

Māori Health Review

Making Education Easy

Issue 31 – 2011

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Tēnā koutou katoa

Kua karanga te Ao! Kua rongo te Ao! Kua whānau mai he mokopuna, he kōtiro Ko *Waimarie Hinetaurua* tērā Nau Mai! Haere Mai! ki tenei Ao o tātou!

Greetings

It gives me great pleasure to acknowledge the birth of *Waimarie Hinetaurua*, born on Valentine's Day: a treasure for her parents Matire, Haunui and their extended whānau. Enjoy your time with *Waimarie*, Matire, and look forward to your return to the Māori Health Review team.

It is also a pleasure for me to write Issue 31. My experience and interest in the area of Mental Health has influenced the choice of the 10 articles that appear in this issue. I know you will find the papers thoughtful around culture deliberations and they are well positioned to contribute to mental health service improvement for Māori.

Na te aroha Kahu McClintock
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What does mental illness mean for Māori?

Author: Semmons W

Summary: A review of literature that challenges the appropriateness of the Western approach to diagnosis and treatment of mental health disorders as applied to Māori in New Zealand. The author raises the need to include cultural considerations and variables in mental health service delivery. The topic of "Māori women during pregnancy and childbirth and their mental health and care" is cited as being of particular research interest focussing on these discussions.

Comment: The issues raised in this paper challenge the value of a strictly medical approach for the provision of mental health services to Māori. The importance and application of cultural contributions and cultural variables to these processes for Māori currently remains as an area of development.

Reference: *Social Work Review*. 2006;18(2):36-42.

<http://direct.bl.uk/bld/PlaceOrder.do?UIN=215642240&ETOC=RN&from=searchengine>

Independent commentary by Dr Kahu McClintock (Tainui, Ngāti Mutunga, Ngāti Porou), Research Fellow, Te Rau Matatini.

Research Review publications are intended for New Zealand health professionals.

Tatau Kura Tangata: Health of Older Māori Chart Book 2011

This publication is available online at www.maorihealth.govt.nz
Hard copies are available by emailing moh@wickliffe.co.nz
or calling 04 496 2277 quoting HP number 5299

Tatau Kura Tangata was produced by the Ministry of Health and released in March 2011. This chart book presents a snapshot of the health of Māori aged 50 years and over in New Zealand. It is a companion document to *Tatau Kahukura: Māori Health Chart Book 2nd Edition* which was released in June 2010.

Like *Tatau Kahukura* this chart book presents key indicators relating to the socioeconomic determinants of health, risk and protective factors for health, health status, health service utilisation, and the health system.

For more information, please go to <http://www.maorihealth.govt.nz>

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a RESEARCH REVIEW publication

The contributions of culture and ethnicity to New Zealand mental health research findings

Authors: Tapsell R, Mellsoy G

Summary: This review of studies conducted in specialist psychiatric and primary care populations in New Zealand allowed comparisons between Māori and non-Māori in terms of clinical phenomena, therapeutic care and cost of care. While there were variations in the methodologies used and subsequent results this paper reported obvious differences in therapeutic experiences, cost of care and diagnostic patterns between Māori and non-Māori. The authors proposed that the variations emphasise differences between these ethnic groups, which account for the differences in experiences of the users. The authors also advocated that the variations may reflect inadequacies in service provision for Māori and that an examination of the validity of Western approaches in relation to appropriateness for Māori is warranted.

Comment: This article follows the previous paper in terms of promoting the notion of cultural appropriateness of mental health service delivery. Furthermore, research in the validity of Western approaches in the context of Māori mental health service improvement will go some way to address the concerns expressed.

Reference: *Int J Soc Psychiatry.* 2007;53(4):317-24.

<http://isp.sagepub.com/content/53/4/317.abstract>

Taking account of culture: the contracting experience of Māori mental health providers

Author: Boulton A

Summary: This qualitative study investigates the operation of Māori mental health providers in a New Zealand health context dominated by "Western approaches to accountability, contracting, and performance measurement". Findings suggest that Māori mental health providers "regularly and routinely work outside the scope of their contracts to deliver mental health services to Māori". The extra-contractual activities were attributed to the importance of "those values and norms enshrined in Māori culture" that benefit Māori mental health users. To conclude, the paper proposes a mental health sector contracting framework that is adapted to account for the inclusion of cultural values and processes.

Comment: Importantly, this paper offers a framework that acknowledges and supports the value of cultural practices and processes previously viewed as "extra-contractual activities", which has significance in the current Whānau Ora contractual environment.

Reference: *Alternative: An International Journal of Indigenous Scholarship.* 2007;3(1):124-41.

<http://tinyurl.com/6db6p4b>

Population-based funding formulae cultural coefficients: seeking a more equitable distribution of health dollars in New Zealand

Authors: Mellsoy G et al

Summary: The authors of this paper provide statistical evidence and argument for funds allocated to forensic services in New Zealand to take into account ethnic disparities in the use of the justice system. Forensic services take their clientele from the justice system. The authors state that the standard population-based funding formula, using a 2x multiplier for Māori, has no relationship to the reality. A new formula is proposed that takes into account the 7- to 8-fold differential rate of usage of the justice services by Māori.

Comment: The paper provides a statistical foundation for the argument that disparity in funding equals disparity in service provision. There may be dispute about funds being better located in the primary sector. But this argument should not detract from the fact that Māori are currently over-represented in both the justice and forensic services and that there is the need for equity in the distribution of resources to this population.

Reference: *N Z Med J.* 2007;120(1251).

<http://www.nzma.org.nz/journal/120-1251/2465/>



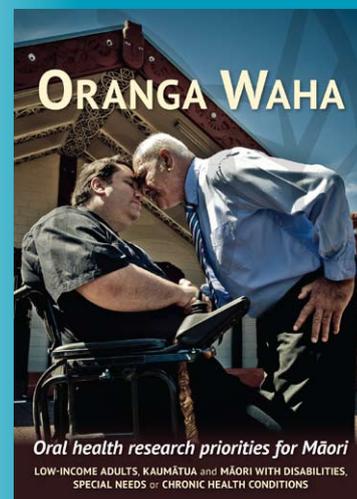
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Oral health research priorities for Māori: low-income adults, kaumātua, and Māori with disabilities, special needs or who are medically compromised

was commissioned by the Ministry of Health and the Health Research Council of New Zealand to determine oral health research priorities that will contribute to improved oral health and reduced disparities for three priority populations; Māori adults with low incomes, older Māori, and Māori of all ages who have special needs, disabilities, or medical conditions that affect oral health or dental care. The research was a partnership between Te Rōpū Rangahau Hauora a Eru Pōmare and seven community organisations and Māori health service providers.

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Crisis engagement in mental health: a New Zealand Māori contribution

Authors: Drury N, Munro TA

Summary: Fundamentally a review of national and international literature on the delivery of mental health crisis services. Crisis presentations are viewed as those who might pose a threat to the community or themselves, of which most receive coercive placement and treatment. The authors of this article advocate for crisis service provision in New Zealand that promotes “therapeutic alliances” between the clinician and tangata whaiora (consumer) and one that should be more interested in “how we deliver” not “what we deliver”. The authors believe crisis service provision for Māori could be improved by the inclusion of indigenous processes and knowledge as well as provision of an atmosphere where relationships and respect are enhanced.

Comment: A recurring theme on the importance of developing culturally relevant health services for Māori. The authors provide various examples viewed helpful to assist those who deal with tangata whaiora (consumers) in crises. These approaches focus on de-escalating situations and are premised on building relationships, providing solutions and mutual respect.

Reference: *Int J Ment Health Nurs.* 2008;17(5):317-25.

<http://tinyurl.com/4z6eaggo>

Tangata whaiora/consumers perspectives on current psychiatric classification systems

Authors: Moeke-Maxwell T et al

Summary: This qualitative study investigated the views of tangata whaiora regarding the usefulness of mental health classification systems in New Zealand. Respondents advocated that the utility of any classification system or diagnostic tool depended on the quality of the process and “how the tool assisted the tangata whaiora to make sense of their distress in order to live meaningful lives”.

Comment: Tangata whaiora are a major stakeholder in mental health service provision. This is an excellent example of research that includes the important perspective of tangata whaiora to guide service provision improvement.

Reference: *Int J Ment Health Syst.* 2008;2:7.

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2435515/>

Ko wai ahau? (Who am I?) How cultural identity issues are experienced by Māori psychiatrists and registrars working with children and adolescents

Author: Elder H

Summary: This qualitative study was conducted with a combination of both Māori psychiatrists and psychiatric registrars practising in New Zealand. The author proposes the essential inclusion of cultural variables in training for psychiatrists with particular emphasis on cultural identity. Psychiatrists would then be better placed to provide cultural appropriate responses for Māori who present with these issues.

Comment: Totally agree with the author that the findings have implications for appropriate curriculum development for psychiatrist training in New Zealand.

Reference: *Australas Psychiatry.* 2008;16(3):200-3.

<http://informahealthcare.com/doi/abs/10.1080/10398560701875199>

Rehabilitation and indigenous peoples: the Māori experience

Author: Harwood M

Summary: An account of the urgent action needed to address the health inequities for the indigenous people in New Zealand. The author proposes a framework based on an indigenous holistic approach to care, provided by a multidisciplinary team that supports both clients and their whanau who access rehabilitation and disability services.

Comment: In the current Whānau Ora focussed environment that promotes Māori appropriate service provision and improvement there is a real opportunity to address the significant issues raised in this paper.

Reference: *Disabil Rehabil.* 2010;32(12):972-7.

<http://informahealthcare.com/doi/abs/10.3109/09638281003775378>

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Future directions for a Māori dental therapy workforce

is the second workforce research paper to be released by Te Kete Hauora. The first was *Shifting Maori health needs: Māori population trends, health service needs, and medical workforce requirements – issues arising* which was released in September 2010. *Future directions for a Māori dental therapy workforce* collates information on the status of the Māori dental therapy workforce and analyses the needs of this workforce over the next eight years. Policy implications for various scenarios to achieve optimal oral health services are presented in the research and will be useful for policy makers.

This publication is available online at www.maorihealth.govt.nz

For more information, please go to <http://www.maorihealth.govt.nz>

Whakaora nga moemoea o nga tūpuna – Living the dreams of the ancestors. Future planning in a Kaupapa Māori CAMHS team

Authors: Elder H et al

Summary: The authors support the inclusion of Māori beliefs and values through *whakataua*kī (proverbs) to inform service planning and development in mental health services for Māori. The *whakataua*kī: *Whakaora ngā moemoea o ngā tūpuna – Living the dreams of the ancestors* was chosen by a Kaupapa Māori CAMHS team as the foundation for their strategic discussions. Staff members were encouraged by a facilitator skilled in tikanga Māori (customs, beliefs and values) to articulate their thoughts not only as recipients of knowledge from an “ancestor” but also as an “ancestor” of future generations. This process valued learning from the past, the present combined to provide a vision for the future.

Comment: Fundamental to an approach that utilises Māori beliefs and values in service planning, development and provision is the access to personnel skilled in tikanga Māori. There has been a longstanding desire to have a workforce operating in mental health services for Māori with such a skill base.

Reference: *Australas Psychiatry*. 2009;17(1):S104-7.

www.tepou.co.nz/knowledge-exchange/research/view/publication/379/

The Wharerata Declaration—the development of indigenous leaders in mental health

Authors: Sones R et al

Summary: This paper describes an international indigenous people's agreement to promote mental health sector leadership. The protection and support of health and mental health for indigenous people is articulated as one of the goals of indigenous leadership. This is informed by indigenous knowledge and indigenous networks tribally, community, across sectors, regionally and internationally as well as partnerships committed to the development of indigenous leadership.

Comment: Absolutely agree with the authors that there is a growing body of knowledge promoting indigenous perspectives on health and mental health and are worthy of inclusion because they add value to the provision and delivery of these services to indigenous people.

Reference: *The International Journal of Leadership in Public Services*. 2010;6(1):53-63.

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Disclaimer: This publication is not intended as a replacement for regular medical education but to assist in the process. The reviews are a summarised interpretation of the published study and reflect the opinion of the writer rather than those of the research group or scientific journal. It is suggested readers review the full trial data before forming a final conclusion on its merits.

Evaluation of the Māori oral health providers project

evaluated a Ministry project that provided one-off funding in 2007 to five Māori health providers to purchase their capital requirements to deliver oral health services. The evaluation found that providers' well-developed oral health business cases, combined with Ministry support, funding and leverage, provided the mechanisms for DHB engagement with and support for Māori oral health service provision by Māori health providers.

This publication is available online at www.maorihealth.govt.nz

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