She lives alone in her unit next to a busy main road. There are neighbours all around and there is no privacy for her when the curtains are open. The female officer starts firing questions at Rina. She presses the woman to explain to her what she needs to look for, and what the neighbours have been doing to her. The woman is distressed and appears to become increasingly indignant whilst sharing her details.

The young male officer stands in the middle of Rina’s lounge whilst his partner goes next door to speak with the neighbour. He has six months of policing experience and speaks softly and slowly. He is in awe of his female offsider who is ‘experienced’ after three years on the job. She is quick talking and has a ‘don’t mess with me’ attitude.

As we wait, the young male officer doesn’t verbalise much at all, no words to Rina except to confirm his partner's whereabouts. On her return, the female officer starts to question Rina about her mental health status and medication compliance. Rina gives an indignant response along the lines of, “What medication and who told you?” The female officer confirms that she has seen that Rina has a history of mental health and wants to know how she is feeling.

Rina denies being in the mental health system anymore, she becomes more and more upset. The female officer explains that they have protocols, they are here to help and need to get to the bottom of the situation. She also explains the neighbour’s side of the story and that she has told them off for retaliating. Both officers advise Rina that if it happens again, she is to call police. The officers decide to code this event as a 2P ‘Public relations’ call, but a note is made about Rina's mental distress.

Figure 50 South Auckland Roadside Scene

[K. Hunter, field notes shift #11]

Across the dataset it was generally seen by officers as important to maintain attention to the needs of individuals and their whānau and not be ‘flippant’ in attitude. Police #2 agreed that this unhelpful type of response could inflame a situation, saying:

> ... it's an undesirable trait, I suppose... one might become complacent at the time. And especially if there are pressures to be in other places. One might be flippant, I suppose, with a subject... [the flippant remark] might be accepted or sort of realised, I suppose by that subject, and taken offense to... that they're not being... the importance of their situation has not been upheld as they would like.

It has been presented across findings already that police have protocols that they follow, and that they endeavour to treat people humanely. However, this study is interested in how police uphold their commitment to Māori and te Tiriti and how these NZP values informed frontline police responses during mental health events. It was not evident in the dataset that police acknowledged how the intersecting experience of being discriminated against as Māori and experiencing mental distress may exacerbate the experience for whānau. The following subtheme reveals no genuine responsiveness that acknowledges Māori values and practices.

Subtheme 4.3: One size fits all

Like the ethnic diversity of frontline police, the range of people from different ethnic and cultural backgrounds across South Auckland was widely apparent. Evidently some police participants endeavoured to approach and treat all people and cultures equally, in a 'one size fits all' manner. Police participants focused on the fact that they were unbiased and would advocate for and protect anyone. Police #3 was very clear that her intention was not to treat people any more or less differently:

> But to me... I, at the end of the day, I am not that person that distinguishes someone just because of their culture, I think everyone deserves the best outcome and the best treatment that there is possible being that they are just human.

Some participants had difficulty considering if they consciously shaped their approach to people of different cultural backgrounds. Police #2 settled on the following thoughts:

> Approach? [long pause] …yeah, I don't know how to... there probably is and it's probably in such a way that is almost unconscie-able [sic] to me. I probably do it in such subtle ways that I probably don't do it in a planned way if you know what I mean. I wouldn't be able to define how I do it. They're all treated equally, in my way I certainly don't… I'm certainly happy to say that I don't come down and treat anybody any differently. It's all the end result. Okay, so yeah, I don't I have a planned approach to treating people differently, but I probably do it very subconsciously. Yes, so subconsciously, I can't define.

Another participant was similarly positioned when asked to contemplate a question that she maybe had not considered before.

> Umm...umm...Yes. I don't think it's... I don't think it's a conscious thought maybe it's more of unconscious bias perhaps. Yeah, so me personally, not necessarily to do with Māori... ummm but with some other cultures, you might, um, take things more seriously or less seriously, depending on what culture they're from. Police #5

These data excerpts demonstrated that participants were careful about selecting the right words to describe their positionality, they were aware of holding unconscious biases, and of not coming across as discriminatory or racist. Police #3 claimed that she had not noticed other police approaching people differently because of their ethnic identity, but she was aware that some cultural groups exhibited different behaviours.[217] She ventured further to say:

> Um, I myself don't. Because coming to New Zealand as a very ethnic country, especially in South Auckland, we've got every ethnicity there is. And I'm still learning that they [people of different cultures] handle certain things very differently. And certain triggers will set them off differently. I can't speak for any other officer. Police #3

Police #5 agreed that the way police typically responded to people from the same group or culture might be redolent of past interactions. She confirmed that, "...unfortunately, I guess... we... from prior dealings. Some cultures from past experiences tend to be... dramatics' the wrong word again, but.. just present differently, I guess". Police #2 also understood that "...there are strong cultural differences in the way people communicate between those different cultures, Indians and Pacifica and Māori".

One participant imagined that in future workplace learning a generalised mental health scenario could feature. They said:

[217] This participant had previously described her tactical approach to a well-built tāne Māori in chapter 10 subtheme 3.2 *Navigating unpredictability and volatility.*

> I think that a mental health [e-learning module] ... specifically in terms of how to deal with people in mental distress regardless of, you know, their ethnicity. You know, I think... I don't like the phrase, but it is applicable... I think you can apply to some extent... a one size fits all kind of approach... in the fact that you are advocating... Police #4.

Police #4 then acknowledged the cultural needs of a person by commenting that "...it's [the learning module] one-size-fits-all by being specific [about mental ill-health] and then by, you know, acknowledging that person's heritage". These findings suggest that culture is seen as something additional to a person rather than central.[218] However, the following subtheme presents excerpts from interviews where a Māori participant demonstrated a more nuanced understanding of sociocultural imperatives.

[218] There are links made here with findings in chapter 8 subtheme 1.4 *The symbolic handover - but where is community?*

Subtheme 4.4: Connecting sociocultural imperatives

In this final subtheme, some participants spoke about how they would endeavour to pick up on matters of cultural significance to Māori during interactions. Police #1, who identified as Māori, inherently understood about the importance of cultural imperatives. He said, "I try and approach it from a te ao Māori kind of lens. And with dealing with people in mental distress, you try... I suppose... to tap into those types of areas... Māori, or Pacific Island... to help the situation". Police #1 provided tangible examples of what this looked like during his interactions, "...like engaging with karakia with Māori clients that we have. Just offering that as a starting point". His approach to whanaungatanga (making a connection) meant focusing on the person's whakapapa or origins. He added "...I suppose getting to know them... for who they are... what their [ancestral] connections are". This same participant recalled speaking with one distressed wahine Māori about topics of importance to her, and he was able to effectively break down any barriers he felt existed:

> ... and the way that I tried to do that was through speaking about herself and where she was from, and her tūpuna [ancestors] and how she engages in te reo [language] and how she engages with marae. I suppose. Yeah. Trying to talk about all of those types of things that she was really passionate about. Police #1

Despite not being brought up in Aotearoa NZ, Police #3 understood the importance of wairua (spirituality), whenua (land), and whānau saying, "I know that when I approach these situations, especially with Māori that they do have a very spiritual connection to the land and whānau is a massive thing to them". Police #2 also acknowledged one Māori cultural tradition which was the removal of shoes when entering a building. He described how he would try to respectfully acknowledge this:

> Yeah, I'm always conscious of walking in with boots. Usually, it's a few words "Look, you know, we can't take our boots off". It's just not tactically an option. So, I think wiping one's feet… a few words… goes a long way. And I've never had any animosity expressed when doing that. Police #2

The police participants noted that there were benefits to acknowledging sociocultural imperatives. Participants understood that talking about topics of importance to whānau could lead to a quicker call resolution. Police #4 would be strategic saying, "...you do pick up on the kind of sociological and cultural considerations that's going to make your job easier". He added that he had noticed that the newer era of police embraced this approach:

> I like to think that myself... and you notice it with the younger cops... try our best to... for multiple reasons, there's the purely selfish reasons. I'll start with... we try and... essentially... you talk to people and behave towards them in a way that will get the best outcome. Police #4

He elaborated further about the benefits, "...you train people [police officers] to look for the different kind of... you know, cultural aspects of the person that you're dealing with in order to give you an in" Police #4.

Participants shared how they would try and be strategic about their approach to defuse a situation. They would identify and talk about topics like key whānau supports, or extended family members that they perceived as being important to the distressed individual. The field story of Irene[219] is one such example where this type of interaction proved effective:

[219] This fieldnote builds on the previous chapter 8 subtheme 1.2 *Up against the gate* story of police responding to 'Irene' who threatened self-harm.

Irene

The officer remains polite and engaged over the following half an hour and does not hurry the situation. She is patient and attentive to Irene, demonstrating good listening skills and showing understanding. They chat about matters of personal interest to the woman, including her love for her grandchildren and the art on her wall.

[K. Hunter, field note shift #9]

Police #3 described another incident where they drew upon the individual's close connection to her mother to help her settle:

> It's very... you just... you don't know how to react until you're in that situation and what you're just going to try and draw upon, whether there's a partner, there's kids, there's family, there's just all that sort of stuff. You've just got to...you start grasping at things to try and help them. Family is the big one. I... got her talking about her family, her mum, everything like that to try and calm her down. She was very focused on her mum and wanting to know where her mum is and getting her mum to her. ...Sometimes you just got to pick what they're drawn to.

Police #4 would include whānau during an incident by firstly explaining to the distressed individual: "You do need to go with the mental health people, they've sectioned you". And then he would say to the whānau member:

> ... look, you know, he's unwell. You know that he needs help. That's why you've called the mental health people. The mental health people need help, so they've called us again, he's not in trouble, but we're probably going to...

Police #4 understood the importance of including whānau and believed that his approach was an effective way of establishing a dialogue. However, he admitted that not everyone has a healthy whānau relationship, explaining "...you know... not exclusively, especially among some of the younger gang members that I would have dealt with" Police #4.

Police #4 also described his understandings around the status of Māori elders and their effective role in the support and guidance of some situations. He said, "There may more generally be... a sense of respect for the elders of their community". They would sometimes contact kaumatua if they needed to see a person who was residing on the marae, and if it wasn't urgent, saying "...if we can get through [contact the kaumatua], this always leads to better outcomes because they'll be with us there and they'll [the individual they are seeking will] be far more likely to listen". Police #5 said she would personally approach Māori elders in a manner that upheld their status and their mana motuhake (self-determination):

> I guess more of a respect thing of... just tailoring your response, or how you behave to certain situations. If there is an elder present, you know, calling them 'matua' [male adult] or 'kuia' [female elder] whatever it is, and just kind of trying to demonstrate that you're there respectfully and that you're taking their kind of wants and needs, and considerations... or if they're not directly involved, but their position into account and that kind of thing.

Police #3 was also mindful to position herself in a culturally safe way, by being both respectful and transparent about her knowledge limitations, saying, "There are ways that respect that I go into, and I often ask... because my knowledge isn't there, I will... I let them know that my knowledge isn't there and I'm not fully aware of their cultural thing". She reiterated that she would also be guided by the wants and needs of whānau:

> However, I try and basically ask them what it is that they would like to do, and how they would like to approach it, if there are certain aspects of dealing with mental health that they would prefer that it's either someone that has the same culture as them, or anything that can basically just assist them more so that they're comfortable within that... is where I go with that. I let them kind of guide me in that instance of being of help. Police #3

Attempts by police to make a connection with whānau experiencing distress and show a genuine interest in their situation and needs, demonstrated a humanistic response. There were other types of incidents noted in the field[220], for example, when a distressed victim of a home invasion was of non-English speaking background and, if there was a police officer on duty who spoke the same language, they would be accessed for interpretation purposes. One male participant steadfastly believed that cultural responsiveness played a key role in developing better overall police-community relationships:

> ...but then from the bigger and I'd say more important perspective is, we're here to do a job, which as per our business values is to increase the trust and confidence of our communities. And a part of doing that is doing our job in the least invasive and most culturally appropriate way that we can. Police #4

Summary

This fourth and final police findings chapter has presented a main theme, **the apprentice's toolbox** and four subthemes: **Māori on the margins**, **micro-relational ways**, **one size fits all**, and **connecting sociocultural imperatives**. Study findings from police participant experience and fieldwork observations show extensive on-the-job experiential learning and socialisation into the role. There was a great depth of reliance on other frontline team members, not only to work effectively but also to develop any Māori cultural awareness, or to cope with trauma and maintain resilience. Police participants believed that they consciously treated everyone the same, yet they also understood that recognising cultural imperatives during interactions could improve their responsiveness during events involving whānau Māori.

11.2 Overall summary of police findings chapters

In alignment with qualitative ethnographic inquiry, the development of a thick description or a complex picture of the study topic has been presented throughout all four police findings chapters. Each of the four main themes and sixteen subthemes have been described and supported by verbatim quotes from the police participant semi-structured interviews, researcher field notes, and photographs. The dataset has therefore been formed into an illustrative and analytic narrative about how mental health-related emergency callouts to Māori living across South Auckland are responded to by frontline police. This reporting of a range of perspectives and events has shown the many facets of a complex and inter-disciplinary process. The findings inform the study questions, including who and/or what instigates and informs police responses, and how they are interacting with Māori who experience mental distress. These findings also provide insight into how tikanga Māori informs approaches to, and how is it applied during, interactions between police and Māori experiencing mental distress. The following chapter is a final discussion of these research findings and those of the whānau experience phase.

[220] In the field, one Chinese Mandarin speaking and one Tongan speaking officer were 'matched' to individual cases for interpretation purposes.

12. DISCUSSION

Introduction

The previous four police experience chapters have presented a thick description of how mental health-related callouts that involved whānau Māori were responded to by frontline police across Counties Manukau Police District (CMPD). Three whānau lived experience narratives were also presented in chapter six with key features of whakapapa and intersectionality. This chapter begins by reintroducing the study aims and questions. The overarching intersectionality theme and final tāniko weaving design that represents the binding together of these biphasic study findings are highlighted. Key areas of the findings that will be delved into throughout the discussion are introduced. This chapter highlights the contributions of this study to existing knowledge and weaves together the practical and theoretical significance of the research to advance new knowledge. Consistent with kaupapa Māori principles, issues of power, privilege, and discrimination are surfaced, alongside other tensions and implications. Following this discussion, a summary of findings is presented.

12.1 Study questions and key areas of focus

The overarching aim of this study is to explore how frontline police respond to, and interact with, whānau Māori experiencing mental distress across South Auckland. This chapter draws from the lived experiences of whānau and police and observations in the field to answer the following questions:

- Who and/or what instigates and informs police responses to Māori experiencing mental distress?
- What are the experiences of Māori who have interacted with police while experiencing mental distress?
- How are police interacting with Māori experiencing mental distress?
- How does tikanga Māori inform approaches to, and how is it applied during, interactions between police and Māori experiencing mental distress?

As this study progressed it became clear that the findings were comprehensive with detailed information and subtle variations. A reductive method of explaining the nature and outcomes of this topic would attempt to dismantle these complex situations by examining each fundamental part. However, that approach contrasts with holism and kaupapa Māori approaches, and intersectionality, where the focus is around looking at phenomena. To represent this final combined critical analysis

and discussion, three symbols previously introduced in chapter four are interwoven into the final tāniko design located above this chapter's heading. This tāniko pattern includes the symbols of the **koru, kaokao**, and **taki tahi** which appeared at the start of their respective whānau, police, and combined discussion chapters. This chapter similarly weaves together in narrative form key themes and overarching concepts gleaned from this study.

This chapter focuses on the complexity and diversity of these events and relationships. It begins with a broad focus on the sociocultural realities of whānau in South Auckland, and police's recognition of and responsiveness to these often-multiple marginalised identities. An overarching theme of police having blurred work boundaries during mental health responses is then introduced. This concept is advanced throughout the rest of the chapter where the mental health work of police is likened to experiencing a 'liminal' space. Here at the boundaries of frontline police work is where significant tensions and implications arise for both police and whānau. The ensuing discussion advances knowledge around cross-sector challenges and mental health demand. Discussion of both informal and formalised police responses informs existing assumptions about policing relationships with Māori. It is argued that the knowledge arising from this study, including the range of whānau experiences and outcomes, is important to understand as it has profound implications for policing practices and whānau lives.

12.2 Compounding aspects of Māori mental distress

To begin drawing together the research findings and highlighting the complexity and implications of situations that frontline police in CMPD were called to attend, and in keeping with the premise of intersectionality, I have chosen to start this discussion chapter by portraying the lived realities of whānau in this study. This section highlights some of the overarching causality of mental distress experienced by whānau. This discussion also advances the argument that the mental health needs of individuals in other communities, districts, and countries will likely have nuanced differences to those facing Māori in South Auckland. Social identities are influenced by many factors, not least the location and situations in which people reside.

Highlighted in the narrative whakapapa layer **tōna ake ao (**personal experience), and observed in the field, are whānau whose multiple marginalised and oppressed identities stem from well-embedded sociocultural disadvantage. Accommodation, employment, transportation issues, and financial hardship define their daily realities. Consequently, many whānau in their most vulnerable moments required someone to support their mental health and social needs until they could better manage. Indeed, background evidence provided in chapter two - 'a right state of distress', and 'the socio-cultural and economic landscape' - forewarns about the high prevalence of social deprivation, life stress, and mental ill-health experienced by Māori in Aotearoa NZ, compared to non-Māori. From a socioeconomic and structural perspective these whānau live with what can be considered as intense social insecurity (Welfare Expert Advisory Group, 2019).

As C. Webb (2017) reports, persistent deprivation is a symptom of a lack of socioeconomic mobility, or ability to change one's social status, with whānau who face high social inequality remaining in the situation long term. Similarly described as a "trapped lifestyle" by Sir Mason Durie (2003, p. 68), social risk factors and a confused or partially developed identity detrimentally affects hauora Māori. Public services are designed to support the social and cultural determinants of health, and in a manner that aligns with te Tiriti and Māori aspirations (MOH, 2023b, 2023c). However, rather than building

on whānau strengths and capabilities, social service limitations simply maintain these well-evidenced inequities. Māori health and wellbeing discourses endure as disparities in cross-sector access, quality, and outcomes persist.

In this study there are whānau stories of being disassociated from one's culture, wider whānau, marae, and whenua. These accounts reflect the "situational, cumulative, and inter-generational trauma experiences of colonised Indigenous peoples internationally" (Phillips, 2008, p. 153, as cited in Australian Human Rights Commission, 2009). For some whānau, their past and ongoing life-traumas not only involve mental ill-health, but intergenerational, collective challenges, and adverse life experiences including discrimination. There are also accounts of criminal justice system interactions, gang associations, drug and alcohol use, situations of poverty, isolation, and government dependence. These structural determinants of trauma and unfulfilled needs are further described by Taitimu et al. (2018) as psychosocial constructions of Māori mental health. Other contributing factors to the mental distress experienced by whānau were people's unmet physical and psychological health needs, with features of biomedical, spiritual, and cultural constructions of mental ill-health made apparent.

Another study finding is that some South Auckland whānau have experienced a lifetime of oppression and opposition from NZP, who hold a dominant position in society. Whereas for others, their interactions with police started following a single catalyst event in adulthood. The diverse nature of mental distress events noted simply reinforces extant evidence that mental health and related crises exist on a complex continuum (Morabito, 2007; NZG, 2018; NZP, 2022a; Oliva et al., 2010; WHO, 2022). Mental distress associated with varying levels of trauma often led whānau to be engaged with frontline emergency services, and police responses ranged from welfare checks to mental health crises. In alignment with a national trend identified by New Zealand Police (NZP, 2017), the police in this study also responded across a variety of job types, not just those coded 1M (mental health-related) or 1X (self-harm/attempts suicide).

Prompted by both frontline police and allied service providers, members of the public, including whānau Māori, were commonly advised to call the emergency communication centre (comms) from the 111-emergency number or the 105 non-emergency number, if they, or others, felt unsafe. Police are legally mandated to respond if there is a perceived risk to life, however, society has come to see police as the service to call when mental distress results from any number of intersecting causes. This is not necessarily positive because it creates a tension for police who may think through a criminal justice rather than holistic lens. Māori in this study also reside in poorer neighbourhoods with high rates of crime, which traditionally means an increased likelihood of heightened surveillance and response (Holman et al., 2018; Tauri, 2005; Webb, 2017), and coercive policing practices (Quince, 2007; Te Whaiti & Roguski, 1998).

Further aligned with well-known Māori inequities (Durie, 2001; McClintock, 2018; Theodore et al., 2022; Wirihana & Smith, 2014), there was a high prevalence of calls to police that involved whānau being a victim, a witness, or directly enacting harm to self or others. Police in this study believed that 80 per cent of their daily work related to family harm, with their frequent attendance to events coded 5F (family harm) noted. Indeed, during one weekday shift, a single police unit attended six 5F calls, where the majority involved young Māori couples and a common theme of intimate partner violence. Confirmed by Wilson (2016), Māori are over-represented as victims and perpetrators of family violence, which is a view of Māori that is likely negatively indoctrinated into wider societal beliefs.

The 5F code is widely used for minor to life-threatening events, with potential discriminatory assumptions made by both public and police (based on coding history alone).

Although many calls to police were made from victims of family harm, it was evident that emergency and non-emergency mental distress calls also came from people who were distant to, or unknown to, the person experiencing distress. Some calls were generated by members of the public who reported witnessing other members of the public exhibiting signs of distress, or they heard disruptions next door, or over the fence. This public noting of 'normal (behavioural) deviance' has been described as another key factor that is influential in shaping police discretion - or how situations are then handled, within the 'scenic' aspect of Bittner's (1967) horizons of context framework.[221] The frequency and range of calls made to emergency services also suggests that there are varying degrees of public anxiety that police are relied upon to support.

In this study not only public intolerance, but also expressions of concern for the welfare of others, place pressure on frontline police to respond, whether there is just cause or not. However, not all 5F calls are appropriate or require police attendance. Frontline police spend much time attending locations where whānau have temporarily resolved situations themselves, or they declined the need for police assistance, or they were no longer physically present at the reported location. As R. Webb (2017) describes, Māori are portrayed as a population in need of active state intervention, which in part explains why police are often called by members of the public to respond in the first instance. These findings have synergies with a discourse posed by Oriola (2020) that police are representatives of the moral order imposed by the dominant social group.

There are also many whānau members, usually parents, partner, or a friend of the person experiencing distress who contacted emergency services for police assistance during this study. Highlighted in the whakapapa analysis layer of **tōna whānau**, these support people often become integral to proceedings and are directly impacted by their outcomes. Another significant finding is that during most informal low risk encounters, frontline police consider whānau perspectives around circumstantial and background details. However, in heightened situations when risk is high, and formalised mental health or criminal justice pathways are actioned, a novel finding is that the whānau/supporter voice is then largely ignored. This finding gives visibility to the concept of power-holder legitimacy as it relates to police discretion and claims to authority.

Self-legitimacy describes frontline police officers' confidence in their normative authority as agents of the state, and the sense that their special positions and power are justifiable within the legal order of society (Bradford & Quinton, 2014; McCarthy et al., 2021). Police researchers propose that power-holders will adjust their claim in light of ongoing dialogue or responses from others, including interactions with supervisors or colleagues or the public, with varying consequences (Bottoms & Tankebe, 2013; Tankebe, 2022). Although frontline police are viewed as lower-level power holders in the hierarchy of their organisation (Bottoms & Tankebe, 2013), to whānau Māori they are in possession of great power, yet their self-confidence and legitimacy could easily be challenged. For police, having no further discussions once formal charges are laid means they can avoid confirming claims to authority and save time.

[221] As previously indicated in this discussion chapter, the horizons of context framework were discussed in chapter 3.3 *Grey zone dispositions of police internationally.*

Mental distress events in this study therefore originate from diverse intersecting stressors, with a combination of socioeconomic, legal, relational, hauora, and/or discriminatory factors. A kaupapa Māori report by Wikaire et al. (2022) recently exposed the causes and effects of multi-discrimination. The report confirms that as well as discrimination related to mental distress, Māori experience discrimination related to ethnicity, and that is another core contributor to Māori mental ill-health. Rather than mental distress and race/ethnicity being sole predictors of attitudes towards police however, international (Kingsford & Webber, 2010; Oliveira & Murphy, 2015; Weitzer & Tuch, 1999), and national studies (Ministry of Health, 2020; Oakley Browne et al., 2006) agree that social or socioeconomic identity also holds much significance. As evidenced earlier, social deprivation and ethnicity is associated with disproportionately high levels of severe mental illness and compulsion rates with police involvement. A further study examining the intersections of Māori ethnicity and lower socioeconomic status regarding people's willingness to cooperate with the police finds that ethnic minority group member's trust in police is understandably less than majority group members (Panditharatne et al., 2021).

As a critical theoretical concept that has synergies with kaupapa Māori research, intersectionality provides a framework for dealing with the notion that social problems for Māori – like racism because of indigeneity, marginalisation because of mental health stigma, social exclusion and isolation, socioeconomic deprivation, and justice system interactions – become compounded. The impact of multiple-marginalised identities as depicted in figure 56 requires consideration when police and wider health and social services respond to whānau living across South Auckland.

Figure 51 The Intersectional Impact of Multiple Marginalised Social Identities

The multiple-stressors and diversity of events experienced by whānau in this study, combined with limited around-the-clock mental health and social services, mean that responding to mental health needs is only one of several public health roles undertaken by police. The following section of this chapter advances further knowledge gleaned from this study about frontline police's ability to recognise and respond to difference.

12.3 A rudimentary cultural awareness

This study is novel in that it accesses a localised South Auckland perspective to examine what is a fragile relationship between Māori and frontline police. New Zealand Police understand that to effectively lift Māori waiora[222] and reduce the contact whānau have with the criminal justice system, they are required to acknowledge the complex challenges between police and Māori, understand Māori aspirations, and provide support in a more culturally responsive manner (NZP, 2023). This study argues that policing practices that validate Indigenous rights and uphold the mana of people are conducive to improving overall outcomes.

Another significant finding in this study is that during most informally managed events, whānau appeared to be open to engaging with police and they found police to be helpful. Despite some whānau in this study having had negative dealings with police over previous decades, they actively reflected on how they felt policing practices had improved. Whānau held in-depth conversations with officers who were calm, attentive, and respectful. Police allowed whānau the space to help settle distressed individuals, and to share their own perspectives about wider factors that had impacted situations. Whānau were also generally open to police advice and the opportunity to consider options and consent to next steps. A key aspect is that police considered whānau wants and needs, rather than these being determined by external services. Whānau also valued receiving support from lawyers and mental health professionals who listened and showed them empathy.

Police in this study understood that there was a low threshold for non-Māori ringing police to have their safety concerns and needs met. However, police opinion varied about how often Māori who were experiencing mental distress would contact them. Examples ranged from those who contact emergency services only occasionally, to those who contact police often. The origins of calls to police, and the readiness of whānau to access them in times of need, begins to present a picture of how much external police power and control whānau were prepared to expose themselves and others to,[223] and the extent to which they could deal with or resolve situations themselves. There were also variable levels of trust and confidence in police across the Māori community.

During one observed event, the serving of a trespass order and police assistance to relocate one wahine Māori with multiple marginalised identities and significant social needs was like police banishment situations studied in the US (Torres, 2017). In this situation the frontline police response overshadowed the negative effects of eviction because they were trusted by the individual. This finding is counter to situations where police trust becomes diminished through aggressive policies, negative attitudes, discriminatory behaviour, and racist abuse towards Māori.[224] Essential to police legitimacy from the perspective of Māori is that trust is not diminished, and encounters are described by whānau as procedurally just.[225]

Amongst those Māori who frequently contact police in this study were ‘neighbourhood characters’ (Teplin & Pruett, 1992), or whānau visible in the community whose behaviours had become familiar to police. These individuals often sought out police reassurance, some required a welfare check, or

---

[222] The te reo Māori term ‘waiora’ used in this study means wellbeing, health.
[223] The notion of police holding power over marginalised groups was previously discussed in 3.6 *Ethnic minority groups and multi-discrimination.*
[224] That Māori continue to be disproportionately represented in Aotearoa NZ criminal justice statistics was previously discussed in 2.4 *Laws and oppression*, and 2.6 *The criminal justice system.*
[225] Racial discrimination that reduces police legitimacy, trust, and confidence was discussed in 3.6 *Ethnic minority groups and multi-discrimination. Procedurally-just policing* was discussed in 3.8.

were generally managed by informal means. This meant that police would triage and offer support and, when and where available, would endeavour to coordinate cross-sector services. Indicated by Teplin and Pruett (1992), this form of preventative advice and assistance, and their informal surveillance, means that officers are actively helping to maintain the wellbeing of predominantly isolated Māori with mental ill-health and complex social needs in the community.

Findings from the whānau narratives in the **te ao Māori** whakapapa layer also reflect how strong relationships and connections to local marae are highly valued by whānau and contribute towards better coping and positive mindsets. These ground-up perspectives suggest that when interactions are respectful and confidential, and whānau needs are addressed, trust and confidence in NZP can be improved. However, in relation to mental health responses, the frontline police in this study had very limited access to any training or ongoing education about culturally responsive and equitable approaches.

With regards to acknowledging cultural diversity, some police had good insight into te ao Māori imperatives and saw cultural responsiveness as key to developing better overall police and Māori community relationships. These police agree that accessing te reo, considering wider whānau supporters, and upholding the mana or status of kaumatua (Māori elders) through respectful approaches are helpful practices. The consideration of cultural imperatives, or tikanga Māori, streamlined the gaining of whānau trust and compliance and meant that calls could be progressed to quicker resolution.

Although some police were culturally competent, these approaches were mostly ad hoc. There was also limited indication from police met throughout the fieldwork about how these culturally responsive approaches positively affect hauora Māori, or the experience of whānau. I surmise that, due to the demanding nature of frontline work in South Auckland, or because the police had not reflected on this wider value before, the efficient clearing of calls is the policing priority.

Another significant study finding is that some frontline police demonstrated only a rudimentary sense of cultural awareness around te ao Māori or understood that some whānau required a different response altogether. Rather than formally or intentionally through police training, these officers had inadvertently been sensitised to the existence of formal rituals and practices, and the emotional, socioeconomic and political context in which whānau exist. There is also an apparent reliance on Māori staff to improve the cultural capability of frontline peers. This ‘cultural loading’, as added workplace demand, is a phenomenon increasingly recognised in the workplaces of Indigenous peoples (Australian Public Service Commission, 2023; Komene et al., 2023). Also like another NZP study (van der Harst, 2021), is the realisation that having previous life and work experience means having more skills to be responsive during different situations.

In this study it is also noted that some police had no knowledge or skills to consider how to, or even that they should, be culturally responsive to Māori, with only one officer mentioning te Tiriti obligations. The benefit of having cultural awareness is well-researched in health professions (Curtis et al., 2019; NCNZ, 2011; L. Wilson et al., 2022), where it is identified as the very beginning step towards understanding that there is difference. Although some police recognised the wider advantage of acknowledging Māori cultural imperatives, most focused on treating all people from all cultures equally. These police had difficulty considering if they consciously shaped their approach to people

of different cultural backgrounds. A consciously shaped approach based on someone's ethnicity was misconstrued negatively by them to mean that they were actively discriminating against Māori.

In relation to integrating cultural imperatives across social service practices, there is unquestionable evidence regarding the role of te ao Māori resources as protective factors that mitigate health and social justice inequities (Curtis et al., 2023; Mark & Lyons, 2010; Wilson et al., 2021). Culturally-congruent approaches that improve health service provider relations and outcomes are well-researched (Hunter & Cook, 2020b; McLachlan et al., 2017; Wilson et al., 2021; L. Wilson et al., 2022). Collaborative community justice initiatives are also on the rise (Black et al., 2017; Quince, 2017; Webb et al., 2022). However, there is an argument around the authenticity of intent regarding cultural identity policy implementation within the criminal justice system (Mihaere, 2015). The embedding of cultural responses within what are effectively monocultural dominant institutions is viewed more as a measure of official attempts to meet 'Treaty' obligations, rather than to improve whānau outcomes.

Foreseen by the Courts and Waitangi Tribunal over 20 years ago (Te Puni Kōkiri - Ministry of Māori Development, 2001), is that constitutional, legal, ethical, and procedural issues associated with te Tiriti would remain a focus of ongoing discussion and debate today. The rights afforded to Māori in the agreement, including the right to equity and active protection of health, are continually under threat from views that favour equality for all (Duff, 2023). A rights-based approach draws on the legal framework of te Tiriti, as well as on Article 24 of the United Nations Declaration on the Rights of Indigenous Peoples, which states "Indigenous individuals have an equal right to the enjoyment of the highest attainable standard of physical and mental health" (United Nations, 2007, p. 18). Yet to progressively achieve the full realisation of equitable rights, not only is a proactive stance among health professionals required (Pitama et al., 2024; Wilson et al., 2021), a cross-sector approach that includes frontline police is necessary. An overarching study finding that links to this police responsiveness discussion was a heightened awareness of police to protect themselves during their practice. The following discussion expands on this key aspect and introduces a novel concept called 'stereotype paralysis'.

12.3.1 Stereotype paralysis

Frontline police in this study were aware that any decisions they made could potentially lead to adverse outcomes, such as loss of life, public criticism, or legal repercussions. Police #5 confirms that "...we [frontline police] try to tailor our response as much as possible to the individual, but we're also trying to protect ourselves as well in the process". This evidence reflects the delicate balancing act that police sought to overcome at a time when police misconduct cases are widely publicised (see for example: Cann, 2021; Gordon, 2021; IPCA, 2023). There was a heightened consciousness amongst police that any public interactions they were involved in would also likely be recorded. I consider the phrase 'the stakes are high' here, to reflect on how something important could be lost for police based on their poor timing, judgement, decision-making, and actions.

To help manage the constant pressures of frontline police work, many of the officers in this study routinely used minimising language to describe something traumatic as not very nice, or other statements that justified their use of coercion. This study finding has synergies with how psychiatric nurses reconcile themselves to using coercion when administering medication to involuntary mental

health patients (Vuckovich & Artinian, 2005). This is an example of the basic social process of self-management within a given role.

Another finding of this study is that rather than frontline police considering approaches from an equitable perspective, saying members of the public were all treated equally was not only seen as fair, but was also a way of mitigating personal biases around difference. In the context of frontline police actively pursuing equitable approaches to assist Māori experiencing mental distress, this study argues that because of enduring stereotypes around police bias and discrimination towards Māori, combined with frontline police wanting to avoid appearing racist, a condition of stereotype paralysis exists. This state inhibits the implementation of more equitable practices that would otherwise ensure that Māori receive fairer treatment within the health system.

This newly coined term draws from a study of Australian police which surveyed 306 frontline officers (McCarthy et al., 2021). They assessed the influence of 'stereotype threat' of being racist on attitudes toward force, and the extent to which this is mediated by police officers' perceptions of self-legitimacy. Findings are consistent with a US study (Trinkner et al., 2019), in that, police concerns with confirming the stereotype around bias and racism undermined confidence in their normative authority, and consequently they relied on more forceful powers to deal with these community members.

With regards to police experiencing stereotype paralysis in this study, Martin (2023) offers that the systemic denial of racism and inability to address the ideologies of 'Whiteness', or the concept of white cultural imperialism (Awatere, 1984), "prevents us from developing a race consciousness and hinders our capacity to address institutional racism" (p. 57). This study has also found that although Māori cultural responsiveness, diversity, and te Tiriti are valued by NZP at an organisational level, these are yet to be fully realised in frontline policing practices. Stereotype paralysis is a significant roadblock to implementing the transformational changes required for supporting hauora Māori. Explored next are components of another overarching study theme. Discussion refers to the 'blurred boundary' work of frontline police during mental health responses. As represented in the study tāniko design, this boundary work is complex, and it also hosts many tensions and implications for police and whānau.

12.4 Boundary work

Like a comment made by researchers of UK police (McLean & Marshall, 2010), little is known about how NZP feel about their expanded role in mental health. An overarching concept used to shape and advance new knowledge found in this study is that frontline police experience a blurring of role boundaries during mental health-related callouts. A key feature of policing practices noted across findings is that providing emergency frontline mental health support to whānau Māori is an intersecting construct with indeterminant boundaries. Police work in a monocultural dominant institution where embedding Māori cultural responsiveness and notions of promoting health equity in practice is on the peripheries. Furthermore, when police work alongside mental health professionals, the practice boundaries that should ideally define their discrete functions become blurred.

One practice boundary that remains distinctive for police is that whilst mental health professionals or medical practitioners administer and work within a legal and clinical framework, as 'agents' working alongside them police are bound to, and guided by, both mental health and policing legislation. However, the current Mental Health (MH) Act and Euro-centric mental health interventions and practices predominantly support the biomedical model of mental health.[226] The assumptions on which mental health-related responses are practiced by police also favour this approach. Most police in this study viewed Euro-centric approaches as the primary way to manage mental distress experienced by whānau. This meant that mental ill-health was viewed as a disease, whereas spiritual/cultural, whānau, and physical constructions of hauora Māori were disregarded.

This preferred biomedical approach has several other consequences for whānau. It meant that police looked to mental health professionals as the experts, even when whānau who were experiencing mental distress did not meet the access criteria of mental health services. There was also an assumption that hauora Māori services run by local marae, hapū, and iwi did not provide the full range of treatment options, **plus** the te ao Māori cultural context. Police also saw public mental health services as the triage service that should take on the leadership to meet the cultural needs of whānau.

These findings show that some frontline police view Māori culture as an outer layer of whānau that could be responded to as an extra, rather than a fundamental starting point. Findings also reveal the view that differing marginalised social identities is not an intersecting experience, and therefore should be treated separately. Frontline police follow procedures and endeavour to treat people 'like humans' but they have not received education to consider what a humanistic and relational approach looks like in a te ao Māori sense. This routinised nature of police practices in mental health situations, whereby the status quo is accepted as, 'this is the way things usually are' limits any potential reflective analysis. Bartkowiak-Théron and Asquith (2022) agree that siloed practices, legislation, and policy continue to be disjointed at the expense of integrated cross-sector practices.

The concept of boundaries is used across research fields to predominantly describe socio-relational processes (Chamakiotis et al., 2024; Gieryn, 1983; Lamont & Molnár, 2002; Thom, 2010). Law enforcement and mental health agencies traditionally see their roles separately, despite the interdependencies between the two fields (Bartkowiak-Théron et al., 2022a). However, similar to the boundaries in science that Gieryn (1983) originally refers to, "boundaries are drawn and redrawn in flexible, historically changing, and sometimes ambiguous ways" (p. 781). The blurring of work boundaries in the context of this study relates to the unclear demarcation of the police role in mental health callouts that involve whānau Māori, especially during events where the support of mental health professionals is desired.

Police's predominant role as criminal law enforcers has continued to evolve for over 50 years to meet increasing mental health demand and public expectations. In essence, police traditionally spent more time in informally recorded activities, rather than criminal law enforcement (Bittner, 1974; Green, 1997). However, in addition to public demand, this study found that workers across the public sector with a professional obligation to provide care and support also frequently alerted police to incidents. Social services, ambulance staff, and mental health crisis support line staff all requested police assistance, and for a widening and indeterminate range of mental distress situations. The implications for police were that although they are not credited with, nor perceived to have mental health expertise,

[226] 2.1 *Steadfast notions of te ao Māori,* and 2.2 *The unsteady state of mental distress* posed significant evidence about mental distress constructs from both Māori and biomedical, or Western, constructs.

they were required to engage in the most complex primary/first-responder communication and micro-relational work with whānau. They effectively worked within what this study refers to as a 'liminal mental health space'.

Police in this study demonstrated understanding and insight into the overall situation of why there is increased mental health demand, including the lack of cross-sector resourcing. They also agree that "...there is a very grey matter in our mental health [system]... between mental health and police. And everyone, everyone is slipping through the gap" (Police #3). This apparent reshaping of the 'ideal' or desired police role, to one where the position of police is not clearly defined, represents a suspension of social structure for police. The boundary that should maintain a separation between lay and expert knowledge around mental health response is an 'in-between' space.

The following excerpt reserved from the police dataset highlights this boundary work:

> I do think there's a police role in dealing with mental health, but I think police are kind of treated as the 'Jack of all trades', and we don't have all the answers. So, I think it is really frustrating... being called in... you know, we're just as clueless or unqualified as... as a 'normal person' is the wrong word. But... you know what I mean? It's not like we've got formal training in the mental health area or are qualified necessarily... and... yeah, it's very frustrating and while we can sit there and listen and take it all on board, ultimately it comes down to the mental health team and services, and what they can do... ...But I do feel we're a middleman really... I think we're kind of the ambulance at the bottom of the cliff rather than... prevention, or other means, or other services... or things being implemented. Police #5

The idea of being positioned in a liminal space is widespread in organisational, work, sociocultural, and developmental contexts. Explored by other authors using ethnographic techniques, the existence of a social space of ambiguity has been linked to many environmental, cultural, professional, and gendered topics (see for example: Concannon & Nordberg, 2018; Drew et al., 2023; Manning, 2022). The concept of liminality was initially conceived of by van Gennep (1960) to explain role transitions as a rite of passage that encompasses three phases: identity separation, transition, and eventually but not always, (re)integration. As Allan (2007) offers, it is both a place and situation where experiences are recognised and, as the prevalence of Māori mental distress and demand on NZP continues to rise, tolerated.

Liminality in the context of this study is therefore considered to be a structurally imposed condition by virtue of police work, where frontline officers stand in-between and betwixt during mental distress callouts. There is complexity here, because although some police do believe it is their job to support everyone in the community, with police forming an important link between public safety and health, the increased mental health demand on the police service continues to field opposition and debate. Affirmed by Garcia-Lorenzo et al. (2018), the liminal experience is also associated with negative consequences, including openness to questioning. Frontline police in this study accepted that there was a need for them to attend mental distress events, however, there remained a state of ambivalence, or conflicting feelings for them being positioned at this critical interface.

Many police in this study recalled their initial surprise upon joining the service at how much of their practice involved mental distress callouts. Only very few expressed a genuine interest in mental health, and some were frustrated because they preferred catching criminals. Also like findings of an integrative review (Chidgey et al., 2019), police in this study felt strongly that their training did not cover the necessary skills and/or qualifications required to diagnose or provide comprehensive assistance to whānau. They are instead expected to learn their role in an apprenticeship manner and

must develop strategies and skills on-the-job. However, when the cause and pathway of someone's mental distress experience was unclear to them, as it often was, a transitional and liminal space exists, and normal order or the achievement of event resolution is suspended. The tensions inherent to working in this liminal mental health space are widely apparent throughout this study. The following four subsections show further examples of this boundary work in practice.

12.4.1 Managing the unseen

As already indicated, a facet of police work in the liminal mental health space is their being attentive to whānau needs without knowing the key defining features or causes. Police #2 described their uncertainty and often limited capacity when responding to non-specific mental distress presentations, saying that, "...sometimes it's [the underlying cause of distress is] obvious, and sometimes it's really not. All we can do is go in there... and keep them calm until we get the mental health board on [health professionals attend]." The tensions police experience from not being a 'mental health expert' and being reliant on mental health professionals is illustrated in the following excerpt:

> ...we can't say whether it's attention seeking, an attention deficit disorder, drug or alcohol, or appears for genuine mental health issue. We just have to put it under one basket and then give it to the people [mental health professionals] that deal with it... Police #3

When faced with co-occurring factors there was considerable variability in how police responded. Indeed, the criminalisation of whānau who experienced mental distress did occur in this study when formal police policies, procedures, practices, and legislation overrode a more humanistic and informal response.

One whānau described how multiple intersecting events and social identities made determining the correct pathway difficult for the attending police. The police interpreted the situation from a compassionate standpoint, yet they had to proceed with pressing formal charges based on criminal legislation and policing directive. This study argues that the outcome of the same event may have been different had the distressed whānau member's eventual mental health diagnosis been known to police and whānau at the time. Those present during the incident would have had more weight to push back on the directive to press criminal charges, and instead a mental health response would likely have been instigated.

Considering this event, Teplin and Pruett (1992) confirm that "dispositional decisions vis-à-vis [concerning] the mentally ill are an inherently problematic social judgement" (p. 140). Another study also confirms that police knowledge of mental illness plays a protective role, which makes criminal arrest of 'suspects' affected by mental distress less likely (Engel & Silver, 2001). To further contextualise this boundary work in the liminal space, the next part of this discussion explores how police attempt to better inform their responses.

12.4.2 Informing a police response

There were a range of strategies that frontline police across South Auckland used to navigate around this liminal space. One aspect was that police largely relied on direct communications with call informants, mental health professionals, police file records, and situational information conveyed to them by a duty sergeant or comms to inform their responses. Officers also drew from existing knowledge of known individuals, including whether they had responded to treatment in the past, where they reside, and/or if they have any existing social support networks. This prior knowledge

stretches beyond the specific incident and is part of the 'temporal' horizon of context that shapes police decision-making (Bittner, 1967).[227]

Of the 32 frontline police observed during over 120 hours in the field, most officers endeavoured to document if there had been features of mental distress in their file notes. They received instruction from district and station level command to complete paperwork at the scene, or immediately following a callout. As a means of accountability, triaging, and improving police service communications, this noting of details is encouraged by senior police and considered to be best practice. Frontline police rationalise that aside from legal recourse, flagging mental health incidents in file notes had several purposes: to inform or pre-empt future responses and interactions, to track cyclical or recurring patterns of behaviour, to help facilitate an individual's access into the mental health system, and to signal job resolution. Counter to these findings, Watson et al.'s (2010) exploration of police encounters with informal dispositions claims that details such as police transport or the presence of mental distress were rarely documented anywhere outside of police notes, if at all. However, despite police's best efforts to streamline internal communications, there were wider systems challenges that created additional tensions.

12.4.3 Holding the space

A significant point of tension during this police boundary work concerns mental health service access barriers. In this study it was noted that during many mental health-related events Māori and police faced challenges in accessing mental health support. One contributing factor was the high threshold for a mental health response. Another was that mental health and social welfare professionals were not available after-hours to help create continuation of care. Whānau were generally aware of how to access mental health crisis services themselves, but they chose not to because of the perceived delays in response, or they had been disillusioned by the quality of health service previously received.

Highlighted in this discussion is a waiting room analogy. This novel study finding describes the situation of police who attended whānau, who in turn did not receive the right support from the right people in a timely manner. This 'waiting' featured across hospital and community settings and is an example of the frontline officer experience of being intertwined in the boundary work of health professionals. For example, there were situations when no Duly Authorised Officer (DAO) or mental health professional was available to conduct a mental health assessment. The MH Act (1992) legislation was initially drafted with the expectation that the DAO would go to the house or assessment site.[228] However, when health professional delays stretched to the maximum six hours, there was a sense that because frontline police were present, the situation and the people involved were being 'kept safe'. There was then reduced urgency for health professionals to attend. Although not a direct breach of policy intention that underpins the MH Act, the frustrations of police who had to remain at locations, effectively 'minding' people for prolonged periods of time, is a significant point of tension noted in this study.

An additional finding in this study is that although no distressed whānau were detained in police custody for mental health assessment (per CMPD policy), hospital emergency department resourcing

[227] The 'temporal horizon' of context that features within Bittner's horizons of context framework was previously introduced in 3.3 *Grey zone dispositions of police internationally*.
[228] The Mental Health Act as it relates to policing was introduced in 1.4.1 *Police, Indigenous Māori and mental distress.*

pressures were apparent when whānau and police waited there for mental health professionals. In one observed event when a distressed wāhine Māori threatening suicide had agreed to accessing mental health support, there were unwelcoming, and discriminatory comments passed by mental health and hospital staff.

That Māori face differential access to mental health care and systemic racism in health is not a new finding (NZG, 2018; Waitangi Tribunal, 2023). Thomas et al. (2022) agree that stigma, public attitudes, economic constraints, service availability, and public policy all impact on mental health treatment availability. However, a novel finding in this study is that in many cases when whānau had previously encountered mental health services, they conveyed how the help and attention of police was better than those interactions. Sometimes it took the involvement of police and their advocacy when contacting partner services to gain access to the right support. In this space also, police provided whānau the opportunity and time to convey their often-problematic situations.

This study's understanding of police effectively holding the space whilst waiting for mental health professionals to respond has synergies with recent observational study findings by Wood et al. (2017), who impress the importance of a 'peacekeeping' conception of police work. Most police in this study were acutely aware that responding to distressed whānau requires the practices of patience and understanding. The following excerpt describes the lengthy engagement, negotiation, and effectively the 'peacekeeping' skills required of them:

> Obviously, you know, it's important we attend [the mental distress event], and we get there, and it was quite clear to me... talking to him that he wasn't gonna go willingly. Then we spent a good half an hour trying to talk to him. While my offsider was talking to the family and saying "Hey, this is what we're trying to do." Police #4

This boundary work of police is situated within cross-systems efforts to improve mental health outcomes. Indeed, the expanding remit of policing as a fundamental part of the public health continuum is increasingly acknowledged internationally (Bartkowiak-Théron et al., 2022b; Spolum et al., 2023).

Also revealed in this study are complex cross-sector relations that police must manage without undermining allied health colleagues, and while still maintaining public confidence. The frustrations of police were palpable, for example when their mental health partners did not validate their concerns for the mental distress of whānau, or the use of coercion was debated. This tension simply reinforces to police that they are not mental health experts, and they do not know when distress is acute, or in need of support from mental health services. This finding has synergies with van der Harst (2021) and Davey et al. (2021), who also found that challenges arose for police from interactions with agencies - not individuals. As police continue to grapple with the blurring of mental health and police response boundaries, the second and 'liminal' phase of role transition endures and the impact on whānau becomes more apparent.

12.4.4 Whānau isolation

In this study, whānau demonstrations of vulnerability, fear, and defiance are like findings by Watson et al. (2008), who explored the experiences of twenty persons with mental illness in 67 encounters with police. Being attended to by police likely provides little reassurance to Māori who have already experienced mental distress through trauma and multi-discrimination. For these whānau, frontline police symbolise 'criminalisation'. Overall, frontline police in this study also recognised that they

could create additional harm and that they were not always the right people to attend mental health crisis events.

From a policing perspective, many officers in this study shared that part of the reason they wanted to work in the police service was their desire to assist people and advocate for them, and that was apparent in their practices. They endeavoured to ensure that people were safe and felt safe, yet they also understood that some of the police responses and decisions made during callouts were highly consequential with negative implications. For example, when police assisted mental health professionals to detain and transfer individuals, their legitimate power and acts of coercion exacerbated the individual's distress.

Another significant implication of this boundary work is that some frontline police demonstrated prejudice and discrimination towards whānau. This study finding has synergies with other police study findings (Chappell & O'Brien, 2014; Engel & Silver, 2001; Lurigio & Watson, 2010; Watson et al., 2010b). Frontline police were frustrated when they received repeated callouts to the same individuals who remained unwell and unsupported in the community. They were similarly frustrated about people's 'poor lifestyle choices' that contributed to their mental distress. These irritations were further compounded because of the significant mental health demand on police.

Throughout this study I observed very few verbal and nonverbal behaviours that indicated whānau displeasure towards police. However, on the occasions that I did, the police identity had elicited suspicion and whānau were visibly opposed to their physical presence. Māori law expert Khylee Quince stresses that Māori have systemic reasons for intergenerational trauma and distrust in the judicial system, for example, the violent colonising history that has impacted different iwi (Fallon, 2020). Many of the police in this study also recalled how they had experienced mostly negative interactions with Māori in the past.

Because of the lowered trust and confidence of Māori in police, some police in this study believed that some whānau would only call them once a situation became out of control, and/or if someone's safety was threatened. This often meant that when whānau instigated police involvement there was already a crisis underway. Regarding leaving situations until they have reached crisis point, or late presentation where mental health had significantly deteriorated, Meehan et al. (2019) unsurprisingly found that these types of situations can lead to formal mental health legislation and treatment orders being applied.

Although only used for a small proportion of people each year, the mental health legislation significantly impacts the lives of whānau who do experience it (Butler, 2022; NZG, 2018). For Māori, the rates of compulsory community treatment have increased and the use of solitary confinement, or seclusion, have decreased, however these rates are still high in comparison to non-Māori (MHWC, 2023). Parallels can be drawn here to US research, where structural racism reportedly shapes people's experiences in the mental healthcare system (Vinson & Dennis, 2021). Those authors found inequitable mental health outcomes for persons with severe mental illness from racial and ethnic minority groups.

In this study, when responses took on a more formalised pathway like detainment or hospitalisation, police were therefore active in preventing whānau from participating in their normal activities of life. An exploratory investigation into social inclusion and exclusion, particularly as they relate to

discrimination, agrees that government agencies have the power to act as agents of social exclusion, with mental distress having a causal role (Gordon et al., 2017). Whānau in this study who experienced a mental health crisis and were detained for assessment were already very isolated from their whānau and other community-based supports before police involvement and the subsequent hospitalisation. This aspect of findings is critical to understand in relation to police responses and uses of the MH Act, as this legislation should not be guiding how mental health support services (including police services) are provided. The legislation should only be used as a last resort, and only in the most serious cases of distress.

One whānau in this study with multiple marginalised social identities, including a criminal past, had low trust and confidence in police and wanted to avoid any interactions. Not only was racial discrimination and the potential misuse of police power a concern for them, but they also felt that their concerns for the welfare of others would not be considered important enough for police to act on. They perceived themselves to have less social value and therefore less power. This same whānau also described how they had become accustomed to frequent criminal justice system encounters for a range of activities, experiences, and offences over the years. Consequently, they were at times defiant towards police.

Indeed, having prior convictions or a record on the police file ascribes a negative profile to that person's social identity, with police use of force anticipated by the whānau during any interactions thereafter. This cyclical occurrence is confirmed by Teplin (2000), who reports that once a person has been convicted of a crime, they are more likely to be involved in future criminal justice proceedings, and police may treat them differently based on their criminal record.

Another negative outcome of police boundary work during events is a novel study finding referred to as 'fighting agency'. This term reflects how a significant part of the whānau member's ongoing struggle to re-emerge into society with the essence of who they are restored can be adversely impacted by wider social and justice system inefficiencies and bureaucracy. The frustration of fighting agency increases for whānau when follow-up processes do not eventuate, despite being assured by frontline police they will.

Criminalisation and racial discrimination therefore contribute towards ongoing mental distress, as well as further reducing trust and confidence in police and wider public systems. These outcomes, which are largely a consequence of multiple marginalised identities and policing legislation, led to what one tāne Māori refers to as a 'wrecked life'. The final section of this discussion chapter reflects on the impact of this boundary work on police and the current political climate around police responses to mental health in Aotearoa NZ.

12.5 Contemplating change

Confirmed throughout this discussion chapter, as well as represented in the study tāniko design, the experiences of frontline police and whānau in the liminal mental health space are interrelated and multifaceted. Police in this study often tried to balance competing interests to achieve positive outcomes for all, for example, placing someone threatening suicide in police custody for observation against local policy, based on wellbeing concerns. Or, as an act of advocacy, sharing confidential mental health-related information with social service providers to reduce the distress experienced from homelessness. These are humanistic judgments and demonstrate the extent to which police do

have adequate skills to provide support for whānau in some distressing situations. However, when their presence was interpreted negatively by whānau, or their humanistic judgment was challenged by mental health professionals, or they were directed by superiors to press charges, moral distress developed. Although the likely public perception of police is that they have considerable power, the data in this study repeatedly highlight that the reality of frontline work was often feeling powerless to act in people's best interests.

This study's overarching liminal space theme confirms that there is continued ambiguity about what the core role of police is, and whether they should be 'in' or 'out' of responses to mental distress. Also identified in other research (Lane, 2019; McLean & Marshall, 2010), is a challenge by police that, "...there needs to be conversations around whether it is the police's place to be involved. Whether that's best for... if you'd like to call them 'the patient'" (Police #5). Frontline officers offer, "...that person should be attended to... by a social worker, by a mental health professional, by someone who is trained to deal with that person" (Police #4).

The most recent NZP briefing to the Minister of Police (2024b) continues to resonate with longstanding police opinion (Forbes, 2021; Glynn, 1975), that the current police response to mental health stretches beyond the ideal functions of a police service. New Zealand Police also remain clear about not wanting to step into the mental health clinical or diagnostic space. As confirmed by the National Coordinator Mental Health, "this set of skills is outside the scope of the police role" (M. Cole, email, 27 June 2023). Police #5 agrees saying, "... we want to help but I think realistically we're not equipped for it. We're not educated for it. We're not resourced."

Although responding to the mental health-related needs of whānau Māori when there was no crime could work to prevent future harm (therefore recognising mental health demand within NZP Prevention First policy), there remains notable political pressure on increasing police's capacity to focus on criminal offending. Ultimately, NZP are authoritative figures within a government institution of social control. From a crime prevention perspective, and in a climate where there is significant public concern about visible anti-social activity and gang-related violence, NZP (2024b) understand that enforcing the law is what the public reasonably expects from them.

Evidently in 2022/2023, of the thousands of mental health and threatens/attempts suicide events (which increased by 152 per cent and 92 per cent respectively over ten years), only between two and four per cent of 77,043 events have a criminal offence recorded against them (NZP, 2024). This finding supports police's belief that they should be agents to assist only when there is a need for force. Police discourses raised in another study add that mental health work is not perceived to be a valid part of the police role (Lane, 2019). That author asserts that police involvement delegitimises mental distress and associates mental health problems with violence and extreme behaviour, only to justify the use of force by police. However, this polarisation is unhelpful with regards to addressing complex Māori health and social inequities in Aotearoa NZ. The ad hoc yet expected involvement of police in situations of mental distress warrants increased visibility.

The rhetoric of NZP is a commitment to improving the response and outcomes for people experiencing mental distress. As indicated within the Minister of Police briefing (NZP, 2024b), and other media releases (Hickman, 2023; NZG, 2023c), NZP pledge to continue working in partnership with iwi and other government agencies and will consider other mental health response options. However, this study argues that frontline police will continue to interact with whānau Māori who

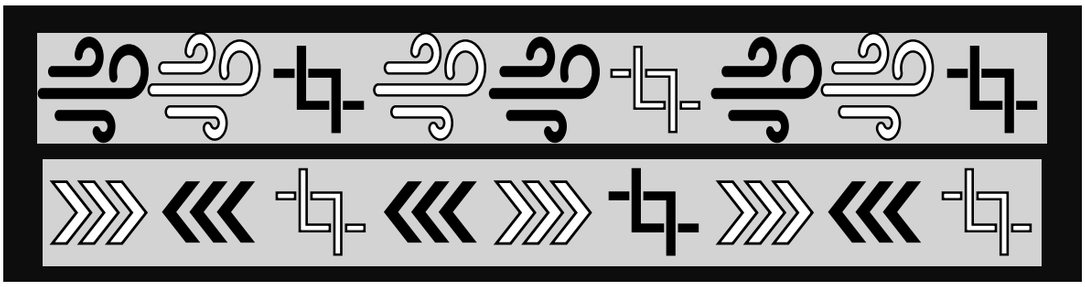
experience mental distress in the community regardless. As indicated at the beginning of this chapter, mental distress events originate from diverse intersecting stressors and police respond across a variety of job types, not just those coded 1M or 1X.

12.5.1 A partial ownership mindset

A final theory that this study draws from that links to the boundary work of police is 'psychological ownership'. This concept is described as an attitudinal, mental state where people develop a sense of ownership toward specific job targets, partially or wholly (Dawkins et al., 2017; Pierce & Jussila, 2011). When people have a psychological ownership mindset they can take full responsibility for outcomes, not just output. They are empowered to make decisions that will lead to those outcomes; that is, they have accountability and authority. However, when police in this study practiced in the liminal mental health space, their work was often fragmented and transactional with associated feelings of inadequacy, lack of expertise, and overuse. They subsequently demonstrated a partial ownership mindset. The opportunity was then reduced to look at the outcomes of their practices from a critical and holistic perspective, including being culturally responsive and working towards achieving equitable outcomes for communities.

This theory of police experiencing partial ownership within the liminal mental health space has synergies with quantitative research by Dahleez et al. (2023). These authors proposed a model on the relationship between employees' job satisfaction and inclusive leadership. The model draws attention to the mediating mechanisms of two psychological processes: psychological ownership and thriving at work. Although not previously considered in the police and Māori mental distress context, through observation and experience researchers in management fields have found that psychological ownership affects many individual and organisational outcomes including job satisfaction, work engagement, commitment, organisational citizenship behaviours, and turnover intentions (Dahleez et al., 2023; Delle et al., 2023; Peng & Pierce, 2015).

Disruptions to certainty are fundamental to attitudinal shifts and create opportunities for insights that lead to change. To help promote more equitable practices, optimise the benefits of diversity, and foster a culture characterised by integration and teamwork, Oswick and Noon (2014) support that clarification around mental health responses and a change to partial ownership mindset is required. This final point aligns with a view posed by van Garcia-Lorenzo et al. (2018), that the liminal space can also be strategic in nature when viewed as a state of transition and transformation. Liminal conditions can prompt new possibilities through the altering of current resources and strategies of action.



Summary

This final discussion chapter draws together the biphasic findings of this South Auckland study as reflected in the tāniko weaving design above. The symbols of the **koru, kaokao**, and **taki tahi** respectively represent: whānau Māori and the role that police play in mitigating or increasing their mental distress; frontline police and their practices, accountabilities, and experiences; and the intersections of these multiple social identities and interactions within their respective historical, sociocultural, physical, spiritual, political, and working day contexts. This discussion demonstrates how the research aims are achieved and the following study questions answered:

- Who and/or what instigates and informs police responses to Māori experiencing mental distress?
- What are the experiences of Māori who have interacted with police while experiencing mental distress?
- How are police interacting with Māori experiencing mental distress?
- How does tikanga Māori inform approaches to, and how is it applied during, interactions between police and Māori experiencing mental distress?

This chapter highlights the tensions and implications of frontline policing practice during mental health responses that involved whānau Māori. It weaves into discussion the theoretical and practical significance of the research findings. Rather than seeking to separate the types and origins of discrimination, the impact that whānau Māori membership across multiple marginalised groups has on police interactions and responses has been considered.

Key areas include how frontline police in South Auckland had a rudimentary te ao Māori cultural awareness, despite cultural imperatives being seen as beneficial to practice. The concept of stereotype paralysis offers insight into how police worked to counter existing stereotypes around police bias and discrimination towards Māori, yet that mindset involves treating all people equally. With no mechanisms for police to advocate for hauora Māori or health equity, biomedically centred public mental health services are instead viewed as the triage service that should lead the mental health and cultural needs of whānau.

This discussion also advances new knowledge around the blurred boundaries of police mental health work. As around-the-clock default mental health and social service providers, police navigated complex practice tensions. They experienced being in a liminal mental health space, which has

significant implications for both themselves and whānau. Despite having no mental health expertise, police were required to manage complex situations and relations and faced mental health service access barriers. The concepts of power-holder legitimacy and police identity management are also explored in this chapter. Findings reveal that despite the perception that frontline police hold considerable power, the reality is often feeling powerless to act in people's best interests.

Furthermore, frontline police undertook a significant role in maintaining unwell, or otherwise mentally distressed whānau in the community. They acted as surveillance, advocates, and referrers. Despite varying levels of whānau trust and confidence in police, many interactions with whānau were respectful. However, police also became agents of social exclusion and criminalisation when complex events led to reactive responses and formalised pathways. These types of responses exacerbate the experience of distress and perpetuated the trauma cycle for whānau.

This boundary work of police in the liminal space ultimately contributes towards police having a partial ownership mindset during mental health responses. This situation endures under the long-held assumption that police responses to mental health stretch beyond the ideal functions of a police service. This study significantly informs the reader of whānau, and police lived realities, at a time when changes to police mental health response are being contemplated. The following concluding chapter presents final thoughts on this study and includes the study strengths and limitations, as well as views towards future research.

13. FINAL THOUGHTS

He aha te huarahi? I runga i te tika, te pono me te aroha

What is the pathway? It is doing what is right, with integrity and compassion.

This thesis is the first to explore frontline police responses to, and interactions with, Māori experiencing mental distress, and is also likely the first to focus on this topic for any Indigenous peoples internationally. At the heart of this study and represented in the whakataukī above, is my desire to represent whānau and frontline police participants' voices and actions accurately and fairly. My unique perspective is informed by diverse understandings as a wahine Māori, a mother, a nurse, and an educator. The principles of tika, pono, and aroha inform ethical decision-making and the level of criticality I bring. I strive to uphold the mana of all participants by recounting their stories so that they can see themselves truthfully represented in the accounts and purposefully choose not to embellish, sensationalise or twist any findings. Throughout the study I am sensitised to, and alert to any signs of antagonism, racism, violence or misuse of police power shown towards whānau experiencing mental distress. I expected to, but did not find any other examples than what is relayed.

Shaped by this research korowai, my study contributes new knowledge around the huge volume and repetition of police boundary work in a 'liminal mental health space'. The tension between the work of the police and mental health workers and mental services is stark and unrelenting. At the basis of this kaupapa Māori study is that police over-involvement in whānau lives is counter to Māori aspirations and rights for transformational changes to hauora Māori. Equitable gains for whānau require Māori-led, integrated, and coherent solutions that address wider underlying social stressors. A cross-sector approach that recognises police's place as a social service provider that primarily functions to protect public safety, that considers the interactive effects of multiple minority status, and that promotes a more holistic te ao Māori sociocultural model of health, is recommended.

Failures in the mental health response, both clinically and culturally must be urgently addressed to better meet whānau needs. There is undoubtedly a need for additional resourcing so that police can resolve their part in responding to mental health events sooner, and so that events do not continue to dominate such a sizeable portion of frontline officer work. Based on the discussions of moral distress, liminality, and the holding of spaces, the management of compassion-fatigue and the overall mental-wellbeing of police requires recognition and ongoing support from the police service. Also importantly, change is required so that multi-discrimination and the criminalisation of whānau with wider hauora needs does not occur. This study supports the need for a shared and clearer understanding of the roles, positioning, and value of cross-sector services, including hauora Māori providers during community-located responses to whānau.

This study's consideration of the interactive effect of multiple minority positioning, including mental distress, also addresses a gap in extant literature. This study also asserts that the diversity and experience of multi-discrimination is important for police to recognise yet cautions against erroneously attributing a person's situation to their cultural or ethnic heritage. The rationale is that Māori cultural competence initiatives as stand-alone police training risk having a narrow focus on increasing transactional knowledge, skills, and attitudes, with little acknowledgement of complex mental health, socioeconomic, social justice, and health inequity issues. To help build trust and confidence across the Māori community, police must foster an intersectional lens based on inquiry, cultural humility, and cultural safety, that is based on self-reflection and respect.

The strengths in this research include the original contributions made to expanding the academic literature, and the use of diverse concepts to unpack police practices and whānau experience. Other strengths are drawn from its kaupapa Māori, and the wider Marsden project's co-production approach. The support from study advisors, oversight committee, and supervisory relationships aided the development and implementation of the study's biphasic design and helps make sense of these findings. This study is conducted by a researcher from 'outside' the fields of policing and the police district of focus, yet 'inside' the field of hauora and te ao Māori, to provide a new perspective and approach to the topic. The collection of significant data from across the range of perspectives strengthens the findings of this study.

Although the participant dataset for the whānau experience phase of this study is small, with five of the six Māori participants consenting to have their story used within this thesis, the final three whānau lived experience narratives reveal a broad range of life experiences and mental distress events that led to eventual police involvement. These Indigenous voices and their stories would otherwise remain unheard. These narratives complement at least 20 1M (mental health-related) and 1X (self-harm/attempts suicide) police coded events, and multiple other mental distress events where police interactions with whānau were observed.

Frontline police participants were acutely aware of my presence and research focus during ride-alongs. It could be considered that their performance may therefore have improved to emphasise a more empathetic and culturally responsive approach towards whānau Māori. However, Given (2008) supports that the longitudinal nature of field work likely sees patterns of behaviour regularise over time. I argue that due to the reactive and unpredictable nature and demand inherent to frontline policing practices in South Auckland, officers simply continued to draw from their existing skillsets and knowledge base to respond instinctively.

Whānau Māori participants found that the process of sharing about their trauma in a Māori space and being empowered to have a voice in their own narratives, was therapeutic. Frontline police also rarely have a public forum to share tensions and implications of their practice. This research provides a platform for further investigations into this area of study, and a basis upon which practitioners from 'within the field 'may reflect on their practices. The ethnographic and Indigenous narrative approaches undertaken in this study could be applied to other projects, and the diversity of other experiences and social identities could also be explored with intersectionality. Future police research must continue to support and reflect whānau Māori voice, as well as provide insight into the experiences of frontline police themselves.

This thesis informs the advancement of social justice and potential for police and wider health and social services, including non-government organisations to address mental distress disparities, and systematic influences, and services at individual, interpersonal, local community, and structural levels, and a combination of these levels, in keeping with the premises of criticality and intersectionality. Public service provider and community uptake and sustainability of wider research recommendations are issues for consideration, however. As Punch (2019) cautions, the wider societal and political context influences the chances of success, or failure of engagement, in law enforcement and public health. How to fully give expression to te Tiriti, cultural and healing informed practice is the challenge.

Karakia whakamutunga

Kia whakairia te tapu

Kia wātea ai te ara

Kia turuki whakataha ai

Kia turuki whakataha ai

Haumi e. Hui e. Tāiki e!

Restrictions are moved aside,

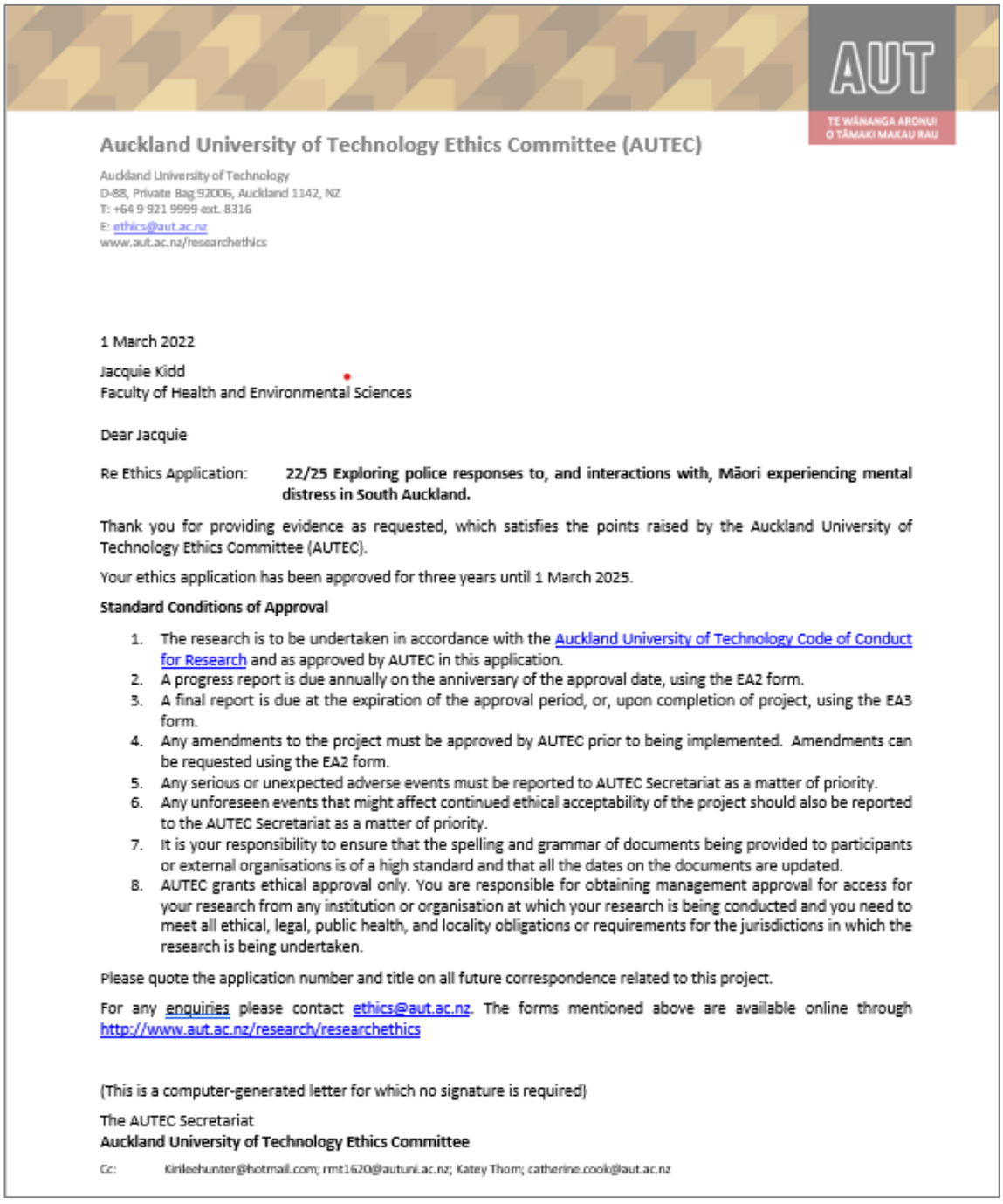
so, the pathway is clear,

To return to everyday activities,

Enriched, unified, and blessed.

APPENDICES

Appendix A: Ethics Approval



AUT
TE WĀNANGA ARONUI O TĀMAKI MAKAU RAU

Auckland University of Technology Ethics Committee (AUTEC)

Auckland University of Technology
D-88, Private Bag 92006, Auckland 1142, NZ
T: +64 9 921 9999 ext. 8316
E: ethics@aut.ac.nz
www.aut.ac.nz/researchethics

1 March 2022

Jacquie Kidd
Faculty of Health and Environmental Sciences

Dear Jacquie

Re Ethics Application: **22/25 Exploring police responses to, and interactions with, Māori experiencing mental distress in South Auckland.**

Thank you for providing evidence as requested, which satisfies the points raised by the Auckland University of Technology Ethics Committee (AUTEC).

Your ethics application has been approved for three years until 1 March 2025.

Standard Conditions of Approval

1. The research is to be undertaken in accordance with the Auckland University of Technology Code of Conduct for Research and as approved by AUTEC in this application.
2. A progress report is due annually on the anniversary of the approval date, using the EA2 form.
3. A final report is due at the expiration of the approval period, or, upon completion of project, using the EA3 form.
4. Any amendments to the project must be approved by AUTEC prior to being implemented. Amendments can be requested using the EA2 form.
5. Any serious or unexpected adverse events must be reported to AUTEC Secretariat as a matter of priority.
6. Any unforeseen events that might affect continued ethical acceptability of the project should also be reported to the AUTEC Secretariat as a matter of priority.
7. It is your responsibility to ensure that the spelling and grammar of documents being provided to participants or external organisations is of a high standard and that all the dates on the documents are updated.
8. AUTEC grants ethical approval only. You are responsible for obtaining management approval for access for your research from any institution or organisation at which your research is being conducted and you need to meet all ethical, legal, public health, and locality obligations or requirements for the jurisdictions in which the research is being undertaken.

Please quote the application number and title on all future correspondence related to this project.

For any enquiries please contact ethics@aut.ac.nz. The forms mentioned above are available online through http://www.aut.ac.nz/research/researchethics

(This is a computer-generated letter for which no signature is required)

The AUTEC Secretariat
Auckland University of Technology Ethics Committee

Cc: Kirileehunter@hotmail.com; rmt1620@autuni.ac.nz; Katey Thom; catherine.cook@aut.ac.nz

Appendix B: Tools

a. Community consultation pānui

b. Rangahau tikanga and kawa agreement

Purpose: This agreement formalises the relationship between Kiri Hunter (Clinical Sciences -Health, AUT) and Papakura Marae Inc. It includes the commitment, resources, and other considerations that each party would bring to arrange and support approximately six (6) kanohi-ki te kanohi interviews with consenting whānau Māori participants during November 2022. These interviews would contribute to the whānau experience phase of the co-designed kaupapa Māori PhD study - Police responses to, and interactions with, Māori experiencing mental distress in South Auckland.

Aim: This agreement established a framework for research that would privilege and respect all parties. It will honour the voice of whānau participants in a mana-enhancing way. It is acknowledged that kaupapa Māori research is primarily about self-determination (tino rangatiratanga) and therefore the Māori community would own and drive the process. There is no set formula for proceeding, however this agreement would provide guidance. It is agreed that research processes would prove mutually beneficial to both parties.

Research processes will also align with the following Papakura Marae Kaupapa statement[1] Ka Whiti te Ra, *Whānau experience more sunny days.*Values -manaakitanga, whanaungatanga and rangatiratanga. Vision -to be a centre of excellence for whānau. Mission- to provide unconditional support and care for whānau 24/7 and contribute positively towards aspects defined within the marae outcomes framework – 'Mana Whānau'.

Processes will also align with Te Ara Tika[2] research ethics, as defined within the study ethics application[3] - kia tūpato (using caution), kanohi-ki-te-kanohi (face-to-face meeting), aroha ki te tāngata (respect and compassion), kaua e takahia te mana o te tāngata (not trampling on the mana of people), whakawhanaungatanga (building relationships), manaaki ki te tāngata (to share and host), titiro whakarongo… kōrero (looking and listening before speaking), and kia māhaki (to be humble).

Commitment and resources: Support of research ethical processes and marae mission would be achieved as follows: Papakura Marae as Rua Paatahi (partners in this initiative) hauora service holders including Mahi a Atua - arataki (life coach/s) would govern and support hui /interview processes alongside Kiri as researcher, i.e., aid recruitment (guided by information provided on the study pānui, participant information sheet and consent form), determine private physical space for interviewing, guide tikanga Māori practices and rituals of encounter throughout each hui /interview including karakia, mihi and whakawhanaungatanga, and continue to awhi and manaaki whānau as per marae mission. Kawa (protocols for engagement during interviews) may be discussed with and determined by whānau prior to interviews, including who they wish to have present as support during their interview.

As a student researcher Kiri would be guided throughout processes by her primary PhD supervisor Assoc. Prof Jacquie Kidd. As manuhiri, Kiri would be guided by Papakura Marae organisational processes and consult with arataki and other marae staff with transparency, integrity and in good faith. As part of reciprocal giving and sharing, Kiri would provide koha to each participant in the form of a $50.00 voucher and a taonga pūoro. Kiri would whanaungatanga with whānau, introducing self and the study, answer any questions, and gain informed consent before proceeding. Kai would be provided to all involved during interviews and covered by study funding. Kiri would ensure study findings are appropriately fedback to Papakura Marae.

1.11.2022

[1]Papakura Marae - Kaupapa Statement 'Ka Whiti te Ra', 2022.
[2](Hudson et al., 2010).
[3]Auckland University of Technology Ethics Committee approval, 1st March 2022, AUTEC reference 22/25.

c. Whānau interview participant information sheet

Participant Information Sheet

Exploring police responses to, and interactions with, Māori experiencing mental distress in South Auckland

Whānau Interview

Tēna koe

Ko wai au? My name is Kiri Hunter (Ngāti Kahungunu, Rangitāne, Ngāti Maniapoto, Pākehā), and I am a PhD candidate at AUT. This participant information sheet tells you about an Aronui/AUT and University of Otago research project exploring the role of police in responding to mental distress in communities across Aotearoa New Zealand. The project is led by my supervisors, Katey Thom (AUT), Sarah Gordon (University of Otago), and Jacquie Kidd (Ngāpuhi, AUT); Catherine Cook is my additional supervisor (AUT). I will undertake my study in South Auckland (Counties Manukau District). We are working in collaboration with the police to ensure our project informs future police policy and practices. This research is funded by a Marsden grant through the Royal Society of New Zealand. You can find out more about the wider research team at www.citizensandmentaldistress.com.

An invitation

This information sheet tells you about what it means to participate in *'The whānau experience'* part of my project. If you have experienced mental distress and police interaction/s in the Counties Manukau district in the past 24 months, identify as Māori, live in South Auckland, and are over 18 years, I invite you to participate in an interview. During the interview our kōrero will include the role that police officers played in improving or increasing your mental distress.

Anyone else, whānau/family members or support persons of your choice, is welcome to be present. Please read the information provided here and get in touch with me (Kiri), should you require any further information.

What is the purpose of this research?

Police are increasingly called to support iwi Māori in the community who are experiencing mental distress. Prevention First, the policy that guides police responses, identified mental health as one of six drivers of police demand. This policy directs police to practice in a preventative, victim-focused way. However, whānau who experience mental distress are more likely to be victimised, socially excluded, and when in crisis, treated coercively by police.

We know that Māori are more likely to be diagnosed with mental illness, subjected to forceful mental health treatment and more likely to be arrested, charged in court, and incarcerated. Police data shows that whānau continue to have less trust and confidence in police, which suggests that police have difficulty realising the potential of their preventative, victim focused policy and police values, including being responsive to Māori and te Tiriti. However, no research exists on the experience of whānau when encountering the police while experiencing mental distress.

My research is underpinned by a kaupapa Māori approach and is co-produced with expert input. That means I am part of a wider project team composed of my research advisory rōpū (Māori community leaders including kaumatua, cultural/tikanga advisors, and community hauora Māori/mental health service providers), police, researchers, academics, and some who have their own experiences of mental distress, working together throughout the course of the project. This means that some members of the Māori advisory will be involved in reading an initial and final analysis of the study findings, but only the academic team will have access to all the information

you provide during discussions. The findings of this research will contribute to my PhD studies and thesis, and wider academic publications and presentations.

How was I identified and why am I being invited to participate in this research?
You have been identified by one of our research team or other peers as someone who identifies as Māori, lives in South Auckland, is aged 18 years and over, and has experience of mental distress and police interaction/s in the Counties Manukau police district in the past 2 years. I am inviting you and other participants to share your experiences. I will draw together your experiences and suggestions to inform how to improve police responses to whānau who experience mental distress in our communities.

How do I agree to participate in this research?
Your participation in this research is voluntary (it is your choice) and whether, or not, you choose to participate will neither advantage nor disadvantage you. You are invited to participate in one interview. You have up to one month to get back to me about taking part in this research If you decide you want to take part, you will be required to sign a consent form, which will be fully explained at the beginning of the interview.

You can withdraw from the study at any time. If you choose to withdraw from the study, then you will be offered the choice between having any data that is identifiable as belonging to you removed or allowing it to continue to be used. However, once the findings have been produced, removal of your data may not be possible.

What will happen in this research?
Interviews will be held at a culturally safe and private, public space in South Auckland and last 1-1.5 hours. To provide support there will be other research support whānau in attendance including people with lived experience of mental distress and police interaction, and other Māori team members.

We will begin with karakia (prayer) and whakawhanaungatanga (establishing our relationships) and kai will be provided. I will provide a brief presentation about the study and review this information sheet answering any questions. Your written consent will be obtained. Any questions will be warmly welcomed.

To start the interview the opening statement “Can you share with us what happened at a time you were experiencing mental distress and police were present?” will be asked. Whānau will be encouraged to think and relate to experiences, sharing details of what the experience was like for them, what their expectations were, and what would have worked better for them in the situation. We will close by asking you how you felt about the kōrero (discussion), discuss options for follow up, and karakia whakamutunga (closing prayer).

With your permission, the interview will be audio-recorded, so I can have an accurate record. Should I obtain the help of a professional transcriber, they will be required to sign a confidentiality form.

What are the discomforts and risks?
The topic of this research is about mental distress, with an additional focus on responses to, and interactions with, Māori. It is possible you may experience discomfort or embarrassment during the discussions and there is a potential for re-traumatisation from sharing personal stories. tress during the interview talking about these topics.

How will these discomforts and risks be alleviated?
Guided by tikanga Māori we use a whanaungatanga approach of relationships, building trust and rapport with you and your whānau. It is your choice if you wish to have whānau support, or a member of the research advisory rōpū (a local community hauora Māori/mental health service provider) that has an existing relationship with you present during the wānanga.

You do not need to answer any questions if you do not feel comfortable and you can withdraw without giving a reason at any time. Should you feel uncomfortable or distressed after any discussion or event, you can access free support from the following phone lines:

• Lifeline – 0800 543 354 (0800 LIFELINE) or free text 4357 (HELP)
• Suicide Crisis Helpline – 0508 828 865 (0508 TAUTOKO)
• Healthline – 0800 611 116
• Samaritans – 0800 726 666
• Depression Helpline – 0800 111 757 or free text 4202

The Mental Health Foundation also lists providers for further support here:
https://www.mentalhealth.org.nz/get-help/in-crisis/support-groups
A member of the research team will follow-up with you about one week after your interview to see how you are and remind you of this list of providers available for support.

What are the benefits?
This project is important right now because of the high incidence of mental health needs amongst whānau Māori who have encountered police response. Police and whānau Māori alike have described encounters as challenging. It is necessary to understand how these interactions are currently happening on-the-ground to understand the challenges that exist and decide what needs to happen to produce mutually optimal outcomes. Hence, by participating in this project, you will have the opportunity to contribute to evidence-based police policy recommendations. Our kaupapa Māori co-production approach to the research, where we are working closely with Māori communities, as well as police on our research team, means that relevant findings will have the potential to be translated into meaningful changes to practice and policy. I will provide you with a summary of our findings at the end of our research project.
You will be provided with a petrol or food voucher to the value of approximately $50 in acknowledgement of your time and contribution to my study. Your input will also contribute to completion of my PhD.

How will my privacy be protected?
Protecting privacy and confidentiality is an important aspect of research. You will not be identifiable in any of our research outputs – no real names or specific locations will be included. I will give you a pseudonym which you have the option of choosing yourself and we will be naming South Auckland as the study location.

Research advisory rōpū members will see wānanga notes and contribute to an analysis of all the kōrero. Before this happens, any identifying information (names, locations, etc.) will be removed.

We will store the consent forms separately to any information you provide in your interview in locked filing cabinets and electronic data will be stored on password protected AUT or University of Otago computers.

What do I do if I have concerns about this research?
Any concerns regarding the nature of this project should be notified in the first instance to project supervisors
Jacquie Kidd, Jacquie.kidd@aut.ac.nz, +64 22 3585 022 or Katey Thom, katey.thom@aut.ac.nz, +64 27 529 4869 or Sarah Gordon, sarah.e.gordon@otago.ac.nz, +64 21 134 6816.

Concerns regarding the conduct of the research should be notified to the Executive Secretary of AUTEC, ethics@aut.ac.nz, 921 9999 ext 6038.

Whom do I contact for further information about this research?
Please keep this Participant Information Sheet and a copy of the Consent Form for your future reference. You are also able to contact me, Kiri Hunter at rmt1620@autuni.ac.nz or +64 21 1536 335.

Approved by the Auckland University of Technology Ethics Committee on 1 March 2022. AUTEC Reference number 22/25

d. Whānau interview consent form

Participant Consent

Exploring police responses to, and interactions with, Māori experiencing mental distress in South Auckland

Whānau Interview

Project Supervisors: Jacquie Kidd, Katey Thom, Sarah Gordon, Catherine Cook

Researcher: Kiri Hunter

- ○ I have read and understood the information provided about this research project in the Information Sheet dated XXX.
- ○ I have had an opportunity to ask questions and to have them answered.
- ○ I understand that identity of fellow participants and our discussions during the interview are confidential, and I agree to keep this information confidential.
- ○ I understand that notes will be taken during any discussions and that they will also be audio-taped and transcribed.
- ○ I understand that taking part in this study is voluntary (my choice) and that I may withdraw from the study at any time without being disadvantaged in any way.
- ○ I understand that if I withdraw from the study then, while it may not be possible to destroy all records of the observations and discussions of which I was part, I will be offered the choice between having any data that is identifiable as belonging to me removed or allowing it to continue to be used. However, once the findings have been produced, removal of my data may not be possible.
- ○ I agree to take part in this research.
- ○ I wish to receive a summary of the research findings (please tick one): Yes○ No○
- ○ I would like to use the pseudonym _____ (please tick one):

  Yes○ No○
- ○ I understand that the researchers can use my data, provided they abide by the privacy and confidentiality I have consented to, in a) Kiri Hunter's PhD thesis; b) publicly available written reports and journal articles; and c) public presentations nationally and internationally.

Participant's signature : .....

Participant's name : .....

Participant's contact details (if appropriate) :

.....

.....

Date :

Approved by the Auckland University of Technology Ethics Committee on 1 March 2022. AUTEC Reference number 22/25

Note: The Participant should retain a copy of this form.

e. Police observations and ride-alongs participant information sheet

Participant Information Sheet

Exploring police responses to, and interactions with, Māori experiencing mental distress in South Auckland

Police observations/ride-alongs

Tēna koe

My name is Kiri Hunter, and I am a PhD candidate at AUT. This participant information sheet tells you about an Aronui/AUT and University of Otago research project exploring the role of police in responding to mental distress in communities across Aotearoa New Zealand. The project is led by my supervisors, Katey Thom (AUT), Sarah Gordon (University of Otago), and Jacquie Kidd (Ngāpuhi, AUT); Catherine Cook is my additional PhD supervisor (AUT). I will undertake the case study in Counties Manukau police district at the Manukau Police Station. We are working in collaboration with the police to ensure our project informs future police policy and practices. This research is funded by a Marsden grant through the Royal Society of New Zealand. You can find out more about the wider research team at www.citizensandmentaldistress.com.

An invitation to participate in fieldwork observations

This participant information sheet tells you about what it means to participate in *'The police experience'* part of my project. I am seeking to observe Counties Manukau Public Safety Team police officers during shift work, including ride-alongs. Through this work I aim to gain an understanding of how police respond to, and interact with, Māori experiencing mental distress.

You may have received this information sheet from the Operations Manager who views our ride-along with you during your shift as suitable. I invite you to read the information provided and get in touch with me if you feel keen to participate or require any further information.

What is the purpose of this research?

Police are increasingly called to support whānau Māori in the community who are experiencing mental distress. Prevention First, the policy that guides police responses, identified mental health as one of six drivers of police demand. This policy directs police to practice in a preventative, victim-focused way. However, we know from research that putting police policy into practice is challenging. People who experience mental distress are more likely to be victimised, socially excluded, and when in crisis, treated coercively by police.

Research suggests that Māori are more likely to be diagnosed with mental illness, subjected to coercive mental health treatment and more likely to be arrested, charged in court, and incarcerated. Recent police data also tells us that Māori continue to have less trust and confidence in police, which suggests there are difficulties with realising the potential of preventative, victim focused policy and police values. However, no research exists on the experience of police encounters by whānau Māori 'citizens' experiencing mental distress, or about how these interactions happen on-the-ground.

My research is underpinned by a kaupapa Māori co-production methodology in that I am part of a wider project team composed of police, clinicians, researchers, academics, Māori community leaders and some who have their own experiences of mental distress, working together throughout the course of the project. This means that some members of the police will see and read analysis of the findings, but only the academic team will have access to all the information you provide during observations, discussions, and interviews. The findings of this research will contribute to my PhD studies and thesis, and wider academic publications and presentations.

How do I agree to participate in this research?
Your participation in this research is voluntary (it is your choice) and whether, or not, you choose to participate will neither advantage nor disadvantage you. You have will have up to 1 month to get back to me about taking part in this research. If you decide you want to take part, you will be required to sign a consent form.

You can withdraw from the study at any time. If you choose to withdraw from the study, then you will be offered the choice between having any data that is identifiable as belonging to you removed or allowing it to continue to be used. However, once the findings have been produced, removal of your data may not be possible.

What will happen in this research?
I will arrange a time to join you as an observer on one or more of your shifts and accompany you on ride-alongs where appropriate. This will be organised together with the Counties Manukau Operations Manager and all usual health and safety protocols for observers will be followed. During the shift, I will chat to you about your work, specifically focussing on police responses to, and interactions with, Māori experiencing mental distress. I will jot down some notes to help me remember what we talked about and the types of events we attended, no identifiable names or places will be noted. We will be directed by you as to what I can and cannot do in different situations. Katey Thom, a member of the research team and one of my PhD supervisors, may also attend ride-alongs. She might also jot down some de-identified notes.

What are the discomforts and risks?
The topic of this research is about mental distress, with an additional focus on responses to, and interactions with, Māori. It is possible you may experience distress during incidents and talking about these topics. I acknowledge that the presence of an observer on your shift can introduce risk and am aware that my observation can be terminated at any point if my presence gets in the way of your operational actions.

How will these discomforts and risks be alleviated?
I have worked together with police on our research team to develop robust researcher safety protocols. We will be following all police protocols for having observers on shift. Building trust and rapport through whanaungatanga is an important aspect of my research. We will have transparent communication and an understanding that the ride-along hinges upon mutual safety and that it can be terminated at any point if my presence gets in the way of your operational activities.

You do not need to answer any questions if you do not feel comfortable and you can withdraw from the study without giving a reason at any time. You can access free support from the following phone lines:

- Lifeline – 0800 543 354 (0800 LIFELINE) or free text 4357 (HELP)
- Suicide Crisis Helpline – 0508 828 865 (0508 TAUTOKO)
- Healthline – 0800 611 116
- Samaritans – 0800 726 666
- Depression Helpline – 0800 111 757 or free text 4202

The Mental Health Foundation also lists providers for further support here:
https://www.mentalhealth.org.nz/get-help/in-crisis/support-groups

What are the benefits?
This project is important right now because of the high incidence of mental health needs amongst Māori who have encountered police response. Police and whānau Māori alike have described encounters as challenging. It is necessary to understand how these interactions are currently happening on-the-ground to understand the challenges that exist and decide what needs to happen to produce mutually optimal outcomes. Hence, by participating in this project, you will have the opportunity to contribute to evidence-based policy recommendations. Our kaupapa Māori co-production approach to the research, where we are working closely with Māori communities, as well as police on our research team, means that relevant findings will have the potential to be translated into meaningful changes to practice and policy. I will provide you with a summary of our findings at the end of our research project. The research will also contribute to completion of my PhD.

How will my privacy be protected?
Protecting privacy and confidentiality is an important aspect of research. You will not be identifiable in any research outputs – no real names or specific locations will be included. I will give you a pseudonym which you have the option of choosing yourself. When I describe police-whānau Māori interactions in the research output, I will not describe the actual, specific scenario. Rather, I will use 'vignettes', to describe a similar hypothetical situation. However, we will be naming Counties Manukau district as the research location. We acknowledge that this could lead to indirect identification of officers and disclose this risk so that you can decide whether you wish to consent to the research. Police in our research team from National Headquarters in Wellington will take part in the analysis of data, meaning they will read comparable accounts of events. Before this happens, any identifying information (names, locations) will be removed from the transcripts.

We will store the consent forms separately to any information you provide during your observations/discussions in locked filing cabinets and electronic data will be stored on password protected AUT or University of Otago computers.

What do I do if I have concerns about this research?
Any concerns regarding the nature of this project should be notified in the first instance to project supervisors Jacquie Kidd, Jacquie.kidd@aut.ac.nz, +64 22 3585 022 or Katey Thom, katey.thom@aut.ac.nz, +64 27 529 4869 or Sarah Gordon, sarah.e.gordon@otago.ac.nz, +64 21 134 6816.

Concerns regarding the conduct of the research should be notified to the Executive Secretary of AUTEC, ethics@aut.ac.nz, 921 9999 ext. 6038.

Whom do I contact for further information about this research?
Please keep this Participant Information Sheet and a copy of the Consent Form for your future reference. You are also able to contact Kiri Hunter at rmt1620@autuni.ac.nz or +64 21 1536 335 for further information or to indicate your interest.

Approved by the Auckland University of Technology Ethics Committee on 1 March 2022. AUTEC Reference number 22/25

f. Police observations and ride-alongs consent form

Consent Form

Exploring police responses to, and interactions with, Māori experiencing mental distress in South Auckland

Observations/ride-alongs

Project Supervisors: Jacquie Kidd, Katey Thom, Sarah Gordon, Catherine Cook

Researcher: Kiri Hunter

- ○ I have read and understood the information provided about this research project in the Information Sheet dated XXX.
- ○ I have had an opportunity to ask questions and to have them answered.
- ○ I understand that identity of my fellow colleagues and our discussions are confidential, and I agree to keep this information confidential.
- ○ I understand that notes will be taken during any observations and informal discussions.
- ○ I understand that taking part in this study is voluntary (my choice) and that I may withdraw from the study at any time without being disadvantaged in any way.
- ○ I understand that if I withdraw from the study then, while it may not be possible to destroy all records of the observations and discussions of which I was part, I will be offered the choice between having any data that is identifiable as belonging to me removed or allowing it to continue to be used. However, once the findings have been produced, removal of my data may not be possible.
- ○ I agree to take part in this research.
- ○ I wish to receive a summary of the research findings (please tick one): Yes○ No○
- ○ I understand that the researchers can use my data, provided they abide by the privacy and confidentiality I have consented to, in a) Kiri Hunter's PhD thesis; b) publicly available written reports and journal articles; and c) public presentations nationally and internationally.

Participant's signature : .....

Participant's name : .....

Participant's Contact Details (if appropriate) :

.....

.....

Date :

Approved by the Auckland University of Technology Ethics Committee on 1 March 2022. AUTEC Reference number 22/25

Note: The Participant should retain a copy of this formg.

g. Police ride-alongs schedule and observation protocols

Exploring police responses to, and interactions with, Māori experiencing mental distress in South Auckland

Ride-along schedule

10-15 ride-alongs will be conducted over six months. Each ride-along may last for the duration of one eight-hour shift (unless the ride-along is terminated prior to the end of the shift, see Researcher Safety Protocol). Shifts will be chosen to ensure that Kiri experiences ride-alongs across police's early, late, swing, and overnight shifts.

Shift start times vary depending on the day of the week as follows:
Early Mon-Wed 0645-1445 or 1545hrs Thu- Sat 0645-1645hrs Sun 0645-1445
Late Mon-Wed 1400-2300 Thu 1600-0200 Fri-Sat 1645-0245 Sun 1430-2230
Night Mon-Sun 2200-0700

Observation protocol

Kaupapa/purpose of ride-alongs:
The focus of Kiri's observation remains with police actions, not that of mental health professionals or Māori experiencing distress.

Practical considerations:
Kiri will follow instructions of police and be briefed at the beginning of each observation as to health and safety instructions.
Ride-alongs will primarily take place inside police cars, but locations outside of the police cars may include police stations including the custody areas and cells, hospitals, hauora, community organisations etc.
Kiri may enter private dwellings with police unless the police judge that there is a risk of a violent or dangerous situation, or where a whānau objects to her presence in the home.
Similarly, if whanau object to Kiri observing in locations other than homes, i.e., police car, police station Kiri will be guided by police as to where to safely relocate herself.
In all cases, there will be dynamic risk-assessment made by the police as to whether it is safe for Kiri to accompany them outside of the car.
Such risk assessments are practice-as-usual for police who use a decision-making protocol called TENR to evaluate operational risk. Police routinely operate in an environment that is unpredictable, fast moving and at times dangerous. TENR helps staff to balance the maintenance of safety with effective execution of their duties and mitigate risk.

TENR abbreviates their focus on:
T - Threat is assessed. This means any individual, and act, or anything that is likely to cause harm or have the potential to hinder Police in the performance of their duties.
E - Exposure is managed, including the potential for harm (physical or otherwise) to people, or the security of places or things.
N - Necessity to intervene immediately is considered. Is there a need to intervene now, later, or not at all?
R - Any Response is proportionate, and based on a considered assessment of Threat, Exposure and Necessity

Police are well-practiced at managing the safety of observers on shift because it is common for members of the public to participate in ride-alongs. For example, all prospective police recruits must complete 4x ride-along 'SCOPE' shifts with police officers.
A key tenet of the ride-alongs is building trust and rapport with the police. This will involve engaging in open discussion with them from the beginning of the shift around their comfort levels with her exiting the police car versus staying in the police car during incidents.
In the very unlikely circumstance where is it not safe for the researcher to join the police at an incident outside of the car, they will ensure they are safely secured inside the police car.
In the very unlikely circumstance where it is not safe for Kiri to join police at an incident outside of the car, police will ensure Kiri is safely secured inside the police car. Typical police protocol involves parking the patrol car a safe distance away from risky incidents, which adds another layer of safety to Kiri should she be staying in the car.
High risk circumstances are unlikely because police dispatchers are always notified when a unit has an observer with them. Dispatchers will then take this information into account when deploying the unit to events, ensuring that events will be safe for an observer to attend.
In very rare instances, the police may decide that the safest option will be to end the ride-along. This could involve Kiri being dropped back at the police station, at a safe, well-lit public space where she can arrange transport back to the station, or police organising for her to be picked up and transported by another unit.

Field notes and journaling:
Before each ride-along Kiri will let the officers she is on shift with know she will be taking notes and ascertain their comfort with this.
Field notes will include Kiri making de-identified field notes during the observations on a small notepad, and in a notetaking application on a password protected mobile phone.
Notes will include de-identified descriptions of attended police events that Kiri attends.
Notes will include, quotes, and summaries from discussions with the police officers she is accompanying.
A key focus of this research is on informal discussions with police officers as they go about their usual work, particularly asking them to reflect on an incident after it is resolved.
Kiri will also record personal thoughts, feelings, and reflections in her research journal.

Whānau Māori engagement and cultural considerations:
Kiri will not take notes while police are directly interacting with whānau Māori, to avoid adding a voyeuristic presence to those vulnerable interactions.
If the police deem it appropriate, Kiri might engage in conversations with whānau. These conversations will not comprise part of her data collection as she will not be seeking whānau informed consent and the focus is on police practices. However, if the police go on to engage with whānau then this may be captured in Kiri's fieldnotes in a de-identified manner focusing on the way police responded.
Given that the focus of observations is on the Māori population, Kiri's research practises may include tikanga around cultural engagement (e.g., mihi and whanaungatanga –greetings and connecting).

Concerning behaviour:
At the end of the shift, Kiri will return to the police station with the unit.
At this time, she will be able to voice any concerns to the sergeant on shift, for example if she has observed police behaviour which she believes may have been illegal or in breach of police protocol. Kiri may firstly discuss this with the officer involved as they may be able to explain the behaviour or provide context.

If any police behaviour makes Kiri feel unsafe, she will ask to be returned to the station immediately and call the Counties Manukau Operations Manager who will be available 24/7.
If the behaviour involves the Sergeant or Acting Sergeant, concerns should be directed to the Counties Manukau Operations Manager.
Alternatively, concerns can be discussed with the project team that includes the police members based at National Police Headquarters in Wellington.
If the matter warrants it, it can be elevated to a criminal complaint, employment or IPCA for investigation.

Debriefing and support:
Prior to a ride-along, or interview, Kiri will check in with a member of the project oversight team by text, phone call, or email.
Debriefing will occur with officers before the end of each shift, as well as opportunities to speak with the Duty or Acting Sergeant.
Kiri will contact a member of her supervisory team after each ride-along to confirm her well-being and engage in any debriefing, if necessary, i.e., both Jacquie Kidd and Catherine Cook (PhD supervisors) are trained clinical/professional supervisors.
Kiri has access to AUT counselling, EAP, and national mental health helplines. Kiri also has an independent cultural supervisor.
Kiri will keep a reflective journal to process thoughts and feelings.
After ride-alongs, back at her research space or accommodation, Kiri will transfer notes to a word document in a OneDrive folder on a password protected laptop.

h. Police interview participant information sheet

Participant Information Sheet

Exploring police responses to, and interactions with, Māori experiencing mental distress in South Auckland

Police interview

Tēna koe

My name is Kiri Hunter, and I am a PhD candidate at AUT. This participant information sheet tells you about an Aronui/AUT and University of Otago research project exploring the role of police in responding to mental distress in communities across Aotearoa New Zealand. The project is led by my supervisors, Katey Thom (AUT), Sarah Gordon (University of Otago), and Jacquie Kidd (Ngā Puhi, AUT); Catherine Cook is my additional PhD supervisor (AUT). I will undertake the case study in Counties Manukau police district at the Manukau Police Station. We are working in collaboration with the police to ensure our project informs future police policy and practices. This research is funded by a Marsden grant through the Royal Society of New Zealand. You can find out more about the wider research team at www.citizensandmentaldistress.com.

An invitation

This participant information sheet tells you about what it means to participate in *'The police experience'* part of my project. You are receiving this information sheet because you have experience relevant to police interactions with Māori in mental distress. I would like to interview you once about this topic while I am carrying out field work (observations, ride-alongs) on this topic in Counties Manukau district. Your expertise could help me to understand more about the data I am collecting during the field work. I invite you to read the information provided and get in touch with me should you require any further information

What is the purpose of this research?

Police are increasingly called to support whānau Māori in the community who are experiencing mental distress. Prevention First, the policy that guides police responses, identified mental health as one of six drivers of police demand. This policy directs police to practice in a preventative, victim-focused way. However, we know from research that putting police policy into practice is challenging. People who experience mental distress are more likely to be victimised, socially excluded, and when in crisis, treated coercively by police.

Research suggests that Māori are more likely to be diagnosed with mental illness, subjected to coercive mental health treatment and more likely to be arrested, charged in court, and incarcerated. Recent police data also tells us that Māori continue to have less trust and confidence in police, which suggests there are difficulties with realising the potential of preventative, victim focused policy and police values. However, no research exists on the experience of police encounters by whānau Māori 'citizens' experiencing mental distress, or about how these interactions happen on-the-ground.

My research is underpinned by a kaupapa Māori co-production methodology, in that I am part of a wider project team composed of police, clinicians, researchers, academics, Māori community leaders and some who have their own experiences of mental distress, working together throughout the course of the project. This means that some members of the police will see and read analysis of the findings, but only the academic team will have access to all the information you provide during observations, discussions, and interviews. The findings of this research will contribute to my PhD studies and thesis, and wider academic publications and presentations.

How do I agree to participate in this research?
Your participation in this research is voluntary (it is your choice) and whether, or not, you choose to participate will neither advantage nor disadvantage you. You have will have up to 1 month to get back to me about taking part in this research. If you decide you want to take part, you will be required to sign a consent form.

You can withdraw from the study at any time. If you choose to withdraw from the study, then you will be offered the choice between having any data that is identifiable as belonging to you removed or allowing it to continue to be used. However, once the findings have been produced, removal of your data may not be possible.

What will happen in this research?
If you would like to take part in this research, I will arrange an interview with you. These will take place in a private meeting room at the Manukau police station and should last 1-1.5 hours. I will ask you some questions about police interactions with Māori in mental distress. I may also ask questions to better understand my observations and insights gained from the field work. The interview will be audio recorded and later transcribed. The transcriptionist will be required to sign a confidentiality form. I might take some de-identified notes during the interview. You will have the chance, if you like, to review your transcript and confirm you are happy with it before I start data analysis.
Katey Thom, a member of this research team and one of my PhD supervisors, may also attend interviews with me. She might also jot down some de-identified notes.

What are the discomforts and risks?
The topic of this research is about mental distress, with an additional focus on responses to, and interactions with, Māori. It is possible you may experience distress during the interview talking about these topics.

How will these discomforts and risks be alleviated?

You do not need to answer any questions if you do not feel comfortable and you can withdraw from the study without giving a reason at any time. You can access free support from the following phone lines:

- Lifeline – 0800 543 354 (0800 LIFELINE) or free text 4357 (HELP)
- Suicide Crisis Helpline – 0508 828 865 (0508 TAUTOKO)
- Healthline – 0800 611 116
- Samaritans – 0800 726 666
- Depression Helpline – 0800 111 757 or free text 4202

The Mental Health Foundation also lists providers for further support here:
https://www.mentalhealth.org.nz/get-help/in-crisis/support-groups
You can withdraw from the research without giving a reason at any time.

What are the benefits?
This project is important right now because of the high incidence of mental health needs amongst Māori who have encountered police response. Police and whānau Māori alike have described encounters as challenging. It is necessary to understand how these interactions are currently happening on-the-ground to understand the challenges that exist and decide what needs to happen to produce mutually optimal outcomes. Hence, by participating in this project, you will have the opportunity to contribute to evidence-based policy recommendations.

Our kaupapa Māori co-production approach to the research, where we are working closely with Māori communities, as well as police on our research team, means that relevant findings will have the potential to be translated into meaningful changes to practice and policy. I will provide you with a summary of our findings at the end of our research project. The research will also contribute to completion of my PhD.

How will my privacy be protected?
Protecting privacy and confidentiality is an important aspect of research. You will not be identifiable in any of our research outputs – no real names or specific locations will be included. I will give you a pseudonym which you have the option of choosing yourself. However, we will be naming Counties Manukau district as the one of the case-study locality places we did the research. We acknowledge that this could lead to indirect identification of officers and disclose this risk so that you can decide whether you wish to consent to the research. Police in our research team from National HQ will take part in the analysis of de-identified data, meaning they will read interview transcripts. Before this happens, any identifying information (names, locations, etc.) will be removed from the transcripts.

We will store the consent forms separately to any information you provide in your interview in locked filing cabinets and electronic data will be stored on password protected AUT or University of Otago computers.

What do I do if I have concerns about this research?
Any concerns regarding the nature of this project should be notified in the first instance to project supervisors Jacquie Kidd, Jacquie.kidd@aut.ac.nz, +64 22 3585 022 or Katey Thom,

katey.thom@aut.ac.nz, +64 27 529 4869 or Sarah Gordon, sarah.e.gordon@otago.ac.nz, +64 21 134 6816.

Concerns regarding the conduct of the research should be notified to the Executive Secretary of AUTEC, ethics@aut.ac.nz, 921 9999 ext 6038.

Whom do I contact for further information about this research?

Please keep this Participant Information Sheet and a copy of the Consent Form for your future reference. You are welcome to contact Kiri Hunter at rmt1620@autuni.ac.nz or +64 21 1536 335 for further information or to indicate your interest.

Approved by the Auckland University of Technology Ethics Committee on 1 March 2022. AUTEC Reference number 22/25

i. Police interview consent form

Consent Form

Exploring police responses to, and interactions with, Māori experiencing mental distress in South Auckland

Police interview

Project Supervisors: Jacquie Kidd, Katey Thom, Sarah Gordon, Catherine Cook

Researcher: Kiri Hunter

- ○ I have read and understood the information provided about this research project in the Information Sheet dated XXX.
- ○ I have had an opportunity to ask questions and to have them answered.
- ○ I understand that notes will be taken during the interviews and that they will also be audio-taped and transcribed.
- ○ I understand that taking part in this study is voluntary (my choice) and that I may withdraw from the study at any time without being disadvantaged in any way.
- ○ I understand that if I withdraw from the study then I will be offered the choice between having any data that is identifiable as belonging to me removed or allowing it to continue to be used. However, once the findings have been produced, removal of my data may not be possible.
- ○ I agree to take part in this research.
- ○ I wish to receive a summary of the research findings (please tick one): Yes○ No○
- ○ I understand that the researchers can use my data, provided they abide by the privacy and confidentiality I have consented to, in a) Kiri Hunter's PhD thesis; b) publicly available written reports and journal articles; and c) public presentations nationally and internationally.

Participant's signature : .....

Participant's name : .....

Participant's Contact Details (if appropriate) :

.....

Date :

Approved by the Auckland University of Technology Ethics Committee on 1 March 2022. AUTEC Reference number 22/25 *Note: The Participant should retain a copy of this form.*

j. Police interview pānui

WANTED

New Zealand Police Officers who have experience in working with people in mental distress

Tēnā koe, my name is Kiri Hunter,

As part of my PhD study, I am interested in interviewing Police Officers who have experienced interacting with Māori in mental distress. I will draw on your experience and that of other police staff to develop recommendations for police policy and practice development.

If you wish to participate:
If you are interested in voluntarily participating in this study, you can contact me via email or when I am at your workplace. You will be given/sent an Information sheet and a contact number to discuss how you can participate.

For those wishing to be interviewed at your place of work. I can arrange to be at your Station to conduct the interview.

A recorded interview is all that is required of you.
The interview will take approximately 40-60 minutes.
Confidentiality for participants is assured and a requirement of this research.
Looking forward to your expression of interest to participate in this important research.
Kiri Hunter, AUT PhD candidate +64 21 153 6335
kirileehunter@hotmail.com
This project is funded by the Royal Society of New Zealand Marsden Fund and approved by the Auckland University of Technology Ethics Committee 1st March 2022, AUTEC Reference 22/25

k. Police semi-structured interview schedule

Exploring police responses to, and interactions with, Māori experiencing mental distress in South Auckland

Offer ka timata - karakia (a blessing to begin), mihimihi (acknowledgements) and whanaungatanga (relationship connections).

1) How long have you been in the police service? (Where did you work prior?) What area/s do you currently work in?

2) Age range.

3) Can you tell me about your role where you interact/ed with Māori in mental distress?

Prompt: What are/were your day-to-day duties/accountabilities?

On the ride-alongs I have noticed how multicultural South Auckland is.

4) What ethnic culture do you personally identify with?

5) Since starting in the Police what has helped broaden your knowledge about Māori culture and tikanga/cultural priorities? Can you recall much personal experience interacting with Māori (culture) outside of work?

(If Māori -Do you, or are you encouraged to contribute cultural knowledge to your workplace or during your daily work? How so?) What I've learnt from the participants so far is that there's little formal education about Māori cultural knowledge and Police mostly learn on the job from peers – watching what's role modelled and what they see working and what's not working. Could you tell me about some of your on-the-job learning?

6) Do you notice any differences or similarities in the way that you or other police approach people of different cultures?

Mental health is an increasing driver of police demand.

7) Where and how do police learn strategies to respond to people in mental distress? (i.e., Police Training College). What other knowledge/experience with mental distress do you think police draw from? (i.e., personal life experience/ values) Can you expand?

8) In your personal experience with mental distress events involving whanau Māori, who is most likely to be calling the police in the first place, and why?

9) What factors generally inform and influence the way you approach and interact with whānau? (e.g., history, file notes, call category, triage information. location, individual, availability and access to support services...)

10) I understand that there is a lot of police time spent interacting with people experiencing mental distress, certainly requiring a great degree of patience, listening in a calm manner, and navigating mental health services. Was that your experience, and can you share any how you found this experience?

11) What approach would you generally take (or that you have found works well) to help calm and connect with Māori in distress? What other strategies might police use?

12) Can you tell me about a callout to Māori in distress which resulted in a good outcome?

Prompt: What were the elements that made it a good outcome -for whanau/for police?

13) Can you give me an example of how you (have or do) acknowledge or uphold tikanga or an important cultural value for Māori (e.g., wairuatanga, notions of tapu, noa, tika, pono, aroha, whakapapa, whanaungatanga, te reo), or if there have been any role models/partners who have taught them how you might uphold tikanga or an important cultural value for Māori.

14) What are the challenges that you experience when trying to interact with/support Māori in mental distress? Prompt: Has there been a particularly bad experience for you?

15) Are you aware of any district-wide strategies that support Māori during episodes of mental distress? (e.g., community liaison/hauora supports, whānau whanui/family support). OR are there any ways that you and/or the wider police in your district are collaborating with Māori (support services) to create positive outcomes?

Prevention First policy emphasises a preventative, victim-focussed approach for police in the community. On the ride-alongs I have also noticed how busy Public Safety Team are reacting to priority events (like 5Fs) at the same time there may be a backlog of calls which may be regarded as lower priority mental distress. Is this typical?

16) Can you describe what a preventative focus looks like in daily practices of front-line officers, especially with regards to mental distress? (How are you supported to work in this way?)

17) Do you think that these or are any other approaches can help build Māori trust and confidence in the police?

18) Do you think the increase in gangs and firearms in the SA district has impacted police responses, particularly in relation to mental health events? Or COVID? How so?

19) Is there anything else you would like me to know about engaging with Māori who experience mental distress?

Offer karakia whakamutunga (blessing to close)

Appendix C: Whānau experience full narratives

a. Rawiri

Whakapapa and whānau legacy

Rawiri begins with his whakapapa. His Māori grandparents on his mother's side are from a settlement in the Hokianga area of Northland. His father was born in New Zealand to Pākehā who had immigrated from Yorkshire, England. Rawiri recalls:

That's how we get our name. My mum holds the Māori name, but she married into his name... and how they came together was they gave my father some land up in [the settlement up North], he denied the land and turned it down and said he didn't want the land he wanted 'that lady' so he married my mum. He asked to be buried up in [the town] so we buried him over the creek on the other side from the church. They had the little pink house that was next to it and now... it's sort of old and burnt down now.

After his parents married, they moved to West Auckland where Rawiri and his siblings were born and raised. Rawiri reflects on an upbringing where poverty drove their desperation to steal food. His whānau and their lower socio-economic status were well known to police:

They knew our family and they knew that we were a poor family. We did some wrong things by stealing food, but we didn't blame our parents because it was... they were struggling. There was six kids they had to look after, and we knew how to get food if we wanted food. We never had food. We didn't know about pudding, we had orchards, so we didn't need pudding. We didn't need ice-cream or anything, we actually thought rice was a pudding and we'd cut up fruit into it.

We were the... we were the little kids that were... like that 'Once Were Warriors' [the movie]. We were the kids that's (sic) sitting outside while our parents were in the pub. So, we look across and go "Hey there's a picture theatre, let's get in the roof and get us some lollies". What else can we do; we're not going to sit in the car with a little packet of chips... let's go get us some lollies. We knew we were doing wrong but we're hungry [laughs]... we were doing it to feed ourselves and then it just became a habit for a little while, where... we know how to get it.

We would get what we wanted... We'd go in shops, and we'd go into the breadbins and get donuts and all... but we were happy surviving on that. Just because we knew what we could get... we knew the police well and they knew the family well but for some reason, everything that went wrong, they would come straight to us. There was a lot of things that we knew nothing about.

Rawiri reflects on being judged unfairly because of the legacy created by his whānau name:

I think it's just because of me... and my brothers and my sisters are the [whānau name]. I think.... coz my family we were... we were pretty hard. And we were judged wrongly. Everything that was violent over there... they would come to us but... "Hey, it's not us!"

Rawiri wonders why police never just talked to the family to ask them what was really going on instead of them just assuming that they were a violent family:

I suppose if we knew we were guilty... we can't try and hide it and you can't try and lie either because it's going to slip out sooner or later. There was nothing for us to lie about if we did go... burgle a shop or anything. I had brothers that would burgle like factories... because they were insured. That's what my brother's thought about... why pick on a house that's their property but... why not let's climb on a roof, let's get in that factory because they're insured so they get it back. But that's how we had to survive.

Rawiri remembers going to stay with his uncle up north for a period and the early days of his rugby league career:

So, I did spend a lot of time... a lot of months up there, where I was told to go up from the police. I couldn't stay in Auckland. So, I went and lived with my uncle and spent my time playing with the cow's titties until the machines came in... and I did all the gardens up in [township] with the rotary with my Pāpā. When it was time, I could come back to Auckland... I came back to Auckland and started living our life around [suburb]... did a lot of my league and everything... I curtain raised to Great Britain, France, Australia so I've got all my trophies at [club].

A lost opportunity

Rawiri's league career had been going well until he was wrongly accused over a serious criminal event. "It wrecked me" believes Rawiri, who was 18 at the time:

I was with one of my best mates who played for the NZ Maori's rugby league, we were watching the Kiwi's and Aussies and we beat them 13:6 at Lang Park [Sydney]...we decided to rewind the games back so we can learn how they got tries and how they played... all that for us to take in... we watched the game at 10 o'clock in the morning and we didn't finish until one.

We walked outside and then we had one push bike so we decided to go grab a push bike from my Aunties, which was down the road but he jumped on the bike and I said (I'm just going to admit it) I left a joint in the toilet... so I went back in to get the joint and he drove off and just went down the corner... and then all the armed defenders had turned up at our place and they got me straight in the wagon and said I held a family up with a shotgun... [silence and tears]

I didn't know nothing about what was going on. They said the person knew me, and it was me they saw, and they were asking me all these questions, "Where's the cartridge?" and I didn't know what a cartridge was then, and then I found out it was a bullet pouch. So, I ended up getting locked up in prison on remand for it.

And there was no way that me and my mate could have made the same story. We said the same story as to what we were doing watching the big game... and then they were pressuring me and saying, "How could you watch a game from 10 o'clock to one o'clock when a game only goes 40 minutes each way?' and we said "We were rewinding... it was a replay we're watching" ... our stories just matched up the same.

I honestly didn't know nothing about this family, and everything didn't match up. They took me up to the house. And it was funny because the house was on the left side of the same... just off the main street where we were down the bottom. They got... they [police] picked me up at five past one and there's no way in the world anyone could do everything that they said... I'm talking like three four k's up the road. There's no way anyone could have did [sic] it in five minutes... and everything they said. They were really wanting to pin me for this...

I didn't know whether to blame them or blame the person that knew me and said it was me. So, I had to go through all that... they took me up to the house. They got the fella, he identified me, and it was just funny the dogs were sniffing on the other side of the road down a farm paddock, and I knew something was strange here... whoever this person was had gone over that side, not the side I live on and the side that this house was on so...so the story was that I had the shotgun I pointed it to him. I ran out the driveway, went down the road, and the two parents came up the street. They identified me as well. And then they asked, "How did he approach youse (sic)?" and they said... I'd held the shotgun to them when they came up in the car and... and then they asked both of them "How far was he away from you?" One said he was about 20 meters away, the other one said he was about 10 meters away. So that still didn't match up and... all this came into it so...

Yeah, I was... I think it was three months in remand waiting for this court case to happen. I actually had [name] he was my lawyer; he was a top lawyer. He represented me and knew... [he said] "We've got a case here", and everything didn't match up... and they found the shotgun. Before they found the shotgun the parents had said that... they [the police] said "How was he holding the gun?" And they said that he had his bare hands holding the shotgun... there was no prints found on the shotgun... and they found a bag of clothes they forced me to put on in the cop

shop... so I put the clothes on.... and none of them fit [breaks down sobbing] ... none of them fitted me. And they kept that going and going... so all up was near four to five months inside, it scared me, going to prison for something I didn't do. And then I was found not guilty, [lawyer] got me off... I was found not guilty.

There is no mention of compensation for his wrongful imprisonment. Rawiri's life spiralled downwards after his period in prison instead, his resentment towards police is obvious:

So, all my league career just went down and that was it. I hated [emphasised] them taking that away from me. I don't know how far I would have got in my league. I'm pretty sure I would have gone a long way, but they took that away from me.

He didn't want to know me

Rawiri soon had another significant interaction with police, this time involving a police officer whom he had known as a fellow student at college:

I went to a mate's 21st and the parents had offered me to stay the night... and the wrong thing that the police did do was they never went to the front door of the house where all the elders were sitting, never knocked on the door. They came straight in the back of the house... busted down the fence while we were having a 21st. You look at it all... there's a crowd of people who are 21 and they're going to play up when the police come through like that. So, they made a mistake of not knocking on the door to talk to the elders "We're here for this..." they just came straight into the gate and then they formed a big line and escorted everyone out.

I said "I'm entitled to stay here. I've been asked from the mother of my friend and I'm allowed to stay here" and then I looked and saw this [school acquaintance] and I said "Oh [name]..." and he lunged down and he said "That's not my name" And it was... it was him... and he knew it was him and then he came at me, so as he came and grabbed me... he started like pulling me down, so I put my arms in to release his arms. Next thing I've got 15 police on me... they dragged me out... put me out in the front by the mailbox, handcuffed me and I felt 'him' kicking and punching.

Rawiri had photographs of all the bruising from the punches and kicks he received taken by a doctor at the police station. He recalls presenting at court and the unfavourable outcome:

And [the ex-acquaintance police officer] knew too when we were in the court, he didn't want to talk and I spoke up and said "You left bruises on me, I have photos... and I did the lag because of that... all because I said '[name]' and you didn't want to know me... but you had deliberately given me a hiding out the front by the mailbox"... and I had witnesses too... but the judge never saw.

I said [to the same officer] "You're a ..." I just swore and everything... and after being accused of that shotgun incident and then to get this... everything was just going down. So I ended up... I got locked up for that for three months in corrective training.

After this second police incident Rawiri admits that whatever he did do from then on, it never made him scared to go back to prison:

If I hadn't gone in... especially for something I didn't do... I'd be scared to go in prison... but they had put me in for something I didn't do, and really accused me in saying "This is all you..." and they had no proof... and I was found not guilty.

Police profiling

A further confusing and distressing incident with police was to occur:

And then it didn't stop. They came to me... and the biggest thing they did was they came and said umm..."We're coming to DNA you [gain individual genetic code for identification and for use as evidence in criminal cases]"... and everything, "We're going to be charging you for the killing of [womens name]". I didn't even know who this person was, "...under what grounds?"... and I said "To come and see me for a killing... of a woman!" I knew the woman was the woman that was in

[inner city suburb of Auckland] because that was the news. She got picked up from [suburb], they found her in the back of [a site] which was just down the road from where we lived, they found her at the back of a tyre place.

So, they had taken me down... and I had [same lawyer] again, and he came in and he said "What do you want to do?"... I said "They can have my DNA". But my question was, "What made youse come to me... under what grounds?" And they strictly said to me... they said "Okay, what happens is your files go over to America... 17 scientists that deal with this sort of stuff. Your name came into this." [Rawiri replied] "So, if you go and check up on my criminal history is there any indication on my criminal history that has mentioned anything like this?... because that's not in me or my brother's blood... to do something like... there's nothing in my criminal history that says what I'm meant to be doing... even with that shotgun in there".

So, I gave my DNA and then [my lawyer] had said to them "Ok, you've got his DNA... if there's any way you come back to his house on anything like this, we will sue you"... and we were ready to sue them... if they came back. There's no reason to come to my house... unless I did have my DNA there [at the scene]... then I'm now guilty of that.

Police eventually located and charged the person who killed the woman. However, Rawiri affirms his lack of confidence and trust in police is now well-embedded: "I resent the pigs, the police. I had to, I gave up on them. It does haunt me every now and then, it sets me back."

Fighting to be 'normal'

Rawiri rationalises why some police may interact differently with certain people. He also remarks on the climate today, and notable difference between police responses now and the law at it was 30 years ago:

And I now know there are good cops out there, that do their job properly. You get the good ones, you get the bad ones... I think the bad ones... whether they are just trying to get an extra merit on them, or trying to get up to the top or something, it's just they way... how they deal with it... and back then I don't think they had enough knowledge that they do have now.

... it's probably more dangerous now [policing]... but back then it was just "You're just coming with us". You... you would get arrested for obscene language... just for using the word 'F'. Those were charges. That's not a charge now, you have the right to swear at a cop. The right to give the fingers but back then was harder... like the obscene language and that.

Rawiri is resigned to the fact that he must accept his past experiences. He understands that a significant mismatch of power exists between whānau citizens and police and he is determined not to be "wrecked" by police again:

Now I'm more polite in how I approach them for them not to react in a dangerous way to me. I've had a mate that's cried on me and told me that the police had picked on him and told him strictly "We're the most legalised gang in New Zealand, you fk with us, you lose".

And I thought "...that's right". But for my mate to say that it sort of made me sad too, how they approached him saying that, they were pretty aggressive in what they said... but for me now... I just wouldn't even go there, and whatever I say in a bad way to them I'll just give them... if they want manners, I'll give them manners... because I know... they can do anything.

There was times where I was that scared... they could go straight down to the gang that we had out in... and they'd drop a name...that's what I thought... the police would do that... if there was a way they could get at you, they could just slip a name and I was always afraid of that because the gang we had down here ...which was the [well-known gang's]and I'll admit I've been down there a few times. We had... they had a bar, and we used to go there a lot and support it too. It just really made me scared. If I was to say what I wanted to say to the police 'in a bad way' they just might do that, and it could get me killed... it could get me killed and I was afraid of that.

Rawiri refers to his police file, and how police make judgements based on the information:

...they just saw oh... held a family up with a shot gun. They probably didn't see that I was found not guilty. They just took it off that. And I think, how they approach you and know that, is how they're going to talk to you and deal with you. And that's sort of... they're judging me there by what they read they're not judging on how... "I'll tell you the story now" and maybe they might change their attitude and how they're going to deal with me and how they're gunna talk to me.

After a lifetime of involvement Rawiri reflects on some earlier and positive police interactions:

...there were police that I did like and that did help, that knew us and would talk properly to us and that's why we respected them because they knew us... and it was the new ones that came in thinking "Oh yeah?" just like [school acquaintance].

[Rawiri agrees] there were good police out there that were doing a proper job. I wish a lot of police could have just been that way and understood about people more before they start taking actions harder into their own hands and having... they needed back then to have meetings. People that can address that to them...

Rawiri feels certain that police need to become better informed about people's situations before reacting. Impressing to police "...that person has been going through a hell of a lot... you didn't even know nothing about it... all you knew was he's probably standing there with a bat or something..."

Rawiri has battled for a long time to establish a sense of normalcy in his life, to hold down a well-paying job, maintain a relationship and raise his own family of six children, whilst practising good values.

I fought so many years and... I just fought just to be normal. Just to respect people, just like my father did. I do go up town and I hear people say... it's funny... "You always buy the homeless food". And I think, "I can get them a pie and a drink". I won't give them money, but I'll ask them if they're hungry. But that's just in the nature... I feel I've done it. Now my son does it, he asks me "Shall I give them some change? Have you got any change so I can give it to them?". [Rawiri will say] "I'll ask him if he's hungry son".

Life continues to present serious hurdles for Rawiri however. He recently had an emotional breakdown after enduring close family trauma and personal relationship issues:

I just broke down... I quit my job... I was hiding this for quite a while. My mum and my own family didn't know what happened they just thought I'm alright, I'm doing well... I was ashamed to tell them. I hid everything. Then it got to the point where... I had enough... I was sleeping in my vehicle... anywhere, the beach... and I was lost...

Rawiri agrees that finding a safe environment to kōrero about all of what has happened to him and the support from the local marae has been so beneficial:

It helps me, it helps me to open up; to release a little bit about me... otherwise it's killing me by no-one knowing about me... like we were talking about before... they can judge you different, but if you get a little understanding about yourself then it helps... it helps me and it helps a person thinking... "You're looking strange... he looks quiet..."

...and I had the courage to come in [to the marae] ... and ask for help and I've been getting help ever since now... They gave me a little house; my daughter comes over every week and I get them for the weekend... my son and I've been taking them out... to MOTAT (Museum of Transport and Technology) and on the beach and boat. That keeps me sane and strong.

Rawiri has a court hearing next week for a driving charge laid against him a couple of days ago. He will lose his licence. This outcome will further challenge Rawiri; his ability to earn a living, to care for his family and himself may well be affected. He is realistic to his reality but feels less alone in his situation, stating, "I still struggle... but I know I've got support".

b. Patrick and Anahera

At 32 years of age Patrick presents as a gentle and quiet soul, he is fiercely protective of those he cares about and truthfully owns his story. Patrick confirms that he was born to Māori parents and has lived most of his life in South Auckland. Patrick's mother is from the Waikato district and his father from the East Coast. He attended one of the first bilingual classes at the local school and is well familiar with the local marae.

Anahera is a mana wahine and māmā to the couple's girls. She is the whānau 'barometer' and is good at reading situations and providing support and advice within reason. She has experienced first-hand Patrick's journey with mental distress and police involvement. Anahera describes Patrick as having been a bit of a 'crazy child' but aside from a couple of speeding tickets he had never been in trouble with the police before this story began around 18 months ago. Her kōrero is presented within the shaded boxes throughout this full narrative account.

Anahera provides her insights into Patrick's relationship with his whānau:

So, he has always kind of been a bit like the black sheep of the family [an idiom that describes someone who does not fit in] .... So, you've got these three of them. So, there's got the older brother who is done really well for himself. So, he's, you know, gone to university... he's got his own business and all that kind of stuff. So, he's like the mother's favourite. And then you've got the daughter who's the youngest, who's dads [favourite]. So, then Patrick's always been the one that... to get hidings, you know... like, I suppose it's a normal thing that used to happen when he was younger anyway. Just... yeah, I think he's kind of was a bit of a black sheep.

He... he loves (emphasised) his mum right, he loves his mum. But she... she loves him too. But it's just a strange kind of relationship because five minutes together they are banging their heads... into each other's heads.

The argument

A series of events unfolded starting with an argument between Patrick and his sister. It was late 2021 and Aotearoa New Zealand was gradually weaning districts out of a nationwide COVID-19 lockdown. As the rest of the country transitioned to lessened restrictions Auckland remained on Alert Level 4, which meant staying at home in your 'bubble'. As Patrick recalls, his personal concerns about the virus and the welfare of his parents led to the sibling's initial argument:

My little sister was going out partying with her friends and stuff like that. But I just asked her nicely... because she lives with our parents... to sort of like stop going out and do what she was meant to do. What everyone was meant to do... but yeah, she just sort of just does things for herself, just thinking about herself, doesn't really worry about anyone else. Because my parents are like quite old and I was concerned that there was a new sickness going around, not too sure what's going to happen... whether it's as bad as what they say.

The night of the event... we had an argument, texting... messaging each other sort of thing. [Patrick was] just telling her" ... just because you live with our parents, be a little bit... cautious". She wasn't having any of it.

Patrick recalls heading around to his parents' house because their dog had ten puppies that needed to be cared for. He wanted to help his dad look after them. He became even more frustrated with his sister and their arguing soon became physical:

...he [Patrick's dad] was like looking after all of them [the puppies] himself. So, I was going around there to help feed them... pick up all the mess and stuff like that. Helping the old man... nobody else in house was... so it was sort of like... how the argument really started sort of thing.

I told my sister "You know, you need to help out more"... she basically told me to "F-off!" and got right in my face sort of thing. I pushed her away... like told her "Don't do that!"... It just made her even more angry. She told me, "Do it again and see what happens"... so she like stood in my

face again and I pushed her away and then... Yeah, that's like how the fight started. She's just throwing punches... Yeah, I was just grabbing her swinging her around but... it went on for about ten minutes...

Anahera was notified of the fighting and soon arrived at the family home:

...my daughter was with him [Patrick] at the time, and she calls me, and she says to me "Mum, everybody's arguing and fighting. Can you come... and pick... come and get me?" She was 14 at that time... I said, "Okay". I shot down... which was just around the corner. And there was a whole lot of arguing and carrying on going on and then they started getting physical.

Patrick recalls how he was continuing to provoke his sister with verbal taunts. He was defending himself from her physical blows, adamant that he did not intend to hurt her:

I didn't hurt her [sister] I was just... like I told the police that I man-handled her, but it was more like I was trying to stop her so like her punches weren't connecting sort of thing. So, I wrapped her arms with... the neck part of her hoodie. But as we're struggling with the... the hoodie tightened up front of her neck, and I saw she couldn't breathe so I let go. She kept throwing punches in... but I didn't hit her or anything.

Patrick's father attempted to separate the siblings, yet he became embroiled in the physicality of the fight himself. Patrick recollects defending himself against them both now:

I think she must have thrown at least ten [punches]... like that connected and then... my dad heard the scuffle, come running down... tried to break us up. My sister was like just going around the side of him and hitting me and stuff... and like I was telling her to "Do it again... do it again, let's see what happens".

Then the old man was trying to get... coz my sister's sort of pushing him out of the way... he's just turned around and grabbed my shirt and he was hitting me sort of thing... and then now I've got like... my sister and my dad punching. So, I pushed them up against the wall. I never punched them at all... I was just trying to protect myself, so I pushed them up against the wall...

Anahera recalls placing herself in the middle of the fight to try and stop them. She also remembers directing their teenage daughters away from the scene:

Yeah, it wasn't nice. I told them [their daughters] to come hop in my car because I didn't want them to see anything. They hopped in the car, but they were like... a bit scared.

Although highly distressed and continuing to receive physical blows, Patrick recollects his father showing physical signs of weakening and his sister injuring herself:

She [Anahera] was like telling me like "Just calm down...", like in my head... my old man must have punched me so many times I lost count... My old man grabbed my hoodie... he grabbed it that hard that the hoodie it ripped... but he was like punching me in the mouth... he must have punched me like maybe about 10 times before... I knew something was wrong because his hands he just couldn't... and then he started like he couldn't breathe properly... but like... I saw it [his father struggle] but... because my sister was still hitting me... it was sort of like... I didn't look at it properly. I told my sister to ring the ambulance, but she called the cops.

As Anahera's trying to calm me down my sister's still punching but she's just going over the shoulder and I think that's when she broke her hand. She punched me that hard on the head... her hand... I felt she broke a few bones in her hand. That's when she stopped.

Police response

Anahera recalls: *Meanwhile, they had... his sister, I'm not too sure if it was his sister or mum or one of them had called the cops. And so... they ended up turning up.*

Anahera describes Patrick's heightened emotional state and how she had to remove him from the situation to help him settle:

Patrick was hysterical by then. He was just... he'd lost... just lost his mind. So, I literally just pushed him into the laundry, and I told him to wash his face and calm down. So, he was doing that...

Anahera felt she was able to effectively communicate with police when they arrived. She describes being given the privacy she needed to support Patrick:

Meanwhile the cops had come in, and I just said to them [to the younger cop] just... "Just stop, because I'm trying to calm him down" and they actually listened, the cop actually listened to me and said "Okay" then gave me five minutes...and I managed to calm him down a bit.

The cardiac arrest

Both Anahera and Patrick clearly recall the moment when Patrick's dad collapsed:

In this time, we heard someone... a big bang, his father had collapsed in the hallway... he was having a heart attack and I said to J "It's your dad!" (Anahera)

And then... while I was in there, I heard a... like a thump on the ground, and I knew straight away it was my dad because his family's got like heart conditions... like rheumatics and all that. So, like I knew it was my dad, so I came out of the wash house... saw the police around him and they were asking "What's wrong with him?"... looked like he was having a seizure. I knew straight away it was heart and I told them... (Patrick)

The attending police officers responded quickly to the medical emergency:

So, he [Patrick] comes out of the laundry and he's telling the police he has to... "Help me... it's his heart!". What? and that... they're asking him... "What?... how do you know?" And he says, "Because we've got heart issues in our family", so he just knew it was his heart. And so they [the police] ... they helped J do CPR on the dad...yeah, they helped him do CPR and went and got one of those machines to get him started again. (Anahera)

They... they just performed... c... CPR on him. One cop grabbed I think it was like the oxygen... system thing and the other one grabbed the circulator... Yeah, I was watching my dad... sort of like stopped breathing... they hooked the machine up to him and said they couldn't find a pulse then told us to stand back and yeah, gave him a shock and he came back but sort of relapsed, they gave him another shock.(Patrick)

The ambulance officers and the police managed to stabilise Patrick's dad for transportation to hospital. Patrick gives credit to the police officers for his dad's survival:

The two policemen, that were there... they like done (sic) what they needed to do, like they had done enough to keep him alive for when the ambulance turned up. By the time they turned up, the old man was sitting up sort of... he looked good, but you know they still took him down there [to hospital].

The assault charge

Patrick was relieved because his dad had been fully resuscitated. His focus had turned to getting his mum to the hospital to be with his dad. Whilst Patrick remained at the house Anahera left for the hospital. She recalls:

While I took his mum... she wanted to go to the hospital, Patrick had to stay there at the house with the sister. Those two were the ones that were arguing in the first place... He [Patrick] was by himself, he had nobody there. That's when they... things changed. They [the police] had been called because of Patrick. But then they kind of calmed down because dad had collapsed... so they were more focusing on that.

Patrick describes the timeline of events that followed and what influenced the police to lay charges against him:

I talked to the police like "What's going to happen to me?" He first told me like...” nothing’s going to happen. We’re just going to take it as like an argument...” sort of thing. We went outside and I was watching him [dad] drive off and that’s when the policeman came and told me like... "Things are different... because of what happened”. Because of my dad having his heart attack and things like that, they had to press charges...

...then we went back inside and then the cops were asking me a few questions like "Where did the fight take place?" sort of thing... I sort of showed them what happened... which rooms we went into and then umm... I went back outside to go see my mum and that’s when the cop came back and told me "I have to put you under arrest" and the handcuffs went on...

Patrick sensed the moral dilemma that the officers were likely experiencing having to carry through with his arrest:

You could feel that they didn't want to do it. When they took me from the house like... I was like "Do I have to put on handcuffs?" he's like "Nah, you're alright... we'll just put you in the back of the [police] car...”and then they had to come back and put handcuffs on me sort of thing. That's what it felt like... it’s just... they didn't want to do it. Higher powers I guess, they like told them to do their job.

Patrick recalls waiting for at least half an hour in the back of the police car. It was explained to him that because of COVID the police couldn’t transport him to the station in their car and they were to wait for the police van to arrive. Patrick describes how being arrested affected him physically. He couldn’t comprehend the seriousness of the charge and attempted to bargain with police:

When they said I was under arrest... everything just felt like a big weight on my shoulders, like with the stress and all of that. I’m worrying about my dad but now I’m going to... they arrested me. But still in my head I'm thinking... it’s just the cool down period where they're just going to chuck me in there overnight and cool down and then come back out...

I just didn't think it was going to be... that... it was shock. I thought like... they was (sic) going to... even because I haven't broken the law before... I asked if I could get diversion [a second chance to prevent formal processing], but I was told that the charges are so serious that I couldn't get diversion.

Police duty and empathy

Patrick explains that the attending officers were empathetic to the situation, understanding the fight that they had witnessed amongst the family members and his father’s medical event. The police attempted to provide Patrick with reassurance, yet they were faced with having to follow legal processes due to the seriousness of the offense:

... those two cops that came in they were like really nice guys. They didn't want to... even they thought it [the argument] was just... you know ’burn off steam’ or something like that. It felt like they wasn't (sic) going to arrest me... that's how it felt that they were being like... you know... "The main thing you know... is your dad is still here, and he's in the right place, and he's in the right hands..." That's what they were like. And then, when they arrested me, it even felt like they didn't want to do it. At the same time, it felt like they had no choice, that someone told them that this is what youse have to do. That’s what it felt like, that someone just told them...

Patrick believes the police decision to arrest him was largely influenced by his sister’s statement:

I think they interviewed my sister...and took her statement but didn't actually take anyone else’s. Like my oldest daughter was there, she saw half of it but my youngest daughter she saw the whole thing. Anahera, she got there... sort of like halfway through it...

Anahera describes the scene on her return home and the removal of Patrick by police:

It wasn't till I had taken the mum to the hospital... come back and he's like "They're locking me up"... like he was... they were already ushering him into the paddy wagon. There was (sic) loads of them... just for him.

Anahera describes her account of what she saw occur during the fight and the singular perspective gained by police that informed the assault charge:

They took statements from... the sister and locked him up in the paddy wagon. Chucked him in there... the huge van they had one of those for him... She [Patrick's sister] had broken her hand on his face... I know because I was standing in the middle of them.

So, obviously they've gone and told the cops 'Whatever' so now the cops... are blaming it all on him without actually finding out what actually happened... They didn't take any of my statement, or anything from me or my daughters. So, we've... there's two girls, so one is mine and one was Patrick 's daughter. They didn't take statements from any of them. They were there from the beginning.

There were further discussions between Anahera and the police and arrangements made to collect Patrick's diabetic medication. Patrick noted:

... she [Anahera] was telling the police like... because I've got... I'm a diabetic and need my pills. So, the police said, "Oh yeah we'll stop at where you guys live and grab the pills off you." And she told them then like... "My younger daughter... she saw what happened." The cop said "We'll take your statement" ... that's what she wanted them to do but... when we got there, he just took the pills and took me down to the station...

Anahera's story aligns:

...they said to me, "Does he take any medication?" I said, "Yeah, it's at home which is just around the corner" and I says, "I'll go home and get it" and they said "Yip... go home and get it". I went home, they followed me home... What they were gonna do is... I was meant to go home, get the medication, take it back and then they were going to interview us... me and the two girls. They followed me back to my house, got the medication. I said, "When are you going to interview us?"... [the police said] "We don't need an interview you anymore". And they took [the medication] ... they left... so they still haven't interviewed us!

Once they had Patrick in the paddy wagon they were like, Nah!... That's how I felt anyway, once they had him in the paddy wagon. Yeah, give them the medication. We're not even gonna talk to any of youse. Like there was (sic) so many cops there [Anahera recalls it seemed like five police units had since arrived], any one of them could have got an interview from us, but none of them did. They just said [they were taking him] to the cells, I think. I don't even know where he... I think he went to [station].

Patrick's police interview

During his own interview at the police station, Patrick reports that he was treated with respect and understanding by the frontline officer who had also been at the scene:

...because he was there like he could sympathise with... you know like what just happened with my dad. He actually said like "I know you will be worried about this, but I have to read you your rights..." He had to take my thumb print and all of that... like he was just saying "I know you're just worrying about your dad but, we still got to do our job as well".

Due to his heightened emotions and ongoing concern for his dad, Patrick still hadn't yet processed the seriousness of police proceedings:

I was sort of like not really there because of what happened with my dad and stuff... and at the same time I didn't realise how serious it was... they took me in to the interview. I just told them

what I done... I didn't actually say what my sister done... but they didn't ask me what she'd done either. They must have interviewed my sister... um that night because the police told me that her hand was broken... I was guessing that she had already given a statement but yeah... I wasn't really thinking about her... I was sort of like, was worried about... yeah, my dad.

Anahera recalls how Patrick's thoughts and stress levels will have impacted his ability to clearly advocate for himself during his interview:

So yeah, it was quite traumatizing... for him, yeah, it was quite crazy. But for him I think he was more relieved that his dad was breathing. I don't think he cared about anything else.

...they had asked Patrick whatever they had asked him, and he just said that he agreed to everything. He said "I wasn't even thinking about that. I was thinking... I was wondering how my dad was, like I wasn't even thinking about..." ...Yeah, so he just... didn't really say too much about what happened because he wasn't in a state of mind to.

As he provided his police statement Patrick was protective towards his family and only recounted his own actions during the fight:

At the same time, I didn't want to say what my dad done and what my sister done, because I didn't want them to get into trouble. I thought... I'll take the slap on the hand... you know...

Ongoing repercussions

Patrick discovered that the punishment for allegedly attempting to strangle his sister was particularly severe:

I didn't think it was going to be... so serious until the next day when I saw the lawyer and he told me that I'm looking at doing 13 years [in prison]. I didn't... I couldn't wrap my head around it. I thought I would ... be in the cells overnight, cool down and go back to normal.

Patrick has since shared his whole story with his lawyer who agrees that provided, he didn't throw any hits it sounded like Patrick was acting to protect himself. However, Patrick explains the law further:

It was mainly like the strangulation thing... when I grabbed my sister's hoodie... that's the one that will like, get me nine years... for strangulation. Or it's more like prohibiting someone from breathing... it's a new law... multitude of domestic violence and stuff like that. Yeah, if the husband strangled the wife, it was just looked at as assault with like two years. They just changed the law last year... yeah prohibiting someone from breathing is a nine-year sentence.

When Patrick saw the judge a month ago his lawyer offered him a copy of his sister's statement which basically said that they got into an argument, and he strangled her. There was no mention of what his sister or their father had done. With a heavy sense of responsibility Patrick realises that a more balanced viewpoint was missing from his statement as well:

I think because of the interview... I didn't say like anything about what my dad said, what my dad did, or what my sister did. I just told them everything that I did... what happened. I didn't tell them about the punching and the messaging and that so... part of it's my fault for not telling everything.

The seriousness of the assault charges meant Patrick had to find a bail address. He found the stigma attached to his new situation bewildering:

I ended up calling my brother. He said it was okay to go to his house... but like... me, my brother and my sister all aren't getting along. To me like... even that night, the way everyone was looking at me... like what have I done?

Attempted negotiations

Patrick understands that different family members have since attempted to support him to have the police charges revoked:

Anahera's actually rung the guy that was there... like the officer... to tell him to come around and interview her. Like my two daughters' yeah... they want to give statements. But it's like they're not listening... One time she [Anahera] rang up they told her like... "Because she was there halfway during the fight she didn't see everything, so they don't need a statement from her".

Even my dad's talked to them because they've gone around a few times to ask for a statement from him. He's told them more than once that he doesn't want to give a statement, and he doesn't want to press charges. He just wants to drop everything.

Apparently like... they've been trying to get hold of my sister as well but she's the same, she doesn't want to press charges, but... because of the statement that she gave... the police are basing everything on what she said.

Anahera adds: *But you know... they hadn't gotten any of our statements or... even still haven't now. But they've been going over to his parents' house numerous times to get statements from the dad. And he won't... he says "No, he won't". He said, "He didn't even touch me. My son didn't even touch me".*

Patrick maintains his innocence yet is more concerned about the welfare of his parents. Anahera's advice has been for Patrick to better advocate for himself. She recalls their conversation:

[Patrick said],"I don't know why they're charging me for this, and this, and this. I didn't even do any of those things". And I said, "Well, you probably need to speak up then, because they're only going on what your sister's told them".

From that day onwards nothing has been the same for Patrick, who remains on bail over a year later and is coping with the added anguish of also being ordered to stay away from his parents and their house:

So, I've been on bail that whole time... I haven't been able to... I keep telling my dad not to come around because I've got a no contact order with them but... to him he doesn't ... it's like it's not real. Everything that's happened like, he thinks it's not that serious, but from my point of view it's very serious.

I can't see my parents... I got trespassed from [my] parents' house. My mum's sick she doesn't really leave the house, she's a diabetic... her feet, hands swell so she doesn't really go anywhere. So, all of that happened... I think it was like October last year.

It gets a bit frustrating some days... you just want to tell... you know the judge or whoever... I miss my parents and all of that stuff. So, ...I [usually] spend Christmas with my parents... last year I didn't want to be around anyone, so I just spent the Christmas and New Years at home with my boys [his two dogs]. It's just... I didn't know how to cope with not spending that time with my family sort of thing. We usually have a Christmas meal or New Year's dinner or something like that... that's sort of the hardest part.

My mum's like, telling me she's sorry and stuff like that because she called the cops as well. So, like she thinks it's all her fault too... she's blaming herself. Beginning of November, she just celebrated her 70th... Sort of like they... like it was a secret, like they didn't want me to know. Anahera and my daughter went to the birthday party... Anahera won't lie to me she'll tell me the truth. She said my parents were just... they looked like they didn't want to be their sort of thing. I just want it over and done with... just over it. It's pretty much why I was gonna take the plea bargain [a guilty plea to the crime] ...

Patrick shares details of the deal the court prosecutor has offered in exchange for his case not going to trial:

A few months ago... I think a month ago when I went to court, they tried to offer me a plea bargain, like they dropped the nine years and said "Oh, just do four". I was pretty close to giving up

because I just wanted it to be over. It was Anahera who told me "Nah, just... you did nothing wrong just fight it".

Anahera describes her understanding of the proposed plea bargain and her advice to Patrick:

So, I think... they had put one on him for strangulation, which they said that it could be up to seven years in prison or something like that. The last time he went to court the police had dropped the strangulation charges apparently. I'm not sure, I didn't go. And now they just want him to plead guilty for the assault. And I said "Why?... did you assault them?" He was... "I didn't even hit them" and I says "Well, don't do it then... just fight it". So, they're trying to make him plead guilty for the assault charges. Yeah.

Despite enduring hard bail conditions and the case dragging on for well over a year (the court date is set for six months' time, yet Patrick has been told there might be further delays of up to two years), Patrick believes that the original event may have happened for a greater reason:

To me everything happened so that my dad's... everybody that was there was meant to be there you know, that's why my dad's still here. I know it sounds stupid but because that happened that night... doctors found that dads' ... one of his artery's was blocked, so they could perform that operation and now he's like 100%... he doesn't get hard breathing no more. For me I wouldn't change a thing because... to me it saved my dad. It's why I'm not really upset with the cops because to me they saved his life.

Subsequent police callouts

Anahera is very conscious that the prolonged period of unresolved stress and feeling of not being listened to has created further issues for her and Patrick. She has been compelled to make several calls for police assistance because of Patrick's frequent experiences of mental distress:

Yeah, [the police and courts] just not listening... to him. Yeah, so just from then he's just spiralled downhill and, you know, just angry... and just frustrated and angry and doesn't know how to help himself. So, there have been a few times that I've had to call the cops afterwards. Yeah, because just his... just it's like he's got so much rage built up in him. He just doesn't know how to... how to figure things out for himself.

This was in September last year so, so this has been dragging on for Patrick for like the whole year. So yeah, he's kept everything inside... just frustrated, angry... Yeah, so I've called them [police] myself because I can't handle his yelling and screaming. Even the neighbours have come over and said... "Who was that crazy person at your house?... he's just lost his mind". I said, "I know that, but you don't know what's going on".

...probably around about six months ago... J was having one of those 'things' and he was 'going off'. And you know, the lady cop would come and just check to see if I was okay and... Oh, that was when the neighbour called. I think it was. He was just losing his mind. They came in just check to see if I was okay, and I says "Yeah, why is that?" And they says, "We just gotta call, somebody's going crazy out the back" and I says, "Yeah, but...we're okay." So,... lady cop came in to talk to just me, and says, "If you need any help, like we can offer support", and I says, "Okay", we gave her all the details and... we're still waiting. So, I don't know if they just say that to everybody just... just because they have to, I don't know. But they haven't... got back with any kind of help or support for him. They did say "Oh, there's this place that he can go to... but he's not immunized so, he can't go".

Anahera explained how Patrick reacted to the police officer when they interacted with him:

Oh, they'll take him outside. Yeah.... I stayed inside with the lady cop... Oh, he's pretty p'd off just... yeah... pretty... not happy. Then he will say things like, "It's because I'm black that's why, that's why, that's why they do this... because if you're black this is what happens. They automatically think that it's... that you're the problem."

Patrick also speaks to having his frustrations build up with having to wait so long for the court case and not being able to see his family. His ability to cope with even minor conflict at home is affected:

Yeah... an incident where Anahera called the *cops on me it was basically over... a pizza. Yeah, me and Anahera got into an argument coz I told her like... that I know our daughter she only likes a certain pizza. She [Anahera] went and got a pizza for everyone and I told her our daughter was going to 'throw a paddy'[be upset] over it. She told me like "Oh well too bad"... So went to give the pizza [to the daughter] and she threw a paddy over it and gave the pizza back to Anahera and said, "Sort it out". Anahera took the pizza in the box and threw it... it splattered all over the wall and we got into an argument, she told me to leave... it was [Patrick said] "Oh man... make me!" She called the cops and... it like ended up... I think there were like ten cops that came down... over something stupid. I think with everything... all the stress and stuff.. it all just boiled up inside me. It ended in something stupid. I thought I would go to jail.*

Patrick explains that there have been added frustrations with agencies, including not having his name or bail address properly recorded, despite his repeated efforts to have them corrected:

I told the cops that night three times that my name is Patrick [surname]... but when I rang up the courts, they got me under Pat. I told the courts so many times, "My name is Patrick, not Pat". But it's like no one listens. I told the cops that day... I told them my situation because they were looking up Pat [surname]. They couldn't find my bail addresses, they told me that I didn't have any, when I called the courts they told me I do. I'm just guessing because they got me under Pat and not Patrick... I should have went (sic) to jail straight away.

Sort of lost in the system sort of thing... I'm guessing. No matter how many times I've told them, but they still don't do anything about it. I got pulled up one night by the cops... the lady who ran my name saw that I was on bail, asked... "Are you still at this address?"... where I got bailed up to my brothers address in the city. I told my lawyer; I told the courts that "I've changed my bail address". That cop told me that I need to ring the lawyer and tell him again. I asked the cop like "Who do I tell, do I tell youse... Can you put it in the system now?... Because I've told my lawyer maybe three times". When I call the courts, I'm still bailed to my brother's... I don't know who to tell.

Anahera describes a further incident that unfolded recently. She contacted police again out of concern for Patrick's behaviour and was alarmed at their apparent lack of responsiveness:

So, what I did is I grabbed my daughter... I said, "Get in the car!" We got in the car, and I called them [the police] and I says, "Can you please send somebody over there [to the house] he is going crazy". And I just drove... I just got out. I actually went to the police station because... I was talking to them on the way there and I said I will just drive there because I don't know where else to drive. It was like, nine o'clock at night. And so, I got to the police station and there was a guy there and he just said... he was actually okay... he just said, "Oh well..." you know... asked us what happened and stuff, and I said, "He's just yelling like a crazy person". I said, "Is he okay now?" and he [the police officer] says "Oh, I don't I know, we haven't sent anyone over there yet". I'm not gonna go back there if nobody's been there to see what's going on, or I don't know what he's doing there. But you know, they hadn't... sent anybody over. Nobody went over! I had been sitting there [at the police station] for about 45 minutes before somebody actually got there. But no one had been there [to the house]. So, I just took my daughter to his parents. And we just stayed there the night. But nobody, no police went there to check to see what was happening.

The police did enquire into Anahera and her daughter's welfare, yet they didn't ask if Patrick was at risk of self-harm. Anahera remembers:

...that's why I asked... "Has anybody checked on him?" because he was... like, he has said to me like I don't want to be here anymore. I just want to kill myself, those kinds of things. That's why I asked... like "Have you... has anyone gone to check to see if he's okay?"

But nobody actually went over... because a few days later when he had calmed down a bit and I said... "Did anybody come over?" and he says, "No, who was meant to come over?" I don't think he knows that I even called the cops.

So, the cop did say to me, like, has he got anything... going on with himself at the moment? And I said..."I know that he's stressing out because he has a court case coming up", which he did. He had it like a couple of days later. And he checked and he said, "Oh he does too". Yeah.

Patrick continues to worry about the time he hasn't been able to spend with his mum as her diabetic condition is worsening her health:

For me I just want to spend as much time as I can with her. You know I just feel like I'm missing out on... this whole year, like to me was a waste, where I could be... Anahera's sort of the one that says... you know like "Just keep going...".

He has also been learning a lot about himself. Following the initial assault charge incident Patrick had to see a psychiatrist who diagnosed him with bipolar disorder. Everything started making more sense to him after learning what people who have the condition can experience:

It was maybe like eight years ago I got diagnosed with depression as well, I didn't... I wasn't diagnosed then with bipolar, that was just recently... this year. Yeah, he [the psychiatrist] was like telling me my life... from when I was a little kid, I used to wonder like... he was telling me like, with bipolar... either like 'way up', or 'way down', there's no middle ground. ...to me it was like... he opened a book and started reading... my life sort of thing.

Just understanding that I had a condition, you know like an illness or whatever it is... just understanding it. It has taken the weight off my shoulders. I thought it was just me you know. When he said... "People around you will get... frustrated with you because you don't know when to stop". Yeah, it started making sense like "Ohhh!! that's why Anahera's always angry with me" ... you know because instead of stopping there, you know I keep... and just knowing that I could get... sort of like stop the triggers before they happened. Understanding and stuff.

Patrick understands himself better now, but he has found it frustrating that people around him don't understand the characteristic features of bipolar disorder:

She's [Anahera is] like, "You always just go off and just draw... or you just write, or... you're just like by yourself for hours". It's like sort of my way of coping with... instead of getting into an argument or... I'll just go hide away for a while, until like you know, sort of... wrap my brain around things. I can't explain it to them, so they understand what's going on... you know it's not like I'm doing this on purpose, it's just the way I deal with it.

Patrick finds it frustrating trying to explain himself to people, but he feels is making good progress in his relationship with Anahera:

Especially the last few months, like me and Anahera are just starting to come right because I'm trying to take the time out to explain it to her... it's like, she still gets angry at me, but she might understand it a little bit... you know just the way my brain works sort of thing. I'm hoping... oh yeah, I still get on her nerves and stuff like that...

Anahera remains disillusioned with police having had variable responses from them to-date:

Do nothing, that's how I feel...you ring them and they're not gonna do anything anyways... I just feel like they don't know what they're doing half the time or especially, you know, when they come over and... you know, say "Oh, do you need support rah rah, rah rah?" And then nothing ever happens they just have to... it's almost like they have to say... they say it because they have to say it but they don't really mean it.

Anahera also ponders the 24/7 availability of support services, "Yeah, who else are you meant to call? That's who you're meant to go to when you need support or help but..."

c. William and Rawinia

William and Rawinia have been together 13 years and recently married. The whānau live in Papakura, South Auckland. William is a well-built 37-year-old. He is decked-out in a baseball jersey and cap and wears a gold watch and chunky gold necklace. William's style is distinctively American rapper/basketballer-like. In stark contrast, Rawinia is petite and dressed in a simple black dress, at 32 she is the self-professed 'thinker' of the two.

William reflects on his earlier life having been full of police interactions:

The cops have been in and out of my life my whole life. It's my entire life not just... There wasn't no beginning and no end [laughs]. *I have hundreds, if not 1000s of stories of them...*

He adds that his opinion of police has always been extremely negative with only a glimmer of hope that his opinion might change:

I've hated them my whole life and I basically still do so. There's gonna be no... maybe, maybe one day I'll listen to them, but I just see them as my enemy and that's all they are.

William grew up in East Auckland and his knowledge of his whakapapa is brief. His mothers' family were from the King Country, and he doesn't know anything about his father's side. *"That's about it for me"* he professes.

For William growing up, his Māori identity was something he was never proud of. He shares, *"I hated being Māori and anything about it."* He enjoyed spending time with his Pacific Islander friends in their family homes more than his own home. The Pacifica way of life seemed more functional and united to him. Later in the interview he shares more about his upbringing influencing his identity:

Yeah so, I was also an adopted child. From a lot of child abuse... in my upbringing anyway. There was a lot of child abuse. Yeah, it basically made out for who I am today.

Intergenerational harm

Searching to explain why family harm was such a common part of his life and upbringing, William reflects on an earlier generation:

Pretty much because my mom wasn't the perfect lady either... Yeah... it [abuse] was just normal. Coz my mum also lived a domesticated [abusive] relationship. So, that was taken through our family's upbringing, and then it just passed on to me and it passed on to everyone else. ...where we've like 'been' it's just… I don't even know how to put it. It was just normal... normal to us.

William explains that the negative relationship with police has spread to his children:

Yip yip yip... I don't think I've had one positive thing like... the cops actually go through not only just me but also my older kids. And yeah... it spreads right throughout my whole family. Right down to my kids.

William's personal interactions with the police have always been fraught and he reflects on his size influencing their heavy-handed responses:

So, my presence with them hasn't been nice because they... how would I take it... they take my size for... as a judgment... they judge me by my size and not by how I am.

It's always been an intimidation thing. Especially when you're a big type of bloke, they don't give you no mercy. They really don't show no mercy... especially these South Auckland cops [laughs].

Throw you around... it's just yeah... it's normal to us around here. It's normal for them to treat you like that. That's how it is yeah.

William agrees that being a gang member meant that police had a very low tolerance for him. **"***I was heavily involved with gangs. So, that's basically probably one good reason why they wouldn't put up with me…"* Rawinia shares that William was involved in gangs whilst living in other parts of Auckland. During any interactions, the police would take him straight into custody rather than stopping to ask what was really going on. William recalls, *"…they just try to lock me up and throw the key away..."* This pattern continued to occur all over Auckland, *"…from Auckland City to right to Papakura."*

The abuser not the accuser

About 15 years ago William was in a dysfunctional relationship with an ex-partner who was experiencing postnatal depression. He recalls having frequent interactions with the police then. He was well known to them, and they would always take an aggressive approach:

I was the abuser, not the accuser sort of things... so I never really got to have a say so when she called the cops, the cops were straight on what she said, not what I say. So, they never listen to anything I say that was just turned around. They never heard anything I had to say, they if not punched me in the head, if not whacked me with whatever they have.

... especially for me they don't come on their own. They don't come in threes. They come with like a whole paddy wagon of them [laughing]. *They come with like their whole force like as if I have an army behind me but that's... what comes with it especially when they've had hundreds of call-outs. Like my… my ex was so popular with them... with ringing them every single day on me. Every day on me... like, and... she still does it to her previous partner today. She's still doing it.*

Rawinia acknowledges what the most recent partner of William's ex has likely experienced, *"That poor man is going through what he* [William] *went through for years. He's finally just built the courage to leave her."*

William believes that being in an unhealthy relationship influenced his own bad behaviors:

She basically created me to... to be a really bad person… was her, but I grew off that to be a better man. So, but she basically... being with her was just like... sent me real downhill. The cops were heavily invested in us [laughing]...

William reflects on the responses of police during times of heightened distress, he recalls *"... they don't care about our feelings or how I feel at all."* Rather, William feels that police actions exacerbated his behaviors. He explained that they would… *"try and egg you on to make you say something... try and make you say something for them to do something… type of thing."* Rawinia provides an example of what police might say to provoke a person. They might say *"What? Have you got a problem?"* William believes that they have tried to intimidate him in the past, and yet he would not retaliate. He says, *"I'm not that stupid enough to give them that leeway for them to do something to me, so I'll just sit there be quiet."*

Turn-around provocation

William agrees that since leaving that relationship and in the past 13 years that he has been with Rawinia he has "…*been basically out of trouble. I haven't been involved with the cops".* Rawinia clarifies that he hasn't been involved with the cops "*intentionally"*. She does recall the outcome of one incident between William and the police however:

I was at home with the kids. And he [William] *went to Takanini… we were living in Manurewa at the time… to go get us breakfast. I think our son had the shits aye?... had to go get him some*

nappies. Well, he didn't make it home. He got arrested for booming his music too loud because he had... what is it called... still had charges from his ex-laying complaints about him abusing her. It was historical M.A.F. [male assaults female].

William clarifies, he had been pulled over by police on many occasions because the M.A.F. charge hadn't been dealt with. Rawinia adds:

I ended up getting my neighbor to take me down to go get the keys so that we can go and pick up our car that they left in the next suburb. When they took him to Manukau... he ended up getting released and all that. The cop himself was nice. He rang me off his number and told me what had happened and all that. I'm just annoyed at the situation of something that didn't actually happen.

William gives his account of the story, his provocation of the police officer and their response:

He [the police officer] *was angry at me because I'd pulled up behind him... just to be funny... because I was going to see what his reaction would be. I turned my radio up so my radio was thumping behind his car, and he got a little bit mad and then, when we went through the checkpoint, he let me go past him and then he pulled straight out and pulled me over so... and then he just started going off at me "Why is your radio that loud?" I said, "I didn't know it was against the law to have your radio up like that" and he goes "Well it is" and then he started... then he started giving it to me... told me to shut up or he was going to take my car take everything off me...*

William feels that the officer would have done his research about who he was potentially dealing with in the offending vehicle, which greatly influenced how they chose to respond, "*Yeah, he could have done other things, but he just pulled me over because he was angry because I was behind him with my radio up so...*"

Vote of no confidence

Asked to reflect on whether they would seek assistance from police if someone at home became mentally distressed, both Rawinia and William are quick to respond. The couple agree that they have a deep lack of trust and confidence in police. They are more likely to deal with any issue at home themselves.

In Rawinia's honest opinion she would "…*slap them* [the distressed family member] *behind the head and ask them what's happening?"* The couple also agree that any issue they might have would not be deemed important enough by police. William explains *"You tell the cops… they're not even going to turn up... they're not even like... it's not... enough to respond to."*

Rawinia illustrates her rationale… *"You* [police] *didn't answer the last five time why would I waste my credit this time?... Now when the person is dead, they're all sitting there… "Well, why didn't you call us?... "Well, why didn't you answer?"*

Looking in from the outside

Rawinia and William back up their view that police do little to respond by reflecting on what they have seen happen with their neighbors. William recounts:

…at the moment like our neighbors like, they get sooo many callouts for domestic violence. But the cops don't do nothing. That guy's back at that house again and everything just replays, the same day… after another, after another, after another... and we're sitting there thinking like, how will the cops come in there?... but these people have like, loud as fights... like you know, they actually fighting... fist fighting inside of that house.

Rawinia adds that their frequent exposure to the neighbor's arguments have impacted on their own children *"It's gotten to the point where our kids come and say "Mum... Aunty and Uncle are fighting again..."Like, how do you know what fighting is?"* she wonders.

Witnessing ongoing family harm happen to others has made William reflect on the cyclical nature of family dysfunction. He is critical of the role and effectiveness of police:

How come the cops... how come nothing is being done about it? Like if that was the case... it just makes no sense. The cops turn up, take him, and then he's back the next day and then they're back to 'lovey dovey' couple again and then they have another drink and then... back to fighting again and so... awww!

And they've been doing it for this long that their son has picked up his mother's screaming and that's what he does. Every time that they fight. He just sits there and screams like his mum and we're just sitting there like, Holy!... like poor kid like that's real sad like. The cops are not doing nothing about it. They're doing absolutely nothing about it.

William and Rawinia are realistic about the capacity of police and protection orders. They agree that people will still interact if they choose. Rawinia is aware of the issue of consent, *"but at the same time if she's gonna keep letting him in..."*

The complexity of ongoing police involvement and potential repercussions to the family and their social situations is well understood by all:

But then he [male neighbor] *knows he can get away with it, because she's already been warned, if the cops get called one more time her son's getting taken. So, there are so many factors. What's more important... let him back in and keep my son or... kick him out and he causes a heap of trouble, and my son still gets taken.*

William is relieved that his own relationship with Rawinia is healthy, remarking *"I'm just very happy that we're not in that situation."*

Seeking stability and avoidance

William explains that the past 13 years with Rawinia has been more stable with avoidance of police a real goal:

I've come a long way since then it's just nothing but family at the moment. Family...and hope to keep them out of our lives. Hope to keep them out of our gate…"

Rawinia and William both agree, "…*the cops were once heavily invested in us, they're not anymore. We like to stay out of their way. Let them do their job."* Rawinia adds it's *"...not usually a good sign if they're coming to see you".* William agrees:

Yeah. We've… previously been... both of us have previously been done for benefit fraud. So, that's why the cops are still involved with us. But other than that, we have nothing to do with them.

Rawinia reflects on how her current involvement within the marae-based community has influenced her opinion of police and other social agencies. She has recently become part of a family harm reference group:

"Yeah. So, he's [William's] *got trust issues because what he's been through. I've been lucky to join the* [marae-based] *group with* [woman's name] *and all of them, so I've gotten to meet... the regional manager for Work and Income, the site manager for OT* [Oranga Tamariki], *even one of the high up people for the police. And they're actually really nice people, they're not assholes, like the ones underneath them.*

The reference group provides a forum for these managers to ask Rawinia about her experience. William explains, *"And they wanted to know too. "How are the cops actually reacting?" and she had to tell them, "No they're not"*. Rawinia adds that the opinion of the 'high up' police differed from her reality. The police have revealed to her *"That's not what I get on my report",* which makes Rawinia think *"Yeah… well they're* [the reports are] *full of shit then*.

Rawinia reflects on her socio-cultural identity and how she is treated in the group *"They actually quite nice to me, because I'm a little tiny female."*

Power imbalance

Rawinia and William are consummate of the power indifference between whānau citizens living in lower-socioeconomic areas like Papakura, and the police. Rawinia adds to the weighted picture, *"Who are you going to believe a cop or a drug addict?"*

William shares his views:

If you could think about, you can only imagine… with the amount of power they already have in their hands what they could do with it. You know, you can really imagine what they can... what they can or can't do. Especially neighborhoods like this. They can take real big advantage of their power.

William offers that there have been notable changes to policing practices with the advent of cell phone technology. The ability for anyone to record an event as evidence will be tempering police approaches:

At the end of the day, it's the cell phones that will catch them out... so. It wasn't that big back... when I was growing up. And nowadays everyone's sitting in the corners with their phones you never know who's holding a phone.

Good cop - bad cop

With regards to police wanting to regain trust and confidence within the community, William and Rawinia believe that there probably were a lot of police who do want to genuinely improve relationships. However, Rawinia asserts, *"there's still probably a handful that was power tripping."*

William offers that he has experienced certain police behaving differently:

"…it's mostly... it's not even our Pākehā cops… it's the Island and Māori ones... it's the Island and Māori cops that we have trouble with. It's not Pākehā cops, its Māori's trying to be Pākehā's, and I don't know... I don't know what they are thinking but… yeah."

Rawinia confirms that the Pākehā cops are the one's William likes, *"They're the ones he'll be nice to* [she laughs]" William confirms:

They'll be the ones I'll be nice to... they're actually listening to you, not looking straight through you. Especially those Islanders, they 'power trip'... like they definitely power trip. They use their brute muscles against... that's why they're built like machines...

Rawinia agrees, *"There are some nice ones. Not all of them, but sadly the majority that are like that ruin it for the couple that do treat you humanly (sic)"*

Mental health and hope

William insightfully shares that his mental health has always been stable. That is up until recently when multiple life events have led to his own emotional struggles:

Mine actually just... it started from... multiple amounts of things. It started from... when I was previously just working for this company. I had been getting workplace bullied for... for like maybe six years. I had had enough. And then that was just the beginning of what's... what was the start in the storm. And then COVID hit.

And then... I had major surgery. I had... my tonsil had somehow flipped itself around. Oh, my thyroid... had flipped itself around somehow, it started growing out of my mouth. I'm the first case in the world. So, this had happened. And then... and then... we lost our baby through... through COVID. And that sent me off the rail... that, that really um.

Rawinia and William tragically experienced the loss of their fifth child. William adds:

"*…losing my son is just the only thing that hurts me the most. But anything else I can really push out, but when it comes to me talking about him it sets me off. It really does and I can't help it...*"

Having to endure a succession of personal trauma has given William a better understanding of the impact of mental ill health:

I never knew what mental health was. I used to think it was a game. I used to tell people stop... stop making jokes. Why are youse acting like youse are dumb... but you're not really dumb. And then... once we lost or baby it fully, it fully opened it up for us. It made me really lose my mind. And I'm still trying to focus on coming back nowadays. Still a lot to bear.

William admited that he initially came to this hui worried how he would go reflecting on details of his past:

I came in here really blank-minded, I was like "Oh what am I going to do, what am I going to talk about?" There's like so many, so much. There's like... it's like overwhelming my head because I'm not much... I'm not much of a thinker. Once I start thinking it starts frustrating me. Yeah. Until the point where I just want to like... walk out, or just don't want to hear about it...

Counter to his fears, they left the hui with William saying how much he enjoyed the experience.

Appendix D: Glossary

a. Te reo Māori words and phrases

Kupu (word)	Definition
Aotearoa	New Zealand, first used for the North Island, usually translated as 'the land of the long white cloud'
arataki	to lead, guide, life coach
aroha	sustaining love, compassion
aroha ki te tāngata	a respect and compassion for people
atua	god, ancestor with continuing influence, supernatural being
awa	river
haerenga	journey
haka	ceremonial dance
hapū	kinship group, sub-tribe, to be pregnant
hau	breath, wind
hau kainga	home people, local people of the marae
hauora	health, wellbeing, vigour, the breath of the spirit of life
he iwi atua	ancestor with continuing influence, supernatural being
He Whakaputanga o te Rangatiratanga o Nu Tireni	The Declaration of Independence
hui	gathering, meeting
iwi	extended kinship group, tribe, nation, the largest socio-political units in New Zealand Māori society, bones
iwi Māori	all Māori people
kaiako	teacher
kairangahau	researcher
kaitiaki	guardian, caretaker, protector, conserver
kaitiakitanga	guardianship, protection of care
kanohi kitea	the seen face, present yourself to people face to face
kanohi ki te kanohi	face to face, in person
kaokao	side of the body, flank, chevron pattern
ka pai	well done, good
karakia	incantations and prayer used to invoke spiritual guidance and protection
karakia timatanga	beginning, opening prayer
karakia whakamutunga	closing prayer
kaua e māhaki	do not flaunt your knowledge
kaua e takahia te mana o te tāngata	do not trample on the pride or dignity of the people
kaumatua	Māori elder of either gender, respected for their tribal knowledge and experience
kaumātua	Māori elders
kaupapa	principles and ideas used as a basis for action, central purpose, initiative, issue

kaupapa Māori	a Māori philosophical approach, customary practice utilising holistic and communal values
kawa	protocols, rules, and customs that guide behaviour and interactions within a community
kāwanatanga	governorship, honourable governance for mutual benefit
kia ora	hello, be well
kia tūpato	be cautious
koha	gift, present, offering, donation, contribution
kōrero	speak, talk, a meeting to discuss something
kōrerorero	dialogue, conversation, discussion
koropupū	to bubble up, boil
korowai	traditional Māori cloak
koru	curled shoot, spiral motif
kupu	word
Mahi a Atua	an approach that draws from Māori creation stories known as pūrakau, work of gods
mākutu	witchcraft, sorcery, a spell or incantation
mamae	pain, hurt
mana	prestige, status, authority, control
manaaki ki te tāngata	share and host people, be generous
manaakitanga	show respect, kindness, hospitality, support
mana motuhake	separate identity, autonomy, self- determination, control over one's own destiny
mana wahine	esteemed Māori woman
mana whenua	is the mana held by local people who have authority over land or territory in a particular area, from whakapapa links to that area
manuhiri	visitor, guest
Māori	Indigenous peoples of Aotearoa New Zealand
marae	a sacred place in Māori culture, the marae refers to the whole complex
mataawaka	Māori from other tribes who migrated to new localities from other parts of the country
matakite	powers of spiritual insight and perception, prophesy
mātauranga Māori	Māori knowledge, wisdom, traditional knowledge originating from Māori ancestors
mate Māori	Māori sickness, psychosomatic illnesses attributed to transgressions of tapu or to mākutu (inflicted harm through spiritual powers)
maunga	mountain
mauri	life force, the spark of life
mauri noho	being inactive physically, mentally, and spiritually
mauri oho	state of shock, activated
mauri ora	optimal health, flourishing
mauri rere	to be panic stricken, unsettled
mauri tau	state of balance, without panic, relaxed
mihimihi	speech of greeting, acknowledgement, tribute
mirimiri	traditional Māori massage technique
moe mai rā	sleep well

nā te timata	from the start
neehi	nurse
ngākau	heart and soul
ngā kōrero pūmanawa	unique support method that helped set and monitor the tone during study conversations about distressing events and trauma
Ngā Pirihimana o Aotearoa	Police Officers of New Zealand
Ngāti Kahungunu	Māori iwi located along the eastern coast of North Island, Aotearoa NZ
Ngāti Maniapoto	Māori iwi based in the Waikato-Waitomo region of North Island, Aotearoa NZ
noa	safe and unrestricted, denotes an absence of limitations or conditions
noho puku	self-reflection
ora	life, alive, health
Oranga Tamariki	Ministry for Children
ōritetanga	equity, equal opportunity and protecting Māori rights
Pae Ora	healthy futures
Pākehā	non-Māori European, white New Zealander
pānui	announcement, to notify
Papatūānuku	earth mother
pātai	question, enquiry
Patupaiarehe	supernatural beings, fairy folk
pepeha	a way of introducing oneself in Māori culture
pōrangi	state of disconnection of the mind between the surface of darkness and the sky
porotiti	a carved ornamental disc which can be spun on twin cords to create humming sounds
pūmanawatanga	a beating heart, overall tone, pulse, and morale
pūrākau	cultural narratives
rangahau	research, to seek, search out
rangatahi	to be young, youth, younger generation
rangatira	to be of high rank, leader, chiefly, noble, esteemed
rangatira ki te rangatira	leader to leader
Rangiātea	a place in Hawaiki and point of final dispersal of some migration canoes, also a significant mountain in Ngāti Maniapoto territory
Rangitāne o Wairarapa	Māori iwi located in the eastern coast of North Island, Aotearoa New Zealand
Ritenga Māori	declaration that recognises and protects Māori customary rituals
rua paatahi	partners in the same initiative
taha hinengaro	health of the mind, consciousness, awareness
taha tinana	physical health
taha wairua	health of the spirit, soul
taha whānau	health of extended family, family group
taki tahi	basic weave pattern
Tāmaki Makaurau	Auckland, Aotearoa New Zealand
tāniko	a traditional Māori weaving technique

tāne	male, man, husband, also the plural form of men, Māori god, son of Ranginui the sky father and Papatūānuku the earth mother
tangata Māori	Indigenous Māori person
tangata whenua	Indigenous person of the land
tāngata whenua	Indigenous people of the land
tangi	to cry, mourn, an occasion for communities to gather and show an outward expression of grief for a person who has died
taonga	treasured possession, cultural item, anything precious
taonga puoro	traditional Māori musical instruments
tapu	sacred or prohibited, restricted
tauira	student
tauiwi	all people from other lands, non-Māori, colonist
tautoko	to support
te ao Māori	the Māori worldview that acknowledges the interconnectedness and interrelationship of all living and non-living things
Te Ika-a-Māui	North Island, Aotearoa New Zealand
te korokoro tūī	the sweet singer, melodious voice
te mauri mate	the absence of vibration unseen and isolated within
te oho mauri	the state whereby behaviours become automatic, a state of shock or delirium exists
Te Pae Oranga	iwi community panels, to talk, listen and become well
Te Puni Kōkiri	Ministry of Māori Development
te reo Māori	the Māori language
te taiao	the environment
te Tiriti o Waitangi (te Tiriti)	The founding document between Māori and the Crown written in te reo Māori and signed in 1840 setting out broad principles to govern the new nation NZ
Te Waipounamu	South Island, Aotearoa New Zealand
Te whare tapa whā	Model of holistic health that includes: taha hinengaro, taha wairua, taha whānau, taha tinana
tika	to be correct, right
tikanga Māori	Māori protocol, the customary system of values and practices
tino rangatiratanga	Māori self-determination, absolute authority, sovereignty, autonomy
titiro, whakarongo …kōrero	look, listen …speak
tohunga	traditional Māori healer, an expert practitioner of any skill or art, either religious or otherwise
tuakana-teina	a concept from te ao Māori which refers to the reciprocal teaching and learning relationship between an older (tuakana) and younger (teina) person
tūmanako	desire, aspirations, to hope for, wish for
tumuaki	chief executive
tupuna	ancestor
tūpuna	ancestors
tūrangawaewae	a place to stand, a place to belong to, a seat or location of identity
wahine	woman
wāhine	women

waiata	to sing, song
waiora	wellbeing, health
wairangi	the mind is thought to be between water and sky
wairua	spirituality, spirit
wairuatanga	upholding belief systems
waka	canoe
wānanga	A forum to meet and discuss
wareware	to forget, stress induced state of forgetfulness
wero	a challenge
whakamā	to be ashamed, shy, bashful, embarrassed
whakamana	facilitating mana (prestige or status), to empower
whakapapa	genealogy, lineage, layers of descent
whakataukī	Māori saying or proverb with unknown origins
whakatauākī	Māori saying or proverb, where the original speaker is known
whakawhanaungatanga	the process of establishing relationships
whakawhiti kōrero	active discussion, negotiation
whānau	extended family, family group, to give birth
whānau Māori	extended family, family group, genealogical linkage to Indigenous Māori
whanaunga	relatives, blood relations
whanaungatanga	relationship, a sense of family connection
whānau ora	a culturally grounded approach to improving the wellbeing of Māori families while addressing individual needs
whare	house, residence
wharenui	meeting house, large house, main building of a marae where guests stay
whenua	land, placenta

b. Police codes and study abbreviations

	Definition
Police Incident Codes	
1K	Drunk Custody/Detox Centre
1M	Mental Health
1S	Sudden Death
1X	Self-harm/Attempts suicide
2P	Public Relations
3M	Directed Patrol/ Mobile Patrol
5F	Family harm/ Domestic Violence
5K	Bail Check
Term/Abbreviations	
ART	Armed Response Team
AWHI	Alternative Ways for Help Interventions
AWOCA	Police communication tool: Asking, Why, Options, Confirming, Acting
CAT	Crisis Assessment Team
CIT	Crisis Intervention Team
CMPD	Counties Manukau Police District
CRT	Co-response Team
CTO	Community Treatment Order
DAO	Duly Authorised Officer
DOC	Department of Corrections
HDC	Health and Disability Commissioner
HQSC	Health Quality & Safety Commission
HRC	Human Rights Commission
IPCA	Independent Police Conduct Authority
MCT	Mobile Crisis Team
MDT	Mobile Data Terminal
MH Act	Mental Health (Compulsory Assessment and Treatment) Act 1992
MHAH	Mental Health After Hours
MHWC	Mental Health & Wellbeing Commission
MOH	Ministry of Health
MPES	Māori, Pacific and Ethnic Services
NIA	National Intelligence Application
NZP	New Zealand Police
PCA	Perceived Cumulative Assessment
PRIMED	Professionalism, Respect, Integrity, Māori & the Treaty, Empathy, Diversity
PSO	Police Safety Order
RNZPC	Royal New Zealand Police College
TENR	Threat, Exposure, Necessity, Response
WHO	World Health Organization

References

Abel, S., Tipene-Leach, D., Park, J., Finau, S., & Lennan, M. (2001). Infant care practices in New Zealand: A cross-cultural qualitative study. *Social Science and Medicine*, *53*(9), 1135-1148. https://doi.org/10.1016/S0277-9536(00)00408-1

Abramson, M. F. (1972). The criminalization of mentally disordered behavior: Possible side-effect of a new mental health law. *Psychiatric Services*, *23*(4), 101-105. https://doi.org/https://doi.org/10.1176/ps.23.4.101

ActionStation. (2020). *Survey results: Māori and Pasifika perspectives on armed police trial.* https://docs.google.com/document/d/1s1egyTlUIo3qe6YNUoeSgot0LFLz3YIM8E8enNXVoU8/edit

Allan, H. (2007). Experiences of infertility: Liminality and the role of the fertility clinic. *Nursing Inquiry*, *14*(2), 132-139. https://doi.org/10.1111/j.1440-1800.2007.00362.x

Allen, J. M. (2015). *Who represents the Southside? Youth perspectives and news media representations of South Auckland.* [Masters thesis, University of Auckland]. Research Space, University of Auckland. https://researchspace.auckland.ac.nz/handle/2292/27271

American Psychiatric Association. (2024). *Diagnostic and statistical manual of mental disorders* https://doi.org/10.1176/appi.books.9780890425596

Andrews, T. (2012). What is Social Constructionism? *Grounded Theory Review*, *11*(1), 39-46. https://groundedtheoryreview.com/2012/06/01/what-is-social-constructionism/

Asghar, J. (2013). Critical paradigm: A preamble for novice researchers. *Life Science Journal*, *10*(4), 3121-3127. https://www.lifesciencesite.com/lsj/life1004/415_22334life1004_3121_3127.pdf

Ashton-Martyn, M., & Rapira, L. O. (2020). *They're our whānau: A community-powered and collaborative research report on Māori perspectives of New Zealand's justice system*. Action Station. https://actionstation.org.nz/downloads/tow-report.pdf

Auckland Council. (2018). *Auckland plan 2050 evidence report: Demographics*. https://tinyurl.com/mrv84w43

Auckland Tourism Events and Economic Development. (2020). *Prosperity in Auckland*. Knowledge Auckland. https://knowledgeauckland.org.nz/media/1971/prosperity-in-auckland-ateed-october-2020.pdf

Australian Human Rights Commission. (2009). Beyond the Apology - an agenda for healing. In *Social Justice Report 2008* (pp. 147-198). Human Rights and Equal Opportunity Commission. https://humanrights.gov.au/sites/default/files/content/social_justice/sj_report/sjreport08/downloads/chap4.pdf

Australian Public Service Commission. (2023). *Cultural load, it's a real thing!* Australian Government. https://www.apsc.gov.au/working-aps/diversity-and-inclusion/diversity-inclusion-news/cultural-load-its-real-thing

Awatere, D. (1984). *Maori sovereignty*. Broadsheet.

Baker, R. (2021). *Te manawa nui*. Te Rau Ora.

Ballard, E., & Teasdale, B. (2016). Reconsidering the criminalization debate: An examination of the predictors of arrest among people with major mental disorders. *Criminal Justice Policy Review*, *27*(1), 22-45. https://doi.org/10.1177/0887403414561255

Barnes, A. M., & McCreanor, T. (2023). "Feeding people's beliefs": Mass media representations of Māori and criminality. In C. Cunneen, A. Deckert, A. Porter, J. Tauri, & R. Webb (Eds.), *The Routledge international handbook on decolonizing justice* (pp. 22-32). Taylor and Francis.

Bartkowiak-Théron, I., & Asquith, N. L. (2022). Law enforcement, public health, and vulnerability. In I. Bartkowiak-Théron, J. Clover, D. Martin, R. F. Southby, & N. Crofts

(Eds.), *Law enforcement and public health: Partners for community safety and wellbeing* (pp. 53-63). Springer International. https://doi.org/10.1007/978-3-030-83913-0_4

Bartkowiak-Théron, I., Clover, J., Martin, D., Southby, R. F., & Crofts, N. (2022a). Conceptual and practice tensions in LEPH: Public health approaches to policing and police and public health collaborations. In I. Bartkowiak-Théron, J. Clover, D. Martin, R. F. Southby, & N. Crofts (Eds.), *Law enforcement and public health: Partners for community safety and wellbeing* (pp. 3-13). Springer International. https://doi.org/10.1007/978-3-030-83913-0_1

Bartkowiak-Théron, I., Clover, J., Martin, D., Southby, R. M. F., & Crofts, N. (Eds.). (2022b). *Law enforcement and public health: Partners for community safety and wellbeing*. Springer International. https://doi.org/10.1007/978-3-030-83913-0.

Bauman, A., & Chakrabarti, M. (2020). *Sociologist Michael Sierra-Arévalo on why police expect danger and how it drives brutality*. Wbur. https://www.wbur.org/onpoint/2020/07/16/sociologist-michael-sierra-arevalo-on-how-police-expectation-of-danger-drives-brutality

Baxter, J. (2008). *Māori mental health needs profile. A review of the evidence.* Te Rau Ora. https://terauora.com/wp-content/uploads/2022/04/Maori-Mental-Health-Need-Profile-2008.pdf

Baxter, J., Kingi, T., Tapsell, R., Durie, M., & McGee, M. A. (2006). Prevalence of mental disorders among Māori in Te Rau Hinengaro: The New Zealand Mental Health Survey. *Australian & New Zealand Journal of Psychiatry*, *40*(10), 914-923. https://doi.org/10.1080/j.1440-1614.2006.01911.x

Bécares, L., Cormack, D., & Harris, R. (2013). Ethnic density and area deprivation: Neighbourhood effects on Māori health and racial discrimination in Aotearoa/New Zealand. *Social Science and Medicine*, *88*, 76-82. https://doi.org/10.1016/j.socscimed.2013.04.007

Best, E. (1924). *The Māori* (Vol. 1). Victoria University of Wellington. https://nzetc.victoria.ac.nz/tm/scholarly/tei-Bes01Maor-t1-front-d6.html

Bingham, E., Rodrigues, F., & McKeen, C. (2020). *Unwarranted*. Stuff. https://interactives.stuff.co.nz/2020/12/unwarranted-police-searches-racial-bias-justice/

Bishop, A. R. (1995). *Collaborative research stories: Whakawhanaungatanga* [Doctoral thesis, University of Otago]. Otago University Research Archive. http://hdl.handle.net/10523/531

Bishop, R. (1994). Initiating empowering research? *New Zealand Journal of Educational Studies*, *29*(2), 175-188.

Bittner, E. (1967). Police discretion in emergency apprehension of mentally ill persons. *Social Problems*, *14*(3), 278-292.

Bittner, E. (1970). *The functions of the police in modern society: A review of background factors, current practices, and possible role models*. National Institute of Mental Health, Center for Studies of Crime and Delinquency.

Bittner, E. (1974). 'Florence Nightingale in pursuit of Willie Sutton: A theory of the Police' In H. Jacob (Ed.), *The potential for reform of criminal justice* (pp. 17-44). Sage Publications.

Black Lives Matter. (2021). *Herstory.* https://blacklivesmatter.com/herstory.

Black, S. A., Kidd, J., Thom, K., Mills, A., McIntosh, T., & Quince, K. (2017). Researching ngā kōti rangatahi–youth courts on marae: Koia te hāngaitanga?: That's the right way? *The Ethnographic Edge*, *1*(1). https://doi.org/https://doi.org/10.15663/tee.v1i1.18

Boardman, J. (2011). Social exclusion and mental health: How people with mental health problems are disadvantaged: An overview. *Mental Health and Social Inclusion*, *15*(3), 112-121. https://doi.org/10.1108/20428301111165690

Bohrman, C., Blank Wilson, A., Watson, A., & Draine, J. (2018). How police officers assess for mental illnesses. *Victims & Offenders*, *13*(8), 1077-1092. https://doi.org/10.1080/15564886.2018.1504844

Borell, B. (2005). *Living in the city ain't so bad: Cultural diversity of South Auckland rangatahi* [Masters thesis, Massey University]. Massey University. http://hdl.handle.net/10179/5812

Borum, R. (2000). Improving high risk encounters between people with mental illness and the police. *Journal of the American Academy of Psychiatry and the Law*, *28*(3), 332-337. https://doi.org/https://pubmed.ncbi.nlm.nih.gov/11055532/

Borum, R., Williams Deane, M., Steadman, H. J., & Morrissey, J. (1998). Police perspectives on responding to mentally ill people in crisis: Perceptions of program effectiveness. *Behavioral Sciences & the Law*, *16*(4), 393-406. https://doi.org/10.1002/(sici)1099-0798(199823)16:4<393::aid-bsl317>3.3.co;2-w

Boscarato, K., Lee, S., Kroschel, J., Hollander, Y., Brennan, A., & Warren, N. (2014). Consumer experience of formal crisis-response services and preferred methods of crisis intervention. *International Journal of Mental Health Nursing*, *23*, 287-295. https://doi.org/10.1111/inm.12059

Bottoms, A., & Tankebe, J. (2013). A voice within: 'Power-holders' perspectives on authority and legitimacy. In J. Tankebe & A. Liebling (Eds.), *Legitimacy and criminal justice: An international exploration* (pp. 60-82). Oxford University Press. https://doi.org/10.1093/acprof:oso/9780198701996.003.0005

Bradford, B., & Quinton, P. (2014). Self-legitimacy, police culture and support for democratic policing in an English constabulary. *British Journal of Criminology*, *54*(6), 1023-1046. https://doi.org/10.1093/bjc/azu05

Bradley, K. (2009). *The Bradley Report: Lord Bradley's review of people with mental health problems or learning disabilities in the criminal justice system*. Department of Health. https://lx.iriss.org.uk/sites/default/files/resources/The%20Bradley%20report.pdf

Braun, V., & Clarke, V. (2022). *Thematic analysis: A practical guide*. SAGE Publications

Brekke, J. S., Prindle, C., Bae, S. W., & Long, J. D. (2001). Risks for individuals with schizophrenia who are living in the community. *Psychiatric Services*, *52*(10), 1358-1366. https://doi.org/10.1176/appi.ps.52.10.1358

Brett, S. (2016). *South side pride: Sharing the stories of South Auckland through interactive textiles and technology* [Masters exegesis, Auckland University of Technology]. The AUT Research Repository. https://openrepository.aut.ac.nz/server/api/core/bitstreams/91ad04cd-9a8a-4660-a020-8ed6b3ec1474/content

Brook, E. (2022, March). *The power of "three brains"*. https://www.policeassn.org.nz/news/the-power-of-three-brains#/

Butler, K. (2022). *Pākarutia te Mokemoketanga - Breaking our silence for the repeal and replacement of the Mental Health Act 2022.* Take Notice. https://ndhadeliver.natlib.govt.nz/delivery/DeliveryManagerServlet?dps_pid=IE81753466

Butterworth, S. (2005). *More than law and order: Policing a changing society 1945-1992*. University of Otago Press.

Buttle, J. W. (2017). Imagining an Aotearoa/New Zealand without prisons. *Counterfutures*(3), 99-128. https://counterfutures.nz/3/buttle.pdf

CAHOOTS Consulting. (2020). Crisis Assistance Helping Out On The Streets: Media Guide 2020. . https://www.thenationalcouncil.org/wp-content/uploads/2021/11/cahoots-media-guide-2020.pdf

Came, H., O'Sullivan, D., Kidd, J., & McCreanor, T. (2020). The Waitangi Tribunal's WAI Report: Implications for decolonizing health systems. *Health and Human Rights Journal*, *22*(1),

209-220. https://cdn1.sph.harvard.edu/wp-content/uploads/sites/2469/2020/06/Came.pdf

Came, H. A., Herbert, S., & McCreanor, T. (2021). Representations of Māori in colonial health policy in Aotearoa from 2006-2016: A barrier to the pursuit of health equity. *Critical Public Health*, *31*(3), 338-348. https://doi.org/10.1080/09581596.2019.1686461

Campbell, H., & Vanderhoven, D. (2016). *Knowledge that matters: Realising the potential of co-production*. N8 Research. https://www.n8research.org.uk/view/5163/Final-Report-Co-Production-2016-01-20.pdf

Cann, G. (2021, February 25). *Man shot by police during firearms callout in South Auckland*. Stuff. https://www.stuff.co.nz/national/crime/300239649/man-shot-by-police-during-firearms-callout-in-south-auckland?rm=a&cx_rm-ctrl=true

Carr, S., & Patel, M. (2016). *Practical guide: Progressing transformative co-production in mental health.* . National Development Team for Inclusion. http://www.ndti.org.uk/uploads/files/MH_Coproduction_guide.pdf

Carswell, S., & Paulin, J. (2008). *Evaluation of the Rotorua Mental Health Nurse initiative at the Rotorua Police Station*. New Zealand Police. https://www.police.govt.nz/about-us/publication/evaluation-rotorua-mental-health-nurse-initiative

Center for Justice Research & Policy. (2022). *Community Assistance & Life Liaison (CALL) Program: Comprehensive equity and process evaluation: Protocol and data review*. University of South Florida. https://www.usf.edu/arts-sciences/centers/cjrp/documents/call-program-evaluation-phase1-review.pdf

Chamakiotis, P., Symon, G., & Whiting, R. (2024). Agentic interplay between hybridity and liminality in contemporary boundary work. *Information Systems Journal*, *34*(1), 261-283. https://doi.org/10.1111/isj.12477

Chamas, Z. (2020, June). *New Zealand armed police response teams scrapped after community pushback*. ABC News. https://www.abc.net.au/news/2020-06-09/new-zealand-armed-response-teams-will-not-continue/12336460

Chan, J. (1999). Police Culture. In D. Dixon (Ed.), *A culture of corruption: Changing an Australian Police Force*. Hawkins Press.

Chan, J. B. L., Devery, C., & Doran, S. (2003). *Fair cop: Learning the art of policing*. University of Toronto Press. https://doi.org/10.3138/9781442674783

Chappell, D., & O'Brien, A. (2014). Police responses to persons with a mental illness: International perspectives. *International Journal Of Law And Psychiatry*, *37*(4), 321-324. https://doi.org/10.1016/j.ijlp.2014.02.001

Chidgey, K., Procter, N., Baker, A., & Grech, C. (2019). Police response to individuals displaying suicidal or self-harming behaviours: An integrative review. *Health & Social Care in the Community*, *27*(3), e112-e124. https://doi.org/10.1111/hsc.12668

Chilisa, B. (2019). *Indigenous research methodologies* (2nd ed.). Sage publications.

City and County of San Francisco. (2022). *Street Crisis Response Team pilot: Final report.* https://sf.gov/sites/default/files/2022-06/SCRT%20Final%20Report_FINAL-%201%20year.pdf

City of Olympia. (n.d.). *Crisis response & peer specialists*. https://www.olympiawa.gov/services/police_department/crisis_response.php

Clandinin, D. J., Cave, M. T., & Berendonk, C. (2017). Narrative inquiry: A relational research methodology for medical education. *Medical Education*, *51*(1), 89-96. https://doi.org/10.1111/medu.13136

Cloud, D., & Davis, C. (2015). *First do no harm: Advancing public health in policing practices*. Vera Institute of Justice. https://www.vera.org/publications/first-do-no-harm

Cohen, B. M. Z. (2014). Passive-aggressive: Māori resistance and the continuance of colonial psychiatry in Aotearoa New Zealand. *Disability and the Global South*, *1*(2), 319-339. https://disabilityglobalsouth.files.wordpress.com/2012/06/dgs-01-02-07.pdf

Cohen, G., & Bagwell, M. (2023). The state of mental health training in basic police curricula: A national level examination. *Journal of Public Affairs Education*, *29*(3), 327-349. https://doi.org/10.1080/15236803.2023.2179235

Coleman, T., & Cotton, D. (2014). TEMPO: A contemporary model for police education and training about mental illness. *International Journal Of Law And Psychiatry*, *37*(4), 325-333. https://doi.org/https://doi.org/10.1016/j.ijlp.2014.02.002

Collins, P. H. (2015). Intersectionality's definitional dilemmas. *Annual Review of Sociology*, *41*, 1-20. https://doi.org/10.1146/annurev-soc-073014-112142

Compton, M. T., Bakeman, R., Broussard, B., Hankerson-Dyson, D., Husbands, L., Krishan, S., Stewart-Hutto, T., D'Orio, B. M., Oliva, J. R., Thompson, N. J., & Watson, A. C. (2014). The police-based crisis intervention team (CIT) model: II. Effects on level of force and resolution, referral, and arrest. *Psychiatric Services*, *65*(4), 523-529. https://doi.org/10.1176/appi.ps.201300108

Concannon, M., & Nordberg, D. (2018). Boards strategizing in liminal spaces: Process and practice, formal and informal. *European Management Journal*, *36*(1), 71-82. https://doi.org/https://doi.org/10.1016/j.emj.2017.03.008

Conerly, T. R., Holmes, K., Tamang, A. L. . (2021). *Introduction to Sociology 3e*. OpenStax. https://openstax.org/books/introduction-sociology-3e/pages/1-introduction

Conn, C., Field, R., Williams, M., Cammock, R., Nnabugwu, A. (2021). Healthy cities South Auckland: A focus on youth leadership and sustainability in the post-COVID world. *Pacific Health*, *4*, 1-12. https://ojs.aut.ac.nz/pacific-health/article/view/51/48

Corrigan, P. (2004). How stigma interferes with mental health care. *American Psychologist*, *59*(7), 614. https://doi.org/10.1037/0003-066X.59.7.614

Corrigan, P., Markowitz, F. E., Watson, A., Rowan, D., & Kubiak, M. A. (2003). An attribution model of public discrimination towards persons with mental illness. *Journal of health and Social Behavior*, 162-179. https://doi.org/10.2307/1519806

Corry, R. (2019). *Power and influence: The metaphysics of reductive explanation*. Oxford University Press.

Cotton, D., & Coleman, T. G. (2010). Canadian police agencies and their interactions with persons with a mental illness: A systems approach. *Police Practice and Research*, *11*(4), 301-314. https://doi.org/10.1080/15614261003701665

Counties Manukau Health. (2021). *The population we serve: Census 2018 Counties Manukau population profile.* . https://www.countiesmanukau.health.nz/assets/About-CMH/Performance-and-planning/health-status/Census-2018-Population-Profile-slide.pdf

Cowan, J. (1921). The Patu-paiarehe: Notes on Māori folk-tales of the fairy people. *The Journal of the Polynesian Society 30*(2(118)), 96–102. https://www.jstor.org/stable/20701823

Cram, F. (2001). Rangahau Māori: Tona tika, tona pono: The validity and integrity of Māori research. In M. Tolich (Ed.), *Research ethics in Aotearoa New Zealand: Concepts, practice, critique*. Longman.

Cram, F. (2004). A 'parallel process'? Beginning a constructive conversation about Māori methodology. *Journal of Bioethical Inquiry*, *1*, 14-19. https://link.springer.com/article/10.1007/BF02448902

Crenshaw, K. (1989). Demarginalizing the intersection of race and sex: A black feminist critique of antidiscrimination doctrine, feminist theory and antiracist politics. *University of Chicago Legal Forum*, *1989*(1), 139-167. http://chicagounbound.uchicago.edu/uclf/vol1989/iss1/8

Crenshaw, K. (1991). Mapping the margins: Intersectionality, identity politics, and violence against women of color. *Stanford Law Review*, *43*(6), 1241-1299. https://doi.org/10.2307/1229039

Creswell, J. W. (2013). *Qualitative inquiry & research design: Choosing among five approaches* (3rd ed.). SAGE.

Creswell, J. W., & Creswell, J. D. (2023). *Research design: Qualitative, quantitative, and mixed methods approaches* (6th ed.). SAGE.

Crisis Intervention Team Center. (n.d.). *Welcome to the University of Memphis CIT Centre,*. University of Memphis. http://www.cit.memphis.edu/

Crotty, M. (1998). *Foundations of social research: Meaning and perspective in the research process*. Taylor & Francis.

Curtis, E., Jones, R., Tipene-Leach, D., Walker, C., Loring, B., Paine, S.-J., & Reid, P. (2019). Why cultural safety rather than cultural competency is required to achieve health equity: A literature review and recommended definition. *International Journal for Equity in Health*, *18*(1), 1-17. https://doi.org/10.1186/s12939-019-1082-3

Curtis, E., Jones, R., Willing, E., Anderson, A., Paine, S.-J., Herbert, S., Loring, B., Dalgic, G., & Reid, P. (2023). Indigenous adaptation of a model for understanding the determinants of ethnic health inequities. *Discover Social Science and Health*, *3*(1), 1-10. https://doi.org/10.1007/s44155-023-00040-6

Dahleez, K. A., Aboramadan, M., & Abdelfattah, F. (2023). Inclusive leadership and job satisfaction in Omani higher education: The mediation of psychological ownership and employee thriving. *International Journal of Educational Management*, *37*(4), 907-925. https://doi.org/10.1108/IJEM-07-2022-0274

Dancig-Rosenberg, H., & Yosef, N. (2019). Crime victimhood and intersectionality. *Fordham Urban Law Journal*, *47*(1), 85-116. https://ir.lawnet.fordham.edu/ulj/vol47/iss1/3

Davey, S., Gordon, S., & Tester, R. (2021). Addressing police discrimination regarding mental distress using a service user-led and interpersonal contact/education based 'e-Learning'. *Police Practice & Research*, *22*(1), 426-442. https://doi.org/10.1080/15614263.2019.1689128

David, J.-D., & Mitchell, M. (2021). Contacts with the police and the over-representation of Indigenous peoples in the Canadian criminal justice system. *Canadian Journal of Criminology & Criminal Justice*, *63*(2), 23-45. https://doi.org/10.3138/cjccj.2020-0004

Dawkins, S., Tian, A. W., Newman, A., & Martin, A. (2017). Psychological ownership: A review and research agenda. *Journal of Organizational Behavior*, *38*(2), 163-183. https://doi.org/10.1002/job.2057

Delle, E., Kumasey, A. S., Agyabeng, A. N., Alfa, A. A., & Hossain, F. (2023). Work engagement: The role of psychological ownership and self-regulatory focus behavior. *Journal of Organizational Effectiveness: People and Performance*, *10*(1), 77-93. https://doi.org/10.1108/JOEPP-12-2021-0344

den Heyer, G. (2019). New Zealand Police cultural liaison officers: Their role in crime prevention and community policing. In J. F. Albrecht, G. den Heyer, & P. Stanislas (Eds.), *Policing and minority communities: Contemporary issues and global perspectives* (pp. 235-254). Springer. https://doi.org/10.1007/978-3-030-19182-5_14

Dodd, V. (2023, May 28). Met police to stop attending emergency mental health calls. *The Guardian*. https://www.theguardian.com/uk-news/2023/may/28/met-police-to-stop-attending-emergency-mental-health-calls

Doone, P. (2000). *Report on combating and preventing Māori crime: Hei whakarurutanga mō te ao*.

Drew, D., Kable, A., van der Riet, P., & Crowfoot, G. (2023). Young adolescents living in the liminal space of cancer: A narrative inquiry study. *Collegian*, *30*(3), 483-490. https://doi.org/10.1016/j.colegn.2023.01.002

Duff, M. (2023, December 2). 'A massive unravelling': Fears for Māori rights as New Zealand government reviews treaty. *The Guardian*. https://www.theguardian.com/world/2023/dec/02/fears-for-maori-rights-as-new-zealand-government-reviews-waitangi-treaty

Dunstall, G. (1999). *The History of Policing in New Zealand: Vol 4. A policeman's paradise?: Policing a Stable Society 1918-1945*. The Dunmore Press.

Dupont, R., Cochran, S., & Pillsbury, S. (2007). *Crisis intervention core elements*. The University of Memphis School of Urban Affairs and Public Policy, Department of Criminology and Criminal Justice, CIT Centre. http://cit@memphis.edu/CoreElements.pdf

Durie, M. (1994). *Whaiora: Māori health development*. Oxford University Press.

Durie, M. (2001). *Mauri ora: The dynamics of Māori health*. Oxford University Press.

Durie, M. (2003). Imprisonment, trapped lifestyles, and strategies for freedom. In M. Durie (Ed.), *Ngā kāhui pou launching Māori futures*. Huia.

Durie, M. (2004). Understanding health and illness: Research at the interface between science and indigenous knowledge†. *International Journal of Epidemiology*, *33*(5), 1138-1143. https://doi.org/10.1093/ije/dyh250

Durie, M. (2015). *Engagement with rangatahi* [power point slides]. Poutamapounamu. https://poutamapounamu.org.nz/assets/resources/site/Durie-Youth-Engagement.pdf

Durie, M. (2018). Te Taiao: Māori mental health in twenty-first-century environments. In *Maea te toi ora: Māori health transformations* (pp. 275-307). Huia Publishers.

Durie, M. H. (1998). *Te Mana te Kawanatanga: The politics of Māori self-determination*. Oxford University Press

Eketone, A. (2020). *The principles of Māori directed practice and development.* [Doctoral thesis, University of Otago]. Otago University Research Archive, University of Otago. https://ourarchive.otago.ac.nz/bitstream/handle/10523/10008/EketoneAnaru2020PhD.pdf?sequence=1&isAllowed=y

Elder, H. (2013). Indigenous theory building for Māori children and adolescents with traumatic brain injury and their extended family. *Brain Impairment*, *14*(3), 406-414. https://doi.org/10.1017/BrImp.2013.28

Elder, H., & Kersten, P. (2015). Whakawhiti Kōrero, a method for the development of a cultural assessment tool, Te Waka Kuaka, in Māori traumatic brain injury. *Behavioural Neurology*, *2015*. https://doi.org/10.1155/2015/137402

Elers, S. (2012). Police interactions with Māori: A contributing factor in disproportionate crime statistics. *Australasian Policing*, *42*(2), 40-41.

Engel, R. S., McManus, H. D., & Herold, T. D. (2020). Does de-escalation training work?: A systematic review and call for evidence in police use-of-force reform. *Criminology and Public Policy*, *19*(3), 721-760. https://doi.org/10.1111/1745-9133.12467

Engel, R. S., & Silver, E. (2001). Policing mentally disordered suspects: A reexamination of the criminalization hypothesis. *Criminology*, *39*(2), 225-252. https://doi.org/10.1111/j.1745-9125.2001.tb00922.x

Eni, R., & Rowe, G. (2010). Natural conversations as a method of coming to know indigenous communities. *MAI Review*, *3*. https://www.journal.mai.ac.nz/maireview/article/856

Evans-Campbell, T. (2008). Historical trauma in American Indian/Native Alaska communities: A multilevel framework for exploring impacts on individuals, families, and communities. *Journal of Interpersonal Violence*, *23*(3), 316-338. https://doi.org/10.1177/0886260507312290

Every-Palmer, S., Kim, A. H. M., Cloutman, L., & Kuehl, S. (2022). Police, ambulance and psychiatric co-response versus usual care for mental health and suicide emergency callouts: A quasi-experimental study. *AUSTRALIAN AND NEW ZEALAND JOURNAL OF PSYCHIATRY*. https://doi.org/10.1177/00048674221109131

Fagan, J., & Campbell, A. D. (2020). Race and reasonableness in police killings. *Boston University Law Review*, *100*(3), 951-1015. https://www.scopus.com/inward/record.uri?eid=2-s2.0-85091184521&partnerID=40&md5=8e7a1cac8cc25d9486c7623041e9d2ca

Fallon, V. (2020). *'We've been kind to racists for far too long': Khylee Quince*. Stuff. https://www.stuff.co.nz/national/crime/122739792/weve-been-kind-to-racists-for-far-too-long-khylee-quince

Fassin, D. (2013). *Enforcing order: An ethnography of urban policing*. Polity Press.

Feldman, J. M., Gruskin, S., Coull, B. A., & Krieger, N. (2019). Police-related deaths and neighborhood economic and racial/ethnic polarization, United States, 2015–2016. *American Journal of Public Health*, *109*(3), 458-464. https://doi.org/10.2105/AJPH.2018.304851

Fergusson, D. M., Horwood, L., & Swain-Campbell, N. (2003). Ethnicity and criminal convictions: Results of a 21-year longitudinal study. *The Australian and New Zealand Journal of Criminology*, *36*(3), 354-367. https://doi.org/10.1375/acri.36.3.354

Fernandez, K. (2019). *Ihumātao land battle: A timeline*. Radio New Zealand. https://www.rnz.co.nz/news/national/395281/ihumatao-land-battle-a-timeline

Fetterman, D. M. (2019). *Ethnography: Step-by-step*. Sage Publications.

Fleming, P. J., Lopez, W. D., Spolum, M., Anderson, R. E., Reyes, A. G., & Schulz, A. J. (2021). Policing is a public health issue: The important role of health educators. *Health Education & Behavior*, *48*(5), 553-558. https://doi.org/10.1177/10901981211001010

Flett, J. A. M., Lucas, N., Kingstone, S., & Stevenson, B. (2020). *Mental distress and discrimination in Aotearoa New Zealand: Results from 2015-2018 Mental Health Monitor and 2018 Health and Lifestyles Survey*. Health Promotion Agency. http://tinyurl.com/44ashct2

Flick, U. (2018). Triangulation. In N. K. Denzin & Y. S. Lincoln (Eds.), *The Sage handbook of qualitative research* (5th ed., pp. 444-461). Sage.

Footer, K. H. A., Silberzahn, B. E., Lim, S., Huettner, S., Kumar, V. A., Loeffler, D., Peitzmeier, S. M., & Sherman, S. G. (2020). An ethnographic exploration of factors that drive policing of street-based female sex workers in a U.S. setting: Identifying opportunities for intervention. *BMC International Health and Human Rights*, *20*(1), 1-13. https://doi.org/10.1186/s12914-020-00232-0

Forbes, S. (2020, May 20). *Coronavirus: South Auckland communities 'at risk' from second wave of Covid-19*. Stuff. https://www.stuff.co.nz/national/health/300016174/coronavirus-south-auckland-communities-at-risk-from-second-wave-of-covid19?rm=a

Forbes, S. (2021, June 13). *Police mental health and addiction referrals soar in Counties Manukau.* Radio New Zealand. https://www.rnz.co.nz/news/ldr/444439/police-mental-health-and-addiction-referrals-soar-in-counties-manukau

Forbes, S. (2023, April 20). *South Auckland's poor census turnout could cost it $130m in health funding*. Stuff. https://www.stuff.co.nz/national/politics/local-democracy-reporting/300858358/south-aucklands-poor-census-turnout-could-cost-it-130m-in-health-funding

Foster, J. (1989). Two stations: An ethnographic study of policing in the inner city. In D. Dowens (Ed.), *Crime and the city: Essays in memory of John Barron Mays* (pp. 128-153). Springer.

Foucault, M. (1980). *Power/knowledge: Selected interviews and other writings, 1972-1977*. Harvester Press.

Foucault, M. (2006). *History of madness*. Routledge.

Frederick, T., O'Connor, C., & Koziarski, J. (2018). Police interactions with people perceived to have a mental health problem: A critical review of frames, terminology, and definitions. *Victims & Offenders*, *13*(8), 1037-1054. https://doi.org/10.1080/15564886.2018.1512024

Fry, A. J., O'Riordan, D. P., & Geanellos, R. (2002). Social control agents or front-line carers for people with mental health problems: Police and mental health services in Sydney, Australia. *Health & Social Care in the Community*, *10*(4), 277-286. https://doi.org/10.1046/j.1365-2524.2002.00371.x

Furness, T., Maguire, T., Brown, S., & McKenna, B. (2017). Perceptions of procedural justice and coercion during community-based mental health crisis: A comparison study among stand-alone police response and co-responding police and mental health clinician

response. *Policing: A Journal of Policy and Practice*, *11*(4), 400-409. https://doi.org/10.1093/police/paw047

Gagliardi, A. R., Berta, W., Kothari, A., Boyko, J., & Urquhart, R. (2016). Integrated knowledge translation (IKT) in health care: A scoping review. *Implementation Science*, *11*(1), 38. https://doi.org/10.1186/s13012-016-0399-1

Garcia-Lorenzo, L., Donnelly, P., Sell-Trujillo, L., & Imas, J. M. (2018). Liminal entrepreneuring: The creative practices of nascent necessity entrepreneurs. *Organization Studies*, *39*(2-3), 373-395. https://doi.org/10.1177/0170840617727778

Geertz, C. (1973). Thick description: Toward an interpretive theory of culture. . In C. Geertz (Ed.), *The interpretation of cultures: Selected essays* (pp. 310-323). Basic Books.

George, L., Tauri, J., & MacDonald, L. T. A. o. T. (2020). *Indigenous research ethics: Claiming research sovereignty beyond deficit and the colonial legacy*. Emerald Publishing.

Gieryn, T. F. (1983). Boundary-work and the demarcation of science from non-science: Strains and interests in professional ideologies of scientists. *American Sociological Review*, *48*(6), 781-795. https://doi.org/10.2307/2095325

Gillon, A., Cormack, D., & Borell, B. (2019). Oh, you don't look Māori: Socially assigned ethnicity. *MAI Journal*, *8*(2), 126-141. https://doi.org/10.20507/MAIJournal.2019.8.2.3

Girard, V., Bonin, J. P., Tinland, A., Farnarier, C., Pelletier, J. F., Delphin, M., Rowe, M., & Simeoni, M. C. (2014). Mental health outreach and street policing in the downtown of a large French city. *International Journal Of Law And Psychiatry*, *37*(4), 376-382. https://doi.org/10.1016/j.ijlp.2014.02.008

Given, L. M. (2008). *The SAGE encyclopedia of qualitative research methods*. SAGE Publications. https://doi.org/10.4135/9781412963909

Glynn, J. F. (1975). *The New Zealand policeman: The developing role of New Zealand police*. New Zealand Institute of Public Administration.

Godfredson, J. W., Thomas, S. D. M., Ogloff, J. R. P., & Luebbers, S. (2011). Police perceptions of their encounters with individuals experiencing mental illness: A Victorian survey. . *Australian and New Zealand Journal of Criminology*, *44*(2), 180-195. https://doi.org/10.1177/0004865811405138

Gonzalez Miranda, L. A., Shetty, A., & Ehlke, D. (2023). Analyzing alternative behavioural crisis response models in the U.S. *Journal of Community Health*. https://doi.org/10.1007/s10900-023-01299-1

Gordon, R. (2021, March 9). *Police accused of racism over use of tactical pain against Māori offenders*. Newshub. https://tinyurl.com/jek2ms4j

Gordon, S., Davey, S., & Tester, R. (2018). *Evaluation of mental health e-Learning modules for New Zealand Police*. Health Promotion Agency. https://www.hpa.org.nz/research-library/research-publications

Gordon, S., Davey, S., Waa, A., Tiatia, R., & Waaka, T. (2017). *Social inclusion and exclusion, stigma and discrimination, and the experience of mental distress*. Mental Health Foundation of New Zealand. https://mentalhealth.org.nz/resources/resource/social-inclusion-and-exclusion

Graham, I. D., McCutcheon, C., & Kothari, A. (2019). Exploring the frontiers of research co-production: The Integrated Knowledge Translation Research Network concept papers. *Health Research Policy and Systems*, *17*. https://doi.org/10.1186/s12961-019-0501-7

Graham, R., & Masters-Awatere, B. (2020). Experiences of Māori of Aotearoa New Zealand's public health system: A systematic review of two decades of published qualitative research. *Australian & New Zealand Journal of Public Health*, *44*(3), 193-200. https://doi.org/10.1111/1753-6405.12971

Gravitas. (2009). *New Zealand Police – Citizens' satisfaction survey: Final report for year two results (July 2008 – June 2009).* New Zealand Police. https://www.police.govt.nz/sites/default/files/publications/citizen-satisfaction-survey-2009-full.pdf

Gravitas. (2019). *New Zealand Police Citizens' Satisfaction Survey Report for 2018/19* New Zealand Police. https://www.police.govt.nz/sites/default/files/publications/citizen-satisfaction-survey-report-2019.pdf

Gravitas. (2020). *New Zealand Police Citizens' Satisfaction Survey Report for 2019/20.* . New Zealand Police. https://www.police.govt.nz/sites/default/files/publications/citizen-satisfaction-survey-report-2020.pdf

Green, T. M. (1997). Police as frontline mental health workers: The decision to arrest or refer to mental health agencies. *International Journal Of Law And Psychiatry*, *20*(4), 469-486. https://doi.org/10.1016/S0160-2527(97)00011-3

Greenhalgh, T., Russell, J., & Swinglehurst, D. (2005). Narrative methods in quality improvement research. *Quality & Safety in Health Care*, 443-449. https://doi.org/10.1136/qshc.2005.014712

Grove, S. K., Gray, J., & Burns, N. (2015). *Understanding nursing research: Building an evidence-based practice* (6th ed.). Elsevier Saunders.

Guba, E. G. (1990). The alternative paradigm dialog. In E. G. Guba (Ed.), *The paradigm dialog* (pp. 17-30). SAGE.

Hails, J., & Borum, R. (2003). Police training and specialized approaches to respond to people with mental illnesses. *Crime and Delinquency*, *49*(1), 52-61. https://doi.org/10.1177/0011128702239235

Hallett, N., Duxbury, J., McKee, T., Harrison, N., Haines, A., Craig, E., & O'Brien, A. J. (2020). Taser use on individuals experiencing mental distress: An integrative literature review. *JOURNAL OF PSYCHIATRIC AND MENTAL HEALTH NURSING*. https://doi.org/10.1111/jpm.12594

Harris, D. A. (2010). The stories, the statistics, and the law: Why "driving while black" matters. In S. K. Rice & M. D. White (Eds.), *Race, ethnicity, and policing: New and essential readings* (pp. 36-83). New York University Press.

Harris, R. B., Stanley, J., & Cormack, D. M. (2018). Racism and health in New Zealand: Prevalence over time and associations between recent experience of racism and health and wellbeing measures using national survey data. *PLOS ONE*, *13*(5), Article e0196476. https://doi.org/10.1371/journal.pone.0196476

Hatton, E. (2023, August 30). *Mental health co-response model to be rolled out nationwide.* Newsroom. https://www.newsroom.co.nz/mental-health-co-response-model-to-be-rolled-out-nationwide

Health and Disability Commissioner. (2020a). *Aotearoa New Zealand's mental health services and addiction services: The monitoring and advocacy report of the Mental Health Commissioner*. https://www.hdc.org.nz/media/zjugnstx/hdc-aotearoa-new-zealands-mental-health-services-and-addiction-services-2020.pdf

Health and Disability Commissioner. (2020b). *New Zealand's mental health and addiction services: The monitoring and advocacy report of the Mental Health Commissioner*. https://www.hdc.org.nz/media/zjugnstx/hdc-aotearoa-new-zealands-mental-health-services-and-addiction-services-2020.pdf

Health Quality & Safety Commission. (2019). *A window on the quality of Aotearoa New Zealand's health care 2019: A view on Māori health equity*. https://www.hqsc.govt.nz/assets/Our-data/Publications-resources/Window_2019_web_final-v2.pdf

Health Research Council of New Zealand. (2010). *Guidelines for researchers on health research involving Māori 2010*. https://www.hrc.govt.nz/resources/guidelines-researchers-health-research-involving-maori

Heffernan, J., McDonald, E., Hughes, E., & Gray, R. (2022). Tri-response police, ambulance, mental health crisis models in reducing involuntary detentions of mentally ill people: A systematic review. *Nursing Reports*, *12*(4), 1004-1013. https://doi.org/10.3390/nursrep12040096

Held, D. (1980). *Introduction to critical theory: Horkheimer to Habermas*. University of California Press.
Hendy, R., Li, J., Newcombe, R., & Walton, D. (2022). From the street corner to call centre: Changes in the characteristics of mental health-related calls for service received by police. *Policing and Society*, *32*(7), 862-877. https://doi.org/10.1080/10439463.2021.1988085
Henry, E., & Pene, H. (2001). Kaupapa Māori: Locating Indigenous ontology, epistemology and methodology in the academy. *Organization*, *8*(2), 234-242. https://doi.org/10.1177/1350508401082009
Herbert, S. (1997). *Policing space territoriality and the Los Angeles Police Department*. University of Minnesota Press.
Hickman, B. (2023, August 30). *Agencies back wider use of mental health co-response teams*. Radio New Zealand. https://www.rnz.co.nz/news/national/496924/agencies-back-wider-use-of-mental-health-co-response-teams
Hiday, V. A., Swartz, M. S., Swanson, J. W., Borum, R., & Wagner, H. R. (2002). Impact of outpatient commitment on victimization of people with severe mental illness. *American Journal of Psychiatry*, *159*(8), 1403-1411. https://doi.org/10.1176/appi.ajp.159.8.1403
Higgins, R., & Keane, B. (2017). Te reo Māori – the Māori language - Language decline, 1900 to 1970s. In *Te Ara: The Encyclopedia of New Zealand*. http://www.TeAra.govt.nz/en/video/41077/ko-te-reo-te-mauri-o-te-mana-maori
Hill, R. S. (1995). *The iron hand in the velvet glove: The modernisation of policing in New Zealand, 1886-1917*. Dunmore Press.
Hinds, L., & Murphy, K. (2007). Public satisfaction with police: Using procedural justice to improve police legitimacy. *Australian and New Zealand Journal of Criminology*, *40*(1), 27-42. https://doi.org/10.1375/acri.40.1.27
Hiroa, T. R. (1910). *Medicine amongst the Māoris, in ancient and modern times* [Doctor of Medicine University of Otago]. New Zealand Electronic Text Collection. https://nzetc.victoria.ac.nz/tm/scholarly/tei-BucMedi.html
Holman, G., O'Brien, A. J., & Thom, K. (2018). Police and mental health responses to mental health crisis in the Waikato region of New Zealand. *International Journal of Mental Health Nursing*, *27*(5), 1411-1419. https://doi.org/10.1111/inm.12440
Horesh, D., & Brown, A. D. (2020). Covid-19 response: Traumatic stress in the age of Covid-19: A call to close critical gaps and adapt to new realities. *Psychological Trauma: Theory, Research, Practice, and Policy*, *12*(4), 331-335. https://doi.org/10.1037/TRA0000592
Horkheimer, M. (1982). *Critical theory*. Seabury Press.
Houkamau, C. A., Stronge, S., & Sibley, C. G. (2017). The prevalence and impact of racism toward indigenous Māori in New Zealand. *International Perspectives in Psychology: Research, Practice, Consultation*, *6*(2), 61-80. https://doi.org/10.1037/ipp0000070
Hudson, B. (2006). Punishing monsters, judging aliens: Justice at the borders of community. *Australian and New Zealand Journal of Criminology*, *39*(2), 232-247. https://doi.org/10.1375/acri.39.2.232
Hudson, M., Milne, M., Reynolds, P., Russell, K., & Smith, B. (2010). *Te Ara Tika guidelines for Māori research ethics: A framework for researchers and ethics committee members.* Health Research Council of New Zealand. https://www.hrc.govt.nz/resources/te-ara-tika-guidelines-maori-research-ethics-0
Hudson, M. L., & Russell, K. (2009). The Treaty of Waitangi and research ethics in Aotearoa. *Journal of Bioethical Inquiry*, *6*, 61-68. https://doi.org/10.1007/s11673-008-9127-0
Human Rights Commission. (2012). *A fair go for all. Rite tahi tatou katoa? Addressing structural discrimination in public services*. https://hrc-nz-resources.s3.ap-southeast-2.amazonaws.com/files/2914/2409/4608/HRC-Structural-Report_final_webV1.pdf

Human Rights Commission. (2022). *Maranga Mai! The dynamics and impacts of white supremacy, racism, and colonisation upon tangata whenua in Aotearoa New Zealand*. https://tikatangata.org.nz/our-work/maranga-mai

Hunter, K. (2019). The significant cultural value of our Māori nursing workforce. *Nursing Praxis in New Zealand*, *35*(3), 4-6. https://praxis.scholasticahq.com/article/83466

Hunter, K. (2022, March 9). *At wit's end - Police, whānau Māori and mental distress* [Video]. PechaKucha. https://www.pechakucha.com/presentations/at-wit-s-end-police-wh-nau-m-ori-and-mental-distress

Hunter, K., & Cook, C. (2020a). Cultural and clinical practice realities of Māori nurses in Aotearoa New Zealand: The emotional labour of Indigenous nurses. *Nursing Praxis in Aotearoa New Zealand*, *36*(3), 7-23. https://praxis.scholasticahq.com/article/83449

Hunter, K., & Cook, C. (2020b). Indigenous nurses' practice realities of cultural safety and socioethical nursing. *Nursing Ethics*, *27*(6), 1472-1483. https://doi.org/10.1177/0969733020940376

Hurihanganui, T. (2023, April 13). *Concerns this year's Māori census turnout worse than 2018 record low.* 1News. https://www.1news.co.nz/2023/04/13/concerns-this-years-maori-census-turnout-worse-than-2018-record-low/

Husband, D. (2016, August 20). *Kim Workman: What is our duty, when we have whānau who are struggling?* E-Tangata. https://e-tangata.co.nz/korero/what-is-our-duty-when-we-have-whanau-who-are-struggling/

Independent Police Conduct Authority. (2015). *Review of police custodial management.* https://www.ipca.govt.nz/includes/download.aspx?ID=138679

Independent Police Conduct Authority. (2023). *Reports on independent investigations 2023.* https://www.ipca.govt.nz/Site/publications-and-media/2023-reports-on-investigations/

Independent Working Group on Constitutional Transformation. (2018). *The Report of Matike Mai Aotearoa*. Network Waitangi Ōtautahi. https://nwo.org.nz/wp-content/uploads/2018/06/MatikeMaiAotearoa25Jan16.pdf

Jackson, M. (1987). *The Māori and the criminal justice system: A new perspective: He whaipaanga hou*. Department of Justice. https://www.ojp.gov/pdffiles1/Digitization/108675NCJRS.pdf

Jacobs, L. A., Kim, M. E., Whitfield, D. L., Gartner, R. E., Panichelli, M., Kattari, S. K., Downey, M. M., McQueen, S. S., & Mountz, S. E. (2021). Defund the police: Moving towards an anti-carceral social work. *Journal of Progressive Human Services*, *32*(1), 37-62. https://doi.org/10.1080/10428232.2020.1852865

Jones, B., King, P. T., Baker, G., & Ingham, T. (2020). COVID-19, intersectionality, and health equity for indigenous peoples with lived experience of disability. *American Indian Culture and Research Journal*, *44*(2), 71-87. https://doi.org/10.17953/aicrj.44.2.jones

Jones, L. B., & Thomas, S. D. M. (2019). A pilot study exploring mental health consumers' experiences with the police. *Psychiatry, Psychology & Law*, *26*(2), 235-251. https://doi.org/10.1080/13218719.2018.1504240

Jordan, M. (2011). The prison setting as a place of enforced residence, its mental health effects, and the mental healthcare implications. *Health and Place*, *17*(5), 1061-1066. https://doi.org/10.1016/j.healthplace.2011.06.006

JustSpeak. (2020). *A justice system for everyone*. https://www.justspeak.org.nz/ourwork/justspeak-idi-research-a-justice-system-for-everyone

Kalinda, G., Clare, C., Vanessa, L., & Richard, M. (2016). How colonisation determines social justice and Indigenous health: A review of the literature. *Journal of Population Research*, *33*(1), 9-30. https://doi.org/10.1007/s12546-016-9164-1

Kesic, D., Thomas, S. D., Ogloff, J. R., Kesic, D., Thomas, S. D. M., & Ogloff, J. R. P. (2013). Estimated rates of mental disorders in, and situational characteristics of, incidents of

nonfatal use of force by police. *Social Psychiatry & Psychiatric Epidemiology*, *48*(2), 225-232. https://doi.org/10.1007/s00127-012-0543-4

Keuchenius, A., & Mügge, L. (2021). Intersectionality on the go: The diffusion of Black feminist knowledge across disciplinary and geographical borders. *British Journal of Sociology*, *72*(2), 360-378. https://doi.org/10.1111/1468-4446.12816

Khalifeh, H., Johnson, S., Howard, L. M., Borschmann, R., Osborn, D., Dean, K., Hart, C., Hogg, J., & Moran, P. (2015). Violent and non-violent crime against adults with severe mental illness. *The British Journal of Psychiatry*, *206*(4), 275-282. https://doi.org/10.1192/bjp.bp.114.147843

Kidd, J., Came, H., Doole, C., & Rae, N. (2021). A critical analysis of te Tiriti o Waitangi application in primary health organisations in Aotearoa New Zealand: Findings from a nationwide survey. *Health & Social Care in the Community*, 1-8. https://doi.org/https://doi.org/10.1111/hsc.13417

Kidd, J., & Edwards, G. (2016). Doing it together: A story from the co-production field. *Qualitative Research Journal*, *16*(3), 274-287. https://doi.org/10.1108/QRJ-07-2015-0059

Kincheloe, J. L., & McLaren, P. (2000). Rethinking critical theory and qualitative research. In N. K. Denzin & Y. S. Lincoln (Eds.), *Handbook of Qualitative Research* (2nd ed., pp. 279-313). Sage Publications.

King, C., & Gillard, S. (2019). Bringing together coproduction and community participatory research approaches: Using first person reflective narrative to explore coproduction and community involvement in mental health research. *Health Expectations*, *22*(4), 701-708-708. https://doi.org/10.1111/hex.12908

Kingi, T. R. (2007). The Treaty of Waitangi: A framework for Māori health development. *New Zealand Journal of Occupational Therapy*, *54*(1), 4-10.

Kingsford, R., & Webber, M. (2010). Social deprivation and the outcomes of crisis resolution and home treatment for people with mental health problems: A historical cohort study. *Health & Social Care in the Community*, *18*(5), 456-464. https://doi.org/10.1111/j.1365-2524.2010.00918.x

Komene, E., Gerrard, D., Parr, J., Pene, B., Aspinall, C., & Wilson, D. (2023). A tohu (sign) to open our eyes to the realities of Indigenous Māori registered nurses: A qualitative study. *Journal of Advanced Nursing*, *79*(7), 2585. https://doi.org/10.1111/jan.15609

Kontoangelos, K., Economou, M., & Papageorgiou, C. (2020). Mental health effects of COVID-19 pandemia: A review of clinical and psychological traits. *Psychiatry Investigation*, *17*(6), 491-505. https://doi.org/10.30773/pi.2020.0161

Kopua, D. M., Kopua, M. A., & Bracken, P. J. (2020). Mahi a Atua: A Māori approach to mental health. *Transcultural Psychiatry*, *57*(2), 375-383. https://doi.org/10.1177/1363461519851606

Koski, J. E., Xie, H., & Olson, I. R. (2015). Understanding social hierarchies: The neural and psychological foundations of status perception. *Social Neuroscience*, *10*(5), 527-550. https://doi.org/10.1080/17470919.2015.1013223

Kothari, A., McCutcheon, C., & Graham, I. D. (2017). Defining integrated knowledge translation and moving forward: A response to recent commentaries. *International Journal of Health Policy and Management*, *6*(5), 299-300. https://doi.org/10.15171/ijhpm.2017.15

Kovach, M. (2010). Conversational analysis in Indigenous research. *First Peoples Child & Family Review*, *5*(1), 40-48. https://fpcfr.com/index.php/FPCFR/article/view/172

Koziol-McLain, J., Cowley, C., Nayar, S., & Koti, D. (2023). Impact of COVID-19 on the health response to family violence in Aotearoa New Zealand: A qualitative study. *Inquiry: The Journal of Health Care Organization, Provision, and Financing*, *60*, 1-13. https://doi.org/10.1177/00469580221146832

Krieger, N. (2020). Enough: COVID-19, structural racism, police brutality, plutocracy, climate change—and time for health justice, democratic governance, and an equitable, sustainable future. *American Journal of Public Health*, *110*(11), 1620-1623. https://doi.org/10.2105/AJPH.2020.305886

Kvalsvig, A. (2018). *Wellbeing and mental distress in Aotearoa New Zealand: Snapshot 2016.* Te Whatu Ora Health Promotion. https://www.hpa.org.nz/research-library/research-publications/wellbeing-and-mental-distress-in-aotearoa-new-zealand-snapshot-2016

Lamb, H. R., & Weinberger, L. E. (2001). Persons with severe mental illness in jails and prisons: A review. *New Directions for Mental Health Services*(90), 29-49. https://doi.org/10.1002/yd.23320019005

Lamb, H. R., Weinberger, L. E., & DeCuir Jr, W. J. (2002). The police and mental health. *Psychiatric Services*, *53*(10), 1266-1271. https://doi.org/10.1176/appi.ps.53.10.1266

Lamont, M., & Molnár, V. (2002). The study of boundaries in the social sciences. *Annual Review of Sociology*, *28*(1), 167-195. https://doi.org/10.1146/annurev.soc.28.110601.141107

Lane, R. (2019). "I'm a police officer not a social worker or mental health nurse": Online discourses of exclusion and resistance regarding mental health-related police work. *Journal of Community & Applied Social Psychology*, *29*(5), 429-442. https://doi.org/10.1002/casp.2410

Lawson-Te Aho, K., & Liu, J. H. (2010). Indigenous suicide and colonization: The legacy of violence and the necessity of self-determination. *International Journal of Conflict and Violence*, *4*(1), 124-133. https://www.ijcv.org/index.php/ijcv/article/view/2819/pdf_20

Lee, I. (2023, June 25). *Statistics Minister unsure 90% census target will be hit.* 1News. https://www.1news.co.nz/2023/06/25/statistics-minister-unsure-90-census-target-will-be-hit/

Lee, J. (2009). Decolonising Māori narratives: Pūrākau as a method. *MAI Review*, *2*. https://journal.mai.ac.nz/system/files/maireview/242-1618-1-PB.pdf

Lees, J., Lee, M., Winnard, D. (2021). *Demographic profile: 2018 census, population of Counties Manukau*. Counties Manukau Health. https://tinyurl.com/476scnre

Lees, M., Newton-Howes, G., Frampton, C., & Beaglehole, B. (2023). Variation in the use of compulsory community treatment orders between district health boards in New Zealand. *Australasian Psychiatry*, *31*(3), 349-352. https://doi.org/10.1177/10398562231157246

Levac, L., McMurtry, L., Stienstra, D., Baikie, G., Hanson, C., & Mucina, D. (2018). *Learning across indigenous and western knowledge systems and intersectionality: Reconciling social science research approaches*. University of Guelph; Social Sciences and Humanities Research Council of Canada. http://tinyurl.com/3mfuhd4d

Levin, S. (2020, June 6). What does 'defund the police' mean? The rallying cry sweeping the US – explained. https://www.theguardian.com/us-news/2020/jun/05/defunding-the-police-us-what-does-it-mean

Li, J., Newcombe, R., Hendy, R., & Walton, D. (2020). A disproportional increase in lower priority mental health-related calls to New Zealand Police between 2009 and 2016. *Policing & Society*, *30*(5), 519-531. https://doi.org/10.1080/10439463.2018.1562452

Livingston, J. D. (2016). Contact between police and people with mental disorders: A review of rates. *Psychiatric Services*, *67*(8), 850-857. https://doi.org/10.1176/appi.ps.201500312

Livingston, J. D., Greaves, C., Brink, J., Parent, R., Verdun-Jones, S., & Desmarais, S. L. (2014). What influences perceptions of procedural justice among people with mental illness regarding their interactions with the police? *Community Mental Health Journal*, *50*(3), 281-287. https://doi.org/10.1007/s10597-012-9571-5

Lockett, H., Lacey, C., Jury, A., Postelnik, T., Luckman, A., & Poulton, R. (2022). Whakairo: Carving a values-led approach to understand and respond to the mental health and substance use of the New Zealand population. *New Zealand Medical Journal*, *135*(1567), 8-12. http://tinyurl.com/5h2742f4

Love, C. (2004). *Extensions on Te Wheke*. Open Polytechnic of New Zealand. https://repository.openpolytechnic.ac.nz/handle/11072/182

Love, C., Lawson-Te Aho, K., Shariff, S., & McPherson, J. (2017). Towards mauri ora: Examining the potential relationship between indigenous-centric entrepreneurship education and Māori suicide prevention in Aotearoa, New Zealand. *Journal of Indigenous Wellbeing*, *2*(2), 116-128. http://tinyurl.com/346vapc7

Lum, C., Koper, C. S., & Wu, X. (2022). Can we really defund the police? A nine-agency study of police response to calls for service. *Police Quarterly*, *25*(3), 255-280. https://doi.org/10.1177/10986111211035002

Lundman, R. J., & Kaufman, R. L. (2003). Driving while black: Effects of race, ethnicity, and gender on citizen self-reports of traffic stops and police actions driving while black: Effects of race, ethnicity, and gender on citizen self-reports of traffic stops and police actions. *Criminology*, *41*(1), 195-220. https://doi.org/10.1111/j.1745-9125.2003.tb00986.x

Lurigio, A. J. (2012). Responding to the needs of people with mental illness in the criminal justice system: An area ripe for research and community partnerships. *Journal of Crime & Justice*, *35*(1), 1-12. https://doi.org/10.1080/0735648X.2011.637402

Lurigio, A. J., & Watson, A. C. (2010). The police and people with mental illness: New approaches to a longstanding problem. *Journal of Police Crisis Negotiations*, *10*(1-2), 3-14. https://doi.org/10.1080/15332586.2010.481895

Lyndon, C. G. (1983). *Beliefs in tapu, mate Māori, and makutu and the relevance of these beliefs to the diagnosis of mental illness amongst the Māori* [Unpublished Master's thesis]. University of Auckland.

Macdonald, N. (2018, February 3). *A growing emergency: Why are cops looking after mental health patients in crisis?* Stuff. https://www.stuff.co.nz/national/health/99735922/a-growing-emergency-why-are-cops-looking-after-mental-health-patients-in-crisis

Maher, R. (2022, August 26). *129 ram raids since May, 'almost of all of them' committed by people under 18, Police Minister Chris Hipkins reveals*. NZ Herald. https://tinyurl.com/2tbe3ju6

Mahuika, R. (2008). Kaupapa Māori theory is critical and anti-colonial. *MAI Review*, *3*, 1-16. https://journal.mai.ac.nz/maireview/article/738

Manning, E. (2022). *Self-employed registered nurses: The impact of liminality and gender on professional identities and spaces* [Doctoral thesis, Massey University]. Massey Research Online, Massey University. http://hdl.handle.net/10179/17702

Māori Council. (2019). *Racism within the NZ Police must be addressed.* [Press release]. Scoop. https://www.scoop.co.nz/stories/PO1912/S00279/racism-within-the-nz-police-must-be-addressed.htm

Marcus, N., & Stergiopoulos, V. (2022). Re-examining mental health crisis intervention: A rapid review comparing outcomes across police, co-responder and non-police models. *Health & Social Care in the Community*, *30*(5), 1665-1679. https://doi.org/10.1111/hsc.13731

Mark, G. T., & Lyons, A. C. (2010). Māori healers' views on wellbeing: The importance of mind, body, spirit, family and land. *Social Science & Medicine*, *70*(11), 1756-1764. https://doi.org/10.1016/j.socscimed.2010.02.001

Marks, M. (2004). Researching police transformation: The ethnographic imperative. *The British Journal of Criminology*, *44*(6), 866-888. https://doi.org/10.1093/bjc/azh049

Marsden, M. (2003). *The woven universe: Selected writings of Rev. Māori Marsden*. Estate of Rev. Māori Marsden.

Martin, J. (2023). White cultural imperialism and the New Zealand criminal justice system: Importance of insider voices. *New Zealand Sociology*, *38*(2), 50-61. https://tinyurl.com/5n8y863h

Mastrofski, S., & Parks, R. B. (1990). Improving observational studies of police. *Criminology*, *28*(3), 475-496. https://doi.org/10.1111/j.1745-9125.1990.tb01335.x

Maxwell, G., & Smith, C. (1998). *Police perceptions of Māori: A report to the New Zealand Police and the Ministry of Māori Development: Te Puni Kokiri*. Institute of Criminology, Victoria University of Wellington. https://www.police.govt.nz/sites/default/files/publications/police-perceptions-of-maori.pdf

McCall, L. (2005). The complexity of intersectionality. *Signs*, *30*(3), 1771-1800. https://doi.org/10.1086/426800

McCarthy, M., Trinkner, R., & Goff, P. A. (2021). The threat of appearing racist: Stereotype threat and support for coercion among Australian police officers. *Criminal Justice and Behavior*, *48*(6), 776-790. https://doi.org/10.1177/0093854821993513

McClintock, K., Haereroa, M.,Brown, T., Baker, M. (2018). *Kia hora te marino: Trauma Informed Care for Māori*. Te Rau Matatini. https://terauora.com/kia-hora-te-marino-trauma-informed-care-for-maori/

Mcintosh, T. (2006). Theorising marginality and the processes of marginalisation. *AlterNative: An International Journal of Indigenous Peoples*, *2*(1), 44-65. https://doi.org/10.1177/117718010600200103

McKenna, B., Furness, T., Oakes, J., & Brown, S. (2015). Police and mental health clinician partnership in response to mental health crisis: A qualitative study. *International Journal of Mental Health Nursing*, *24*(5), 386-393. https://doi.org/10.1111/inm.12140

McKenna, B., & O'Brien, A. J. (2013). Mental health nursing and the mental health act. In J. Dawson & K. Gledhill (Eds.), *New Zealand's Mental Health Act in practice* (pp. 198-212). Victoria University Press.

McLachlan, A. D., Wirihana, R., & Huriwai, T. (2017). Whai tikanga: The application of a culturally relevant value centred approach. *New Zealand Journal of Psychology*, *46*(3), 46-54. http://tinyurl.com/bdf3nbbz

McLean, N., & Marshall, L. A. (2010). A front line police perspective of mental health issues and services. *Criminal Behaviour and Mental Health*, *20*(1), 62-71. https://doi.org/10.1002/cbm.756

McLeod, M. (2017). Ethnic disparities in the use of seclusion for adult psychiatric inpatients in New Zealand. *New Zealand Medical Journal*, *130*(1454), 30-39. https://tinyurl.com/4j5jhdr3

McNeilly, B. P., Miter, J., Garrett, Q., Harris, W., Jasani, G., Sullivan, S., Gingold, D. B., Guyther, J., & Lawner, B. J. (2023). Assessment of a behavioral health emergency response diversion (BHERD) program. *The American Journal of Emergency Medicine*, *76*, 266-269. https://doi.org/10.1016/j.ajem.2023.11.020

Mead, S. M. (2016). *Tikanga Māori: Living by Māori values* (Rev. ed.). Huia Publishers.

Meehan, T., Brack, J., Mansfield, Y., & Stedman, T. (2019). Do police–mental health co-responder programmes reduce emergency department presentations or simply delay the inevitable? *Australasian Psychiatry*, *27*(1), 18-20. https://doi.org/10.1177/1039856218797424

Mental Health (Compulsory Assessment and Treatment) Act 1992. https://www.legislation.govt.nz/act/public/1992/0046/latest/DLM262176.html

Mental Health Foundation. (2019, December 10). *Letter to Minister Nash- Stop armed police trials.* https://mentalhealth.org.nz/news/post/letter-to-minister-nash-stop-armed-police-trials

Mertens, D. M. (2020). *Research and evaluation in education and psychology: Integrating diversity with quantitative, qualitative, and mixed methods* (5th ed.). SAGE.

Mihaere, R. (2015). *A kaupapa Māori analysis of the use of Māori cultural identity in the prison system* [Doctoral thesis, Victoria University of Wellington]. Victoria University of Wellington. https://tinyurl.com/88m6m63p

Ministry of Health. (2012). *Office of the Director of Mental Health: Annual report 2011*. https://www.health.govt.nz/publication/office-director-mental-health-annual-report-2011
Ministry of Health. (2019a). *Office of the Director of Mental Health and Addiction Services annual report 2017.* https://www.health.govt.nz/publication/office-director-mental-health-and-addiction-services-annual-report-2017
Ministry of Health. (2019b). *Wai 2575 Māori health trends report.* https://www.health.govt.nz/publication/wai-2575-maori-health-trends-report
Ministry of Health. (2020). *Health and disability system review: Final report pūrongo whakamutunga* https://systemreview.health.govt.nz/
Ministry of Health. (2023). *Pae Tū: Hauora Māori Strategy.* https://www.health.govt.nz/publication/pae-tu-hauora-maori-strategy
Ministry of Justice. (2020). *NZCVS Cycle 2 resources and results.* https://www.justice.govt.nz/justice-sector-policy/research-data/nzcvs/nzcvs-cycle-2-resources-and-results/
Moewaka Barnes, H., & McCreanor, T. (2019). Colonisation, hauora and whenua in Aotearoa. *Journal of the Royal Society of New Zealand*, *49*(S1), 19-33. https://doi.org/10.1080/03036758.2019.1668439
Morabito, M. S. (2007). Horizons of context: Understanding the police decision to arrest people with mental illness. *Psychiatric Services*, *58*(12), 1582-1587. https://doi.org/10.1176/ps.2007.58.12.1582
Morabito, M. S., Socia, K., Wik, A., & Fisher, W. H. (2017). The nature and extent of police use of force in encounters with people with behavioral health disorders. *International Journal Of Law And Psychiatry*, *50*, 31-37. https://doi.org/10.1016/j.ijlp.2016.10.001
Morrison, B. (2009). *Identifying and responding to bias in the criminal justice system: A review of international and New Zealand research*. Ministry of Justice. https://justice.govt.nz/assets/Identifying-and-responding-to-bias-in-the-criminal-justice-system.pdf
Morton, N., & Knox, C. (2022, December 13). *Youth Crime: Big increases in South Auckland and Canterbury, rife in Bay of Plenty*. NZ Herald. https://tinyurl.com/4p93r9jr
National Party. (2023). *National's 100 day action plan* https://assets.nationbuilder.com/nationalparty/pages/18431/attachments/original/1696107664/100_Day_Action_Plan.pdf?1696107664
Nepe, T. M. (1991). *E hao nei e tenei reanga te toi huarewa tupuna: Kaupapa Māori, an educational intervention system* [Unpublished master's thesis]. University of Auckland.
New Zealand Government. (2018). *He Ara Oranga: Report of the Government inquiry into mental health and addiction.* https://www.mentalhealth.inquiry.govt.nz/inquiry-report/
New Zealand Government. (2020, July 7). *Wellbeing of whanau at heart of new hub.* Beehive. https://www.beehive.govt.nz/release/wellbeing-whanau-heart-new-hub
New Zealand Government. (2022). *Te Whakatinanatanga o Te Tiriti o Waitangi - Embodying Te Tiriti o Waitangi*. National Library of New Zealand.
New Zealand Government. (2023a). *Counties Manukau.* Te Whatu Ora Counties Manukau. https://www.countiesmanukau.health.nz
New Zealand Government. (2023b, May 1, 2023). *COVID-19 vaccines.* https://covid19.govt.nz/covid-19-vaccines/
New Zealand Government. (2023c, August 30). *Improving 111 responses for people in mental distress*. Beehive. https://www.beehive.govt.nz/release/improving-111-responses-people-mental-distress
New Zealand Parliament. (2022, July 25). *New Zealand gang membership: A snapshot of recent trends.* https://www.parliament.nz/en/pb/library-research-papers/research-papers/new-zealand-gang-membership-a-snapshot-of-recent-trends/

New Zealand Police. (2017). *Mental health - driver of demand.* https://www.police.govt.nz/news/ten-one-magazine/mental-health-%E2%80%93-driver-demand
New Zealand Police. (2017a). *Prevention first/Āraia i te tuatahi: National operating model.* https://www.police.govt.nz/about-us/publication/prevention-first-national-operating-model-2017
New Zealand Police. (2019). *Working together with ethnic communities – the future: Police ethnic strategy.* https://www.police.govt.nz/about-us/publication/working-together-ethnic-communities-future
New Zealand Police. (2020). *Annual report 2019/2020.* https://www.police.govt.nz/sites/default/files/publications/annual-report-2019-2020.pdf
New Zealand Police. (2020a). *Armed Response Team trial evaluation report*. https://www.police.govt.nz/can-you-help-us/armed-response-team-trial
New Zealand Police. (2020b). *Mental health - role play and real life.* https://www.police.govt.nz/news/ten-one-magazine/mental-health-role-play-and-real-life
New Zealand Police. (2020c). *NZ Police values ō tātou uara: Our values.* https://www.police.govt.nz/sites/default/files/publications/our-values.pdf
New Zealand Police. (2021). *Police acknowledge IPCA report – Counties Manukau.* https://www.police.govt.nz/news/release/police-acknowledge-ipca-report-%E2%80%93-counties-manukau
New Zealand Police. (2021a). *Annual report 2020/2021.* https://www.police.govt.nz/sites/default/files/publications/annual-report-2020-2021.pdf
New Zealand Police. (2022). *Annual Report 2021/2022.* https://www.police.govt.nz/sites/default/files/publications/annual-report-2021-2022.pdf
New Zealand Police. (2022a). *Better outcomes for mental health*. https://www.police.govt.nz/news/ten-one-magazine/better-outcomes-mental-health
New Zealand Police. (2023). *Annual Report 2022/2023*. https://www.police.govt.nz/sites/default/files/publications/annual-report-2022-2023.pdf
New Zealand Police. (2024a). *Counties Manukau Police District.* [Map]. https://www.police.govt.nz/about-us/structure/police-districts/counties-manukau
New Zealand Police. (2024b). *Briefing to the Incoming Minister.* . https://www.police.govt.nz/about-us/publication/briefing-incoming-minister-2023-hon-mark-mitchell
New Zealand Police. (n.d.-a). *Armed Response Team trial background.* https://www.police.govt.nz/can-you-help-us/armed-response-team-trial
New Zealand Police. (n.d.-b). *Māori and Police working together.* https://www.police.govt.nz/about-us/m%C4%81ori-and-police/m%C4%81ori-and-police-working-together
New Zealand Police. (n.d.-c). *Te Huringa o Te Tai.* https://www.police.govt.nz/about-us/maori-police/te-huringa-o-te-tai
Ngai Tuhoe Iwi. (2024). *Tuhoe our history.* https://www.ngaituhoe.iwi.nz/our-history
Novak, K. J., & Engel, R. S. (2005). Disentangling the influence of suspects' demeanor and mental disorder on arrest. *Policing: An International Journal of Police Strategies and Management*, *28*(3), 493-512. https://doi.org/10.1108/13639510510614573
Nursing Council of New Zealand. (2011). *Guidelines for cultural safety, the Treaty of Waitangi and Māori health in nursing education and practice*. https://online.flippingbook.com/view/960779225/2/

Nursing Council of New Zealand. (n.d.). *Tapuhi kua rēhitatia - Registered nurse*. https://www.nursingcouncil.org.nz/Public/NCNZ/nursing-section/Registered_nurse.aspx

Nweke, O. (2020, September 21). *Does the Black Lives Matter movement reflect experiences in Aotearoa New Zealand?* The University of Auckland. https://tinyurl.com/2e5pn4km

O'Brien, A., Thom, K., Gordon, S., McKenna, B., Kidd, J., Quince, K., & Exeter, D. J. (2021). The nature of police shootings in New Zealand: A comparison of mental health and non-mental health events. *International Journal Of Law And Psychiatry*, *74*, Article 101648. https://doi.org/10.1016/j.ijlp.2020.101648

O'Brien, A. J., McKenna, B. G., Thom, K., Diesfeld, K., & Simpson, A. I. F. (2011). Use of Tasers on people with mental illness. A New Zealand database study. *International Journal Of Law And Psychiatry*, *34*(1), 39-43. https://doi.org/10.1016/j.ijlp.2010.11.006

O'Brien, A. J., & Thom, K. (2014). Police use of TASER devices in mental health emergencies: A review. *International Journal Of Law And Psychiatry*, *37*(4), 420-426. https://doi.org/10.1016/j.ijlp.2014.02.014

O'Reilly, J. (2014). *A review of Police and iwi/Māori relationships: Working together to reduce offending and victimisation among Māori (for Māori, Pacific and Ethnic Services)*. New Zealand Police. https://www.police.govt.nz/sites/default/files/publications/review-of-police-and-iwi-maori-relationships.pdf

O'Sullivan, J., & Mills, C. E. (2009). The Maori cultural institution of hui: When meeting means more than a meeting. *Communication Journal of New Zealand*, *10*(2), 18-39. https://ir.canterbury.ac.nz/bitstream/handle/10092/12788/OSULLIVAN%20%20MILLS%20%282009%29-%28FInal%20proof%29.pdf?sequence=1&isAllowed=y

Oakley Browne, M. A., Wells, J. E., & Scott, K. M. (2006). *Te Rau Hinengaro: The New Zealand mental health survey*. Ministry of Health. https://www.health.govt.nz/publication/te-rau-hinengaro-new-zealand-mental-health-survey

Office of the Prime Minister's Chief Science Advisor. (2017). *Rethinking New Zealand's approach to mental health and mental disorder*. https://www.dpmc.govt.nz/sites/default/files/2021-10/pmcsa-17-08-14-Mental-health-long.pdf

Office of the Prime Minister's Chief Science Advisor. (2023). *Toward an understanding of Aotearoa New Zealand's adult gang environment. A report from the Prime Minister's Chief Science Advisor, Kaitohutohu Mātanga Pūtaiao Matua ki te Pirimia*. https://bpb-ap-se2.wpmucdn.com/blogs.auckland.ac.nz/dist/f/688/files/2023/06/Gang-Harms-Long-Report-V3-PDF.pdf

Ogloff, J. R. P., Thomas, S. D. M., Luebbers, S., Baksheev, G., Elliott, I., Godfredson, J., Kesic, D., Short, T., Martin, T., Warren, L., Clough, J., Mullen, P. E., Wilkins, C., Dickinson, A., Sargent, L., Perez, E., Ballek, D., & Moore, E. (2013). Policing services with mentally ill people: Developing greater understanding and best practice. *Australian Psychologist*, *48*(1), 57-68. https://doi.org/10.1111/j.1742-9544.2012.00088.x

Olesen, V. (2011). Feminist qualitative research in the Millenium's first decade: Developments, challenges, prospects. In N. K. Denzin & Y. S. Lincoln (Eds.), *The Sage Handbook of Qualitative Research* (4th ed., pp. 129-146). Sage.

Oliva, J. R., Morgan, R., & Compton, M. T. (2010). A practical overview of de-escalation skills in law enforcement: Helping individuals in crisis while reducing police liability and injury. *Journal of Police Crisis Negotiations*, *10*(1/2), 15-29. https://doi.org/10.1080/15332581003785421

Oliveira, A., & Murphy, K. (2015). Race, social identity, and perceptions of police bias. *Race and Justice*, *5*(3), 259-277. https://doi.org/10.1177/2153368714562801

Orange, C. (1987). *The Treaty of Waitangi*. Allen & Unwin.

Orange, C. (2015). *The Treaty of Waitangi*. Bridget Williams Books.

Oriola, T. B. (2020). Police use of force against minorities and academic chatter. *Canadian Review of Sociology*, *57*(4), 721-724. https://doi.org/10.1111/cars.12310

Oriola, T. B., Rollwagen, H., Neverson, N., & Adeyanju, C. T. (2016). Public support for conducted energy weapons: Evidence from the 2014 Alberta survey. *Canadian Journal of Criminology & Criminal Justice*, *58*(4), 530-564. https://doi.org/10.3138/cjccj.2015022

Ormond, A. (2006). Who determines what story is told? Narratives of marginalisation. *AlterNative: An International Journal of Indigenous Peoples*, *2*(1), 114-137. https://doi.org/doi/pdf/10.1177/117718010600200106

Oswick, C., & Noon, M. (2014). Discourses of diversity, equality and inclusion: Trenchant formulations or transient fashions? *British Journal of Management*, *25*(1), 23-39. https://doi.org/10.1111/j.1467-8551.2012.00830.x

Panditharatne, S., Sibley, C. G., Osborne, D., & Chant, L. (2021). At the intersection of disadvantage: Socioeconomic status heightens ethnic group differences in trust in the police. *Race and Justice*, *11*(2), 160-182. https://doi.org/10.1177/2153368718796119

Paradies, Y. (2016). Colonisation, racism and indigenous health. *Journal of Population Research*, *33*(1), 83-96. https://doi.org/10.1007/s12546-016-9159-y

Parahi, C. (2020, September 8). *Coronavirus: Why South Auckland is the worst place for the return of Covid-19 community transmission.* Stuff. https://www.stuff.co.nz/national/health/coronavirus/300080644/

Peng, H., & Pierce, J. (2015). Job and organization-based psychological ownership: Relationship and outcomes. *Journal of Managerial Psychology*, *30*(2), 151-168. https://doi.org/10.1108/JMP-07-2012-0201

Pere, L. M. (2006). *Oho mauri: Cultural identity, wellbeing, and tāngata whai ora/motuhake* [Doctoral thesis, Massey University]. Massey Research Online, Massey University. http://hdl.handle.net/10179/1567

Pierce, J. L., & Jussila, I. (2011). *Psychological ownership and the organizational context: Theory, research evidence, and application*. Edward Elgar Publishing.

Pihama, L. (2001). *Tīhei mauri ora: honouring our voices : mana wahine as a kaupapa Māori : theoretical framework* [Doctoral thesis, The University of Auckland]. Research Space, University of Auckland. https://www.tutamawahine.org.nz/tihea_mauri_ora

Pihama, L. (2010). Kaupapa Māori theory: Transforming theory in Aotearoa. *He Pukenga Kōrero*, *9*, 5-14. http://hepukengakorero.com/index.php/HPK/article/view/2

Pihama, L., Smith, L. T., Cameron-Raumati, N., Te Nana, R., Kohu-Morgan, H., Skipper, H., & Mataki, T. (2023). Prioritising Māori approaches to healing - Insights from He Oranga Ngākau. In L. Pihama & L. T. Smith (Eds.), *Ora Healing ourselves: Indigenous knowledge, healing and wellbeing* (pp. 35-49). HUIA.

Piper, D. (2023, January 24). *Cheat Sheet: Everything you need to know about the 2023 census*. Stuff. https://www.stuff.co.nz/national/131046949/cheat-sheet-everything-you-need-to-know-about-the-2023-census

Pipi, K., Cram, F., Hawke, R., Hawke, S., Huriwai, T., Mataki, T., Milne, M., Morgan, K., Tuhaka, H., & Tuuta, C. (2004). A research ethic for studying Māori and iwi provider success. *Social Policy Journal of New Zealand*(23). https://tinyurl.com/ydb2rxzh

Pitama, S., Haitana, T. N., Patu, M., Robson, B., Harris, R., McKercher, C., Clark, T., & Crengle, S. (2024). Toitū to Tiriti [Editorial]. *New Zealand Medical Journal*, *137*(1589), 7-11. https://doi.org/10.26635/6965.E1589

Police Act Review Team. (2007). *Policing directions in New Zealand for the 21st century.* New Zealand Police. https://www.police.govt.nz/sites/default/files/publications/policing-directions-full-document.pdf

Police launch investigation into 'unconscious bias' against Māori. (2021, March 16). Radio New Zealand. https://www.rnz.co.nz/news/te-manu-korihi/438469/police-launch-investigation-into-unconscious-bias-against-maori#SnippetTab

Police Media Centre. (2020, March 17). *Police, Wellington Free Ambulance and CCDHB team up to provide a better response to people in mental health distress*. https://www.police.govt.nz/news/release/police-wellington-free-ambulance-and-ccdhb-team-provide-better-response-people-mental

Policing Act 2008. https://www.legislation.govt.nz/act/public/2008/0072/latest/DLM1102125.html

Policy Strategy and Research Group. (2007). *Māori over-representation in the criminal justice system: An exploratory report.* Department of Corrections. https://www.corrections.govt.nz/__data/assets/pdf_file/0014/10715/Over-representation-of-Maori-in-the-criminal-justice-system.pdf

Ponterotto, J. G. (2006). Brief note on the origins, evolution, and meaning of the qualitative research concept thick description. *Qualitative Report*, *11*(3), 538-549. https://doi.org/10.46743/2160-3715/2006.1666

Public Service Act 2020. https://www.legislation.govt.nz/act/public/2020/0040/latest/LMS106159.html

Public Service Commission. (n.d.). *Public service system/ sectors*. https://www.publicservice.govt.nz/system/public-service-sectors/

Quince, K. (2007). Māori and the criminal justice system in New Zealand. In J. Tolmie & W. J. Brookbanks (Eds.), *Criminal justice in New Zealand* (pp. 333-338). LexisNexis NZ.

Quince, K. (2010). The bottom of the heap? Why Māori women are over-criminalised in New Zealand *Te Tai Haruru Journal of Māori and Indigenous Issues*, *3*, 99-128. https://tinyurl.com/55e577rh

Quince, K. (2017). Rangatahi courts. In A. Deckert & R. Sarre (Eds.), *The Palgrave Handbook of Australian and New Zealand criminology, crime and justice* (pp. 711-723). Springer International Publishing. https://doi.org/10.1007/978-3-319-55747-2_47

Quinlivan, M. (2022, September 6). *Govt's new youth crime package: Ramraiders under 14yo in Counties Manukau, west Auckland to be referred to 'social wellbeing board'*. Newshub. https://tinyurl.com/yd5cuse6

Rae, N., Came, H., Bain, L., & McCambridge, A. (2023). A critical Tiriti analysis of Te Pae Tata: the Interim New Zealand Health Plan. *The New Zealand Medical Journal*, *136*(1573), 88-93. https://nzmj.org.nz/journal/vol-136-no-1573/a-critical-tiriti-analysis-of-te-pae-tata-the-interim-new-zealand-health-plan

Rafferty, J. A., Abelson, J. M., Bryant, K., & Jackson, J. S. (2014). Discrimination. In M. T. Compton & R. S. Shim (Eds.), *The social determinants of mental health* (pp. 23-45). American Psychiatric

Rākete, E. (2020, June 4). *The whakapapa of police violence*. Stuff. https://thespinoff.co.nz/atea/04-06-2020/the-whakapapa-of-police-violence

Reavley, N. J., & Jorm, A. F. (2012). Stigmatising attitudes towards people with mental disorders: Changes in Australia over 8years. *Psychiatry Research*, *197*(3), 302-306. https://doi.org/10.1016/j.psychres.2012.01.011

Rengifo, A. F., & Slocum, L. (2020). The identity prism: How racial identification frames perceptions of police contact, legitimacy, and effectiveness. *Law & Social Inquiry*, *45*(3), 590-617. https://doi.org/10.1017/lsi.2019.72

Reweti, A., Ware, F., Moriarty, H. (2022). A tangata whenua (people of the land) approach to conceptualising Māori health and wellbeing. *Global Health Promotion*, *0*, 1-8. https://doi.org/10.1177/17579759221130948

Ritter, C., Teller, J. L. S., Marcussen, K., Munetz, M. R., & Teasdale, B. (2011). Crisis intervention team officer dispatch, assessment, and disposition: Interactions with individuals with severe mental illness. *International Journal Of Law And Psychiatry*, *34*(1), 30-38. https://doi.org/10.1016/j.ijlp.2010.11.005

Rogge, B. (2010). Mental health, positive psychology and the sociology of the self. In D. Pilgram, A. Rogers, & B. Pescosolido (Eds.), *The SAGE Handbook of Mental health and illness* (pp. 49-66). SAGE Publications.

Roguski, M. (2008). *Youth gangs in Counties Manukau.* Ministry of Social Development. http://tinyurl.com/md9dv8un

Roper, C., Grey, F., & Cadogan, E. (2018). *Co-Production: Putting principles into practice in mental health environments*. Melbourne School of Health Sciences. https://tinyurl.com/yc43apnv

Ross, M. (2020). The throat of Parata. In A. Hodge (Ed.), *Imagining Decolonisation* (pp. 21-39). Bridget Williams Books.

Royal, T. A. C. (Ed.). (2003). *The woven universe: Selected writings of Rev. Māori Marsden*. Estate of Rev. Māori Marsden.

Russell, L. (2018). *Te oranga hinengaro - Māori mental wellbeing: Results from the New Zealand mental health monitor & health and lifestyles survey.* Te Whatu Ora Health Promotion Agency. https://tinyurl.com/2krpdfwr

Ryder, C., Mackean, T., Coombs, J., Williams, H., Hunter, K., Holland, A. J. A., & Ivers, R. Q. (2020). Indigenous research methodology: Weaving a research interface. *International Journal of Social Research Methodology*, *23*(3), 255-267. https://doi.org/10.1080/13645579.2019.1669923

Schaefer, J. D., Caspi, A., Belsky, D. W., Harrington, H., Houts, R., Horwood, L. J., Hussong, A., Ramrakha, S., Poulton, R., & Moffitt, T. E. (2017). Enduring mental health: Prevalence and prediction. *Journal of Abnormal Psychology*, *126*(2), 212-224. https://doi.org/10.1037/abn0000232

Seo, C., Kim, B., & Kruis, N. E. (2021). Variation across police response models for handling encounters with people with mental illnesses: A systematic review and meta-analysis. *Journal of Criminal Justice*, *72*. https://doi.org/10.1016/j.jcrimjus.2020.101752

Shapiro, G. K., Cusi, A., Kirst, M., O'Campo, P., Stergiopoulos, V., & Nakhost, A. (2015). Co-responding police-mental health programs: A review. *Administration and Policy in Mental Health and Mental Health Services Research*, *42*(5), 606-620. https://doi.org/10.1007/s10488-014-0594-9

Shepherd, S. (2018, May 13). *A tale of two cities: Auckland's poorer regions struggle to keep up*. Newshub. https://tinyurl.com/3uk2meuy

Sierra-Arevalo, M. (2021). American policing and the danger imperative. *Law & Society Review*, *55*(1), 70-103. https://doi.org/10.1111/lasr.12526

Sierra-Arévalo, M. (2021). American policing and the danger imperative. *Law & Society Review*, *55*(1), 70-103. https://doi.org/10.1111/lasr.12526

Smallwood, R., Woods, C., Power, T., & Usher, K. (2021). Understanding the impact of historical trauma due to colonization on the health and well-being of indigenous young peoples: A systematic scoping review. *Journal of Transcultural Nursing*, *32*(1), 59. https://doi.org/10.1177/1043659620935955

Smith, G. H. (1997). *The development of kaupapa Māori: Theory and praxis* [Doctoral thesis, University of Auckland]. Research Space@Auckland. https://researchspace.auckland.ac.nz/handle/2292/623

Smith, L. T. (1999). *Decolonizing methodologies: Research and indigenous peoples*. Zed Books; University of Otago Press.

Smith, L. T. (2005). On tricky ground: Researching the native in the age of uncertainty. In N. K. Denzin & Y. S. Lincoln (Eds.), *The Sage handbook of qualitative research* (pp. 85-107). Sage Publications.

Smith, L. T. (2012). *Decolonizing methodologies: Research and Indigenous peoples* (2nd ed.). Zed Books.

Smith, L. T. (2015). Kaupapa Māori research: Some kaupapa Māori principles. In L. Pihama, S. Tiakiwai, & K. Southey (Eds.), *Kaupapa rangahau: A reader. A collection of readings*

from the Kaupapa Rangahau workshop series (2nd ed.). Te Kotahi Research Institute. https://hdl.handle.net/10289/11738

Social Wellbeing Agency. (2022). *Youth crime and wellbeing in Aotearoa New Zealand*. https://swa.govt.nz/assets/Youth-Crime-and-Wellbeing.pdf

Sommer, A., Macdonald, B., & Madden-Smith, Z. (2020). *New Zealanders tell us why they marched with the Black Lives Matter movement*. TVNZ. https://www.renews.co.nz/new-zealanders-tell-us-why-they-marched-with-the-black-lives-matter-movement/

Spolum, M. M., Lopez, W. D., Watkins, D. C., & Fleming, P. J. (2023). Police violence: Reducing the harms of policing through public health–informed alternative response programs. *American Journal of Public Health*, *113*, S37-S42. https://doi.org/10.2105/ajph.2022.307107

Stats New Zealand. (2020). *Counties Manukau District Health Board* [Map]. https://commons.wikimedia.org/wiki/File:Counties_Manukau_District_Health_Board_map.svg

Stats New Zealand. (2022). *Māori population estimate: At 30 June 2022.* New Zealand Government. https://www.stats.govt.nz/information-releases/maori-population-estimates-at-30-june-2022

Stats New Zealand. (2023). *Annual sentenced prisoner population for the latest calendar years (ANZSOC)*. New Zealand Government. https://nzdotstat.stats.govt.nz/wbos/Index.aspx?DataSetCode=TABLECODE7324#

Stats NZ. (n.d.). *Census*. New Zealand Government. https://www.stats.govt.nz/topics/census

Stewart, T. (1997). Historical interfaces between Māori and psychology. In P. Te Whaiti, M. McCarthy, & A. Durie (Eds.), *Mai i Rangiātea: Māori wellbeing and development*. Auckland University Press.

Steyn, N., Binny, R. N., Hannah, K., Hendy, S. C., James, A., Lustig, A., Ridings, K., Plank, M. J., & Sporle, A. (2021). Māori and Pacific people in New Zealand have a higher risk of hospitalisation for COVID-19. *The New Zealand Medical Journal*, *134*(1538), 28-43. https://tinyurl.com/3rtcjcnf

Sullivan, A. B., Kane, A., Roth, A. J., Davis, B. E., Drerup, M. L., & Heinberg, L. J. (2020). The Covid-19 crisis: A mental health perspective and response using telemedicine. *Journal of patient experience*, *7*(3), 295-301. https://doi.org/10.1177/2374373520922747

Sunshine, J., & Tyler, T. R. (2003). The role of procedural justice and legitimacy in shaping public support for policing. *Law & Society Review*, *37*(3), 513-548. https://www.jstor.org/stable/1555077

Taitimu, M., Read, J., & McIntosh, T. (2018). Ngā Whakāwhitinga (standing at the crossroads): How Māori understand what Western psychiatry calls “schizophrenia”. *Transcultural Psychiatry*, *55*(2), 153-177. https://doi.org/10.1177/1363461518757800

Tankebe, J. (2022). Rightful authority: Exploring the structure of police self-legitimacy. In A. Liebling, J. Shapland, R. Sparks, & J. Tankebe (Eds.), *Crime, Justice, and Social Order: Essays in Honour of A. E. Bottoms*. Oxford University Press. https://doi.org/10.1093/oso/9780192859600.003.0014

Tapsell, R., & Mellsop, G. (2007). The contributions of culture and ethnicity to New Zealand mental health research findings. *The International journal of social psychiatry*, *53*(4), 317-324. https://doi.org/10.1177/0020764006074525

Taylor, B. (2013). Narrative inquiry. In B. Taylor & K. Francis (Eds.), *Qualitative research in the health sciences: Methodologies, methods and processes* (pp. 99-115). Routledge.

Te Aka Whai Ora - Māori Health Authority. (2023). *Whakahiki i te oranga whānau-Improving the wellbeing of whānau*. https://www.teakawhaiora.nz/

Te Hiringa Mahara - Mental Health and Wellbeing Commission. (2023). *Mental health and addiction service monitoring report.* New Zealand Government. http://tinyurl.com/2enfy3em

Te Kāhui o Taranaki. (n.d.). *Parihaka.* https://taranaki.iwi.nz/our-history/parihaka/
Te Puni Kōkiri - Ministry of Māori Development. (2001). *He tirohanga o kawa ki te Tiriti o Waitangi: A guide to the principles of the Treaty of Waitangi as expressed by the Courts and the Waitangi Tribunal* https://tinyurl.com/3dj8vc42
Te Whaiti, P., & Roguski, M. (1998). *Māori perceptions of the Police*. He Pārekereke Victoria Link. https://www.police.govt.nz/resources/1998/maori-perceptions-of-police/maori-perceptions-of-police.pdf
Teplin, L. A. (1983). The criminalization of the mentally ill: Speculation in search of data. *Psychological Bulletin*, *94*(1), 54-67. https://doi.org/10.1037/0033-2909.94.1.54
Teplin, L. A. (1984). Criminalizing mental disorder: The comparative arrest rate of the mentally ill. *American Psychologist*, *39*(7), 794-803. https://doi.org/10.1037/0003-066X.39.7.794
Teplin, L. A. (2000). Keeping the peace: Police discretion and mentally ill persons. *National Institute of Justice Journal*, 8-15. https://www.ncjrs.gov/pdffiles1/jr000244c.pdf
Teplin, L. A., & Pruett, N. S. (1992). Police as streetcorner psychiatrist: Managing the mentally ill. *International Journal Of Law And Psychiatry*, *15*(2), 139-156. https://doi.org/10.1016/0160-2527(92)90010-X
Terry, G., Hayfield, N., Clarke, V., & Braun, V. (2017). Thematic analysis. In C. Willig & W. Stainton-Rogers (Eds.), *The SAGE handbook of qualitative research in psychology* (2nd ed., pp. 17-36). SAGE.
Theodore, R., Bowden, N., Kokaua, J., Ruhe, T., Hobbs, M., Hetrick, S., Marek, L., Wiki, J., Milne, B., Thabrew, H., & Boden, J. (2022). Mental health inequities for Māori youth: A population-level study of mental health service data. *New Zealand Medical Journal*, *135*(1567), 79-90. https://tinyurl.com/4n9wtky4
Thom, K. (2010). *Constructing a defence of insanity: The role of forensic psychiatrists* [Doctoral thesis, The University of Auckland]. ResearchSpace, University of Auckland. https://researchspace.auckland.ac.nz/handle/2292/5898
Thom, K., & Burnside, D. (2018). Sharing power in criminal justice: The potential of co-production for offenders experiencing mental health and addictions in New Zealand. *International Journal of Mental Health Nursing*, *27*(4), 1258-1265. https://doi.org/10.1111/inm.12462
Thom, K., & Quince, K. (2020, June 9). *"Black Lives Matter outrage must drive police reform in Aotearoa-New Zealand too"*. The Conversation. https://theconversation.com/black-lives-matter-outrage-must-drive-police-reform-in-aotearoa-new-zealand-too-139965
Thomas, S., & Watson, A. (2017). A focus for mental health training for police. *Journal of Criminological Research, Policy and Practice*, *3*(2), 93-104. https://doi.org/10.1108/JCRPP-01-2017-0005
Thomas, S., White, C., Dougall, N., & Heyman, I. (2022). Law enforcement and mental health: The missing middle. In I. Bartkowiak-Théron, J. Clover, D. Martin, R. F. Southby, & N. Crofts (Eds.), *Law enforcement and public health: Partners for community safety and wellbeing* (pp. 111-123). Springer International. https://doi.org/10.1007/978-3-030-83913-0_8
Tikanga approach and police partnership helps change Māori justice outcomes. (2023, June 16). New Zealand Herald. https://tinyurl.com/3hxrrahr
Timmermans, S., & Tavory, I. (2012). Theory construction in qualitative research: From grounded theory to abductive analysis. *Sociological Theory*, *30*(3), 167-186. https://doi.org/10.1177/0735275112457914
Tipa, Z. (2021). *Mahi Ngātahi: Culturally responsive ways of working with whānau accessing Well Child/Tamariki Ora services* [Doctoral Thesis, Auckland University of Technology]. The AUT Research Repository, Auckland University of Technology. https://openrepository.aut.ac.nz/server/api/core/bitstreams/d02c0e9c-346e-4618-a461-81007a0306b5/content

Tokalau, T. (2021, December 16). *Covid-19: What now for south Auckland as the country changes pandemic approach?* Stuff. https://tinyurl.com/ympcpbv8

Torres, J. A. (2017). Predicting perceived police effectiveness in public housing: Police contact, police trust, and police responsiveness. *Policing and Society: An International Journal of Research and Policy*, *27*(4), 439-459. https://doi.org/10.1080/10439463.2015.1077837

Trinkner, R., Kerrison, E. M., & Goff, P. A. (2019). The force of fear: Police stereotype threat, self-legitimacy, and support for excessive force. *Law and Human Behavior*, *43*(5), 421-435. https://doi.org/10.1037/lhb0000339

Trofimovs, J., & Dowse, L. (2014). Mental health at the intersections: The impact of complex needs on police contact and custody for Indigenous Australian men. *International Journal Of Law And Psychiatry*, *37*(4), 390-398. https://doi.org/10.1016/j.ijlp.2014.02.010

Turner, T. H., Ness, M. N., & Imison, C. T. (1992). 'Mentally disordered persons found in public places' Diagnostic and social aspects of police referrals (Section 136). *Psychological Medicine*, *22*(3), 765-774. https://doi.org/10.1017/S0033291700038204

Tyler, T. R. (2006). *Why people obey the law*. Princeton University Press.

United Nations. (2007). *United Nations Declaration on the Rights of Indigenous Peoples*. United Nations. https://tinyurl.com/49d8ekmt

Vaka, S., Neville, S., & Holroyd, E. (2020). An ethnic interpretation of mental distress from the perspective of Tongan men and community leaders. *International Journal of Mental Health Nursing*, *29*(5), 953-961. https://doi.org/10.1111/inm.12732

Valentine, H., Waitoki, W., McLachlan, A., & Roche, M. A. (2023). Mauri ora toko - Remembering the essence of wellbeing for Māori. In L. Pihama & L. T. Smith (Eds.), *Ora: Healing ourselves: Indigenous knowledge, healing and wellbeing* (pp. 159-175). HUIA Publishers.

van der Harst, J. M. (2021). *An insight into New Zealand Police officers' work and interactions with those in mental distress: A grounded theory study* [Doctoral thesis, Auckland University of Technology]. The AUT Research Repository, Auckland University of Technology. https://openrepository.aut.ac.nz/items/578b3cfb-26c2-4264-b732-4010a2feb47f

van der Linden, R., & Schermer, M. (2022). Health and disease as practical concepts: Exploring function in context-specific definitions. *Medicine, Health Care and Philosophy*, *25*(1), 131-140. https://doi.org/10.1007/s11019-021-10058-9

van Gennep, A. (1960). *The rites of passage*. Routledge & Kegan Paul.

Vera Institute of Justice. (2020, June). *Ending police violence: What do defund and divest mean?* https://www.vera.org/publications/ending-police-violence-what-do-defund-and-divest-mean

Verloo, M. (2006). Multiple inequalities, intersectionality and the European Union. *European Journal of Womens Studies*, *13*(3), 211-228. https://doi.org/10.1177/1350506806065753

Vermette, H. S., Pinals, D. A., & Appelbaum, P. S. (2005). Mental health training for law enforcement professionals. *Journal of the American Academy of Psychiatry & the Law*, *33*(1), 42-46. https://jaapl.org/content/33/1/42

Vinson, S. Y., & Dennis, A. L. (2021). Systemic, racial justice–informed solutions to shift "care" from the criminal legal system to the mental health care system. *Psychiatric Services*, *72*(12), 1428-1433. https://doi.org/10.1176/appi.ps.202000735

Vuckovich, P. K., & Artinian, B. M. (2005). Justifying coercion. *Nursing Ethics*, *12*(4), 370-380. https://doi.org/10.1191/0969733005ne802oa

Waitangi Tribunal. (2014). *He Whakaputanga me te Tiriti/ The Declaration and the Treaty: The report on stage 1 of the Te Paparahi o Te Raki Inquiry WAI 1040.* Legislation Direct.

https://forms.justice.govt.nz/search/Documents/WT/wt_DOC_85648980/Te%20Raki%20W.pdf
Waitangi Tribunal. (2023). Hauora: Report on stage one of the health services and outcomes kaupapa inquiry. (WAI 2575), Legislation Direct. https://forms.justice.govt.nz/search/Documents/WT/wt_DOC_195476216/Hauora%202023%20W.pdf
Waitere-Ang, H. (1998, July). *Methodological vertigo: The researcher as a sociohistorically constructed phenomenon* [Paper presentation]. Te Oru Rangahau Māori research & development conference, Massey University, Auckland, New Zealand.
Walker, S., Eketone, A., & Gibbs, A. (2006). An exploration of kaupapa Maori research, its principles, processes and applications. *International Journal of Social Research Methodology*, *9*(4), 331-344. https://doi.org/10.1080/13645570600916049
Ware, F., Breheny, M., & Forster, M. (2018). Kaupapa Kōrero: A Māori cultural approach to narrative inquiry. *AlterNative: An International Journal of Indigenous Peoples*, *14*(1), 45-53. https://doi.org/10.1177/1177180117744810
Waretini-Karena, R. (2017). Colonial law, dominant discourses, and intergenerational trauma. In A. Deckert & R. Sarre (Eds.), *The Palgrave handbook of Australian and New Zealand criminology, crime and justice* (pp. 697-709). Palgrave Macmillan.
Waters, R. (2021). Enlisting mental health workers, not cops, in mobile crisis response. *Health Affairs*, *40*(6), 864-869. https://doi.org/10.1377/hlthaff.2021.00678
Watson, A. C., & Angell, B. (2007). Applying procedural justice theory to law enforcement's response to persons with mental illness. *Psychiatric Services*, *58*(6), 787-793. https://doi.org/10.1176/ps.2007.58.6.787
Watson, A. C., Angell, B., Morabito, M. S., & Robinson, N. (2008). Defying negative expectations: Dimensions of fair and respectful treatment by police officers as perceived by people with mental illness. *Administration and Policy in Mental Health and Mental Health Services Research*, *35*(6), 449-457. https://doi.org/10.1007/s10488-008-0188-5
Watson, A. C., Angell, B., Vidalon, T., & Davis, K. (2010b). Measuring perceived procedural justice and coercion among persons with mental illness in police encounters: The Police Contact Experience Scale. *Journal of Community Psychology*, *38*(2), 206-226. https://doi.org/10.1002/jcop.20360
Watson, A. C., Kerr, A. N., Ottati, V. C., Morabito, M., Draine, J., & Angell, B. (2010). Outcomes of police contacts with persons with mental illness: The impact of CIT. *Administration and Policy in Mental Health and Mental Health Services Research*, *37*(4), 302-317. https://doi.org/10.1007/s10488-009-0236-9
Webb, C. (2017). *Working paper 2017/03–Key graphs on poverty in New Zealand: A compilation*. https://www.mcguinnessinstitute.org/wp-content/uploads/2018/03/20180306-Working-Paper-2017%EF%80%A203-FINAL.pdf
Webb, R. (2017). Māori experiences of colonisation and Māori criminology. In A. Deckert & R. Sarre (Eds.), *The Palgrave handbook of Australian and New Zealand criminology, crime and justice* (pp. 683-697). Palgrave Macmillan.
Webb, R., Suaalii-Sauni, T., Wright-Bardohl, T., & Tauri, J. (2022). Building understandings of Māori and Samoan experiences of youth justice: Navigating beyond the limits of official statistics. *New Zealand Sociology*, *37*(1), 70-92. https://www.saanz.net/wp-content/uploads/2022/06/3_Webb-et-al_Youth-justice.pdf
Weitzer, R., & Tuch, S. A. (1999). Race, class, and perceptions of discrimination by the police. *Crime & Delinquency*, *45*(4), 494-507. https://doi.org/10.1177/0011128799045004006
Welfare Expert Advisory Group. (2019). *Whakamana Tāngata: Restoring dignity to social security in New Zealand - Executive Summary*. https://www.weag.govt.nz/assets/documents/WEAG-report/3a22acc869/WEAG-Executive-Summary-with-QR-code-160419.pdf

Wikaire, E., Wikaire-Mackey, K., Graham, S., Naera, M., & Durie, M. (2022). *Nōku te Ao: Sovereignty of the Māori mind.* Te Whatu Ora - Health Promotion Agency. https://hpa.org.nz/research-library/research-publications/n%C5%8Dku-te-ao-sovereignty-of-the-m%C4%81ori-mind

Wilson, D. (2016). Transforming the normalisation and intergenerational whānau (family) violence. *Journal of Indigenous Wellbeing*, *1*(2), 32-43. https://tinyurl.com/yzwf6k6m

Wilson, D., Mikahere-Hall, A., & Sherwood, J. (2022). Using Indigenous kaupapa Māori research methodology with constructivist grounded theory: Generating a theoretical explanation of indigenous womens realities. *International Journal of Social Research Methodology*, *25*(3), 375-390. https://doi.org/10.1080/13645579.2021.1897756

Wilson, D., Moloney, E., Parr, J. M., Aspinall, C., & Slark, J. (2021). Creating an Indigenous Māori-centred model of relational health: A literature review of Māori models of health. *Journal of Clinical Nursing*, *30*(23-24), 3539-3555. https://doi.org/10.1111/jocn.15859

Wilson, L., Wilkinson, A., & Tikao, K. (2022). Health professional perspectives on translation of cultural safety concepts into practice: A scoping study. *Frontiers in Rehabilitation Sciences*, *3*, 1-18. https://doi.org/10.3389/fresc.2022.891571

Windsong, E. A. (2018). Incorporating intersectionality into research design: An example using qualitative interviews. *International Journal of Social Research Methodology*, *21*(2), 135-147. https://doi.org/10.1080/13645579.2016.1268361

Winfree, L. T., & Newbold, G. (1999). Community policing and the New Zealand Police: Correlates of attitudes toward the work world in a community-oriented national police organization. *Policing: An International Journal of Police Strategies & Management*, *22*(4), 589-618. https://doi.org/10.1108/13639519910299553

Wirihana, R. (2012). *Ngā pūrākau o ngā wāhine rangatira Māori o Aotearoa: The stories of Māori women leaders in New Zealand* [Doctoral thesis, Massey University]. Massey Research Online, Massey University. http://hdl.handle.net/10179/4672

Wirihana, R., & Smith, C. (2014). Historical trauma, healing and well-being in Māori communities. *MAI Journal*, *3*(3), 197-210. https://journal.mai.ac.nz/system/files/MAI_Jrnl_3%283%29_Wirihana02.pdf

Wood, J. D., & Watson, A. C. (2017). Improving police interventions during mental health-related encounters: Past, present and future. *Policing and Society*, *27*(3), 289-299. https://doi.org/10.1080/10439463.2016.1219734

Wood, J. D., Watson, A. C., & Fulambarker, A. J. (2017). The “gray zone” of police work during mental health encounters: Findings from an observational study in Chicago. *Police Quarterly*, *20*(1), 81-105. https://doi.org/10.1177/1098611116658875

Woolf, A. (2020, June 17). *Police commissioner on Black Lives Matter: 'It's a difficult time to be in policing'*. Stuff. https://www.stuff.co.nz/national/crime/121850319/police-commissioner-on-black-lives-matter-its-a-difficult-time-to-be-in-policing

Workman, K. (2011, April). *Redemption denied: Aspects of Māori over-representation in the criminal justice system* [Paper presentation]. Justice in the Round Conference, Waikato University, Hamilton, New Zealand.

World Health Organization. (1979). *Schizophrenia: An international follow-up study*. Wiley.

World Health Organization. (2022, June 17). *Mental health*. https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response

Yong, R., Browne, M., Zhao, J., Chi Lun Lee, A., Shackleton, N., Crengle, S., & Exeter, D. (2017). *A deprivation and demographic profile of the Counties Manukau DHB*. The University of Auckland Medical and Health Sciences; Health Research Council of New Zealand. https://www.fmhs.auckland.ac.nz/assets/fmhs/soph/epi/hgd/docs/dhbprofiles/CountiesManukau.pdf

Zimring, F. E. (2017). *When police kill*. Harvard University Press.