

Guide to language in He Ara Āwhina

This guide has been created to explain words and terms used within the [He Ara Āwhina \(Pathways to Support\) framework](#). It has been developed with advice from the [Expert Advisory Group](#) who guided the development of He Ara Āwhina, and Ngā Ringa Raupā (internal roopū comprised of Te Hiringa Mahara Chief Advisor Māori and Māori staff).

The most important terms in He Ara Āwhina are explained here, along with complex terms that are not ‘everyday language’. We have also included words that people told us needed more explanation during our public consultation on the draft He Ara Āwhina framework.

Where we have made use of other people’s explanations of terms, we have included a reference acknowledging their work.

Addiction services	Services that exist to respond to the experiences, needs, and aspirations of tāngata whaiora and whānau who experience harm from substances or harm from gambling, substance addiction, or non-substance addiction.
Coercive practises	Practises where people are forced or pressured to do something. This can include forced medication, solitary confinement, forced electroconvulsive therapy, physical restraint, mechanical restraint, and environmental restraint such as locked units. Coercive practises also include influencing decision making in a particular direction and denying fully informed consent.
Commercial determinants	Private sector (companies that aren’t controlled by the state) activities that can affect people’s health [and wellbeing] positively or negatively (World Health Organisation, 2021). This can include alcohol advertising, or the number of gambling machines or alcohol stores in a community.
Co-produce	A process in which tāngata whaiora and whānau are involved in planning, design, delivery, and evaluation of services or supports, policy, research, or training. It involves a genuine partnership between tāngata whaiora, whānau,

	and commissioners or service providers, where power imbalances are acknowledged and minimised.
Culturally safe	Supports and services are experienced as safe by tāngata whaiora and whānau from diverse cultures. Support is provided in ways that respects and values different worldviews and does not cause harm.
Distress	<p>A state of experiencing thoughts, feelings (e.g. hopelessness), and / or experiences (e.g. hearing voices) that are challenging for the person or whānau affected by them. The use of the term distress includes the following terms used by other agencies:</p> <ul style="list-style-type: none"> • mild, moderate, or severe mental health challenges • mental distress or psychological distress • crisis or mental health crisis • suicidal distress • despair • mental illness • acute experiences or extreme state <p>We use the term ‘distress’ rather than ‘mental distress’ to acknowledge there are different ways that people describe the causes and experiences of their distress, which may not be “mental.”</p>
Gambling harm	When a person’s pattern of gambling causes financial harm, physical harm, harm to their relationships, or distress to them or their whānau. Not everyone who gambles will experience gambling harm. People can experience harm from gambling without meeting the criteria for having a gambling disorder.
Harm reduction	Policies, programmes, and interventions that have a primary aim of reducing the ‘harm from’, rather than ‘use of’ alcohol, other drugs or gambling (Lenton and Single, 1998).
Holistic safety	This includes physical, spiritual, cultural, emotional, and social safety. These different types of safety are equal, connected and work together.

<p>Identity</p>	<p>Who you are, the way you think about yourself, the way you are viewed by the world and the characteristics that define you (Davy, 2019). Identity can include people’s age, gender, sexual identity, sex characteristics, ethnicity, culture, faith, language, and socio-economic status. Identity can also include experiences or survival of trauma and adverse events, people’s experiences being prisoners, veterans, or living with physical health conditions or disabilities.</p>
<p>Individualised funding and whānau funding models</p>	<p>Where funding is given directly to tāngata whaiora or to whānau (rather than to service providers), so people can choose the supports and services they want to meet their individual or whānau needs or aspirations.</p>
<p>Intersectional</p>	<p>The ways that multiple factors and power systems work together to create inequity (disadvantage) or privilege. Gender, sexual identity, ethnicity, faith, disabilities, and socio-economic status and other forms of discrimination can all “intersect” to create unique dynamics and effects for individuals. For example, when wāhine Māori experience discrimination, it is impossible to separate gender from Māori identity to isolate what identity is associated with the discrimination (Centre for Intersectional Justice, nd).</p>
<p>Leadership roles (lived experience leadership roles; whānau leadership roles)</p>	<p>Designated roles within the mental health and addiction system where people use their personal or whānau experiences of distress, substance harm, or gambling harm to build and monitor the mental health and addiction system, services, policies, and evidence.</p>
<p>Lived experience</p>	<p>Lived experience refers to a person or group of people who have personal experience of an issue or situation. This personal experience can be current, recent, or in the past. For Te Hiringa Mahara, ‘lived experience’ relates to personal experiences of distress / mental distress, substance harm, gambling harm, psychiatric diagnosis, addiction, using mental health or addiction supports or services, or experience of barriers to accessing these support and services when they are needed.</p>

	<p>Lived experience relates to how people self-identify, and share their identity with others, so it is not our role to determine whether people have “lived experience” - it is each person’s decision how they identify.</p>
<p>Mental health and addiction system</p>	<p>All supports and services that respond to the experiences, needs and aspirations of people and whānau who experience distress, harm from substance use or harm from gambling (or a combination of these). The mental health and addiction system is part of the wellbeing system.</p>
<p>Mental health services</p>	<p>Services that exist to respond to the experiences, needs and aspirations of tāngata whaiora and whānau who experience distress.</p>
<p>Mental health and addiction supports</p>	<p>Supports that help tāngata whaiora and whānau to navigate distress, reduce harm from substances or harm from gambling, and to lead their wellbeing and recovery. These can include services. Mental health and addiction supports can be provided by whānau, communities, prevention and promotion programmes, and / or services.</p> <p>Some examples of supports include, mental health promotion campaigns, therapy sessions, Mirimiri, rongoā, physical health checks, and a safe or restful place to stay when needed.</p>
<p>Non-biomedical support</p>	<p>Non-biomedical support is social, practical, emotional, or relational in nature. This may include use of stories, pūrākau, creativity, or conversation to navigate distress, and does not require a medical assessment or solution.</p>
<p>Peers, Peer Advocacy, and Peer led</p>	<p>Peers are people who have their own personal experience or whānau experience, who can use and share this experience to support someone in their journey.</p> <p>Peer advocacy is when peers support tāngata whaiora or whānau to advocate for themselves in the mental health and addiction system or other wellbeing systems.</p> <p>Peer support and peer advocacy services and supports are peer-led when they are staffed, managed, and governed by people with lived experience.</p>

<p>Substance harm</p>	<p>When a person uses alcohol or other drugs in a way that leads to financial harm, physical harm, harm to their relationships, or distress to them or their whānau. Not everyone who drinks alcohol or uses drugs will experience substance harm. People can experience harm from substances without meeting the criteria for having substance use disorder.</p>
<p>Tāngata whaiora</p>	<p>Tāngata whaiora can be people of any age or ethnicity seeking wellbeing or support, including people who have recent or current experience of distress, harm from substance use or harm from gambling (or a combination of these).</p> <p>Tāngata whaiora include people who have accessed or are accessing supports and services, and also includes people who want mental health or addiction support but are not accessing supports or services.</p>
<p>Trauma responsive, Trauma informed</p>	<p>Supports, services, communities, policies, and workforces that understand trauma and the way that it can impact on people physically, as well as on people’s emotions, thinking, and relationships.</p> <p>Trauma informed approaches are aware of power relations and create opportunities for people to rebuild a sense of control and empowerment. Trauma informed care develops trusting relationships, respects people’s agency, provides full information and choice, and avoid shaming or punitive practises.</p> <p>Trauma responsive involves knowing how to support people and whānau who have experienced trauma or who are impacted by historic, cumulative, or intergenerational trauma without causing harm (Hopper et al., 2010).</p>
<p>Whānau</p>	<p>Whānau has its whakapapa (history) and origins located firmly in te ao Māori (Māori worldview) and refers specifically to blood connections that exist between generations of lineage that descend from Atua Māori.</p> <p>In present times whānau is also commonly used to include people who have close relationships and / or who come together with a common purpose. Tāngata whaiora can</p>

<p>Hapū</p>	<p>determine who their whānau and / or kaupapa whānau is when they are seeking or receiving support.</p> <p>Hapū has its whakapapa and origins located firmly in te ao Māori (Māori worldview) and refers specifically to blood connections that exist between generations of lineage that descend from Atua Māori, Hapū are formed from a collective of whanau, usually when whānau numbers become very large.</p>
<p>Iwi</p>	<p>Iwi has its whakapapa and origins located firmly in te ao Māori (Māori worldview) and refers specifically to blood connections that exist between generations of lineage that descend from Atua Māori, Iwi are formed from a collective of hapū usually when hapū numbers become very large.</p>
<p>Whānau dynamic</p>	<p>To realise the potential of whānau. Whānau dynamic recognises the knowledge whānau hold collectively and extends the boundaries of ‘whānau centred’ to be strengths based, positive, and inspiring.</p>
<p>Workforce/s</p>	<p>Workforces are inclusive of clinical, kaiāwhina, peer, and cultural roles, across a diverse range of support and service setting.</p>

References

- Centre for Intersectional Justice. nd. **What is intersectionality?**
<https://www.intersectionaljustice.org/what-is-intersectionality> (accessed 19 July 2022).
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