

A survey of psychologists' opinions and behaviours on aspects of Maori mental health.

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E mihi tuatahi ki te Atua runga rawa
tena koe, tena koe, tena koe.

E mihi ki te hunga mate,
haere nga mate ki te po oti atu,
haere haere haere

Ka huri ahau ki te hunga ora.
Tena koutou nga Rangatira o Aotearoa,
nga Kuia, nga Koroua,
nga Whaea, nga Matua, e hoa ma,
E nga reo, e nga mana, e nga waka.
Tena koutou tena koutou, tena tatou katoa

This piece of research has a context and a history. Firstly, during my training as a psychologist I was frustrated and disillusioned with the Western mono cultural focus of the training and, during my placements at Health and Justice institutions, the severe lack of appropriate resources put into mental health care services for Maori people. This research is a response to this concern. It is a summary of my master's thesis.

Secondly I want to thank my friends and family, and particularly my colleagues at the Family Centre for their support, advice and encouragement. They are a group of people who are committed to the provision of appropriate mental health services for Maori and Pacific Island people. A special thank you to Lorna Dyall who gave me encouragement in the initial stages, and to Tamati Cairns for his advice on the questionnaire. Thank you also to John McDowall, my supervisor, and Frank Walkey for his help with the computer and statistical analysis.

It is no news to this audience that in the majority of settings where psychologists work, particularly in State health and justice settings, Maori people are substantially over represented relative to their numbers in the general population (Durie, 1987). This situation has raised serious questions about the adequacy of both mental health services and professionals in their provision of appropriate services for Maori people. (Hui Whakaoranga, 1984; Durie, 1985).

Recommendations have been given to address these deficiencies. Te Hui Whakaoranga (1984) recommended a recruitment programme for Maori into health professions and training for health workers in Maori culture. The Committee of Inquiry into Procedures used in Psychiatric Hospitals (1988) pointed out that health professionals are rarely educated in taha Maori or the application of taha Maori to the service they provide. They stated that many current training programmes create a barrier to Maori people entering the health professions. They

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recommended that changes occur in both the in - service and basic training of health professionals.

The Standing Committee on Maori Health (1988), in its submission to the Minister of Health, issued the following challenges for achieving a bicultural health system to promote the health of Maori people:

1. *The three articles of the Treaty of Waitangi be regarded as the foundation for good health in New Zealand.*
2. *That Maori tribal authorities be regarded as the proper trustees for Maori people.*
3. *That resources be made available to those authorities to enable them to include health in their own development programmes -improvements in Maori health are likely to come about through whanau, hapu and iwi development.*
4. *That Maori health issues can only be addressed by the involvement of a greater number of Maori people in the delivery of health care and the setting of priorities.*
5. *That for Maori people the health team must have the support of the Maori community and must include both Western - trained health professionals and people trained in Maori schools of learning.*
6. *That training programmes reflect the bicultural nature of New Zealand society. If teaching institutions are unable to adequately prepare people, they should contract out to those organisations equipped to do so.*

(N.Z. Board of Health 1988, p.1)

With respect to the profession of psychology, at the 1989 Annual General Meeting of the New Zealand Psychological Society (NZPSS), the following remit was passed:

That the New Zealand Psychological Society, in acknowledgment of the Treaty of Waitangi and in negotiation with Maori people, use the resources and knowledge available within it's membership and discipline to:

- 1a) *Facilitate the training of more Maori people as psychologists;*
- 1b) *Work towards alleviating social problems affecting Maori people using methods that are empowering for Maori people;*
- 1c) *That a) and b) above should be conducted in a manner that is culturally appropriate to Maori people*
- 1d) *That society adopt a), b), and c) as a matter of priority;*
- 2a) *That Council establish a working party to advise it on implementation of the previous remit.*

(New Zealand Psychological Society, 1989)

In Abbott and Durie's (1987) survey of professional psychology training programmes in New Zealand it was revealed that none of the programmes had a

Maori graduate in the past two years and that they knew of only three psychologists of Maori descent who had ever completed applied postgraduate degrees or diplomas in psychology.

Although psychology programme staff have not introduced structural changes that may be expected to encourage Maori applicants, five Maori students have been accepted during the past two years. If these students complete their training, they will boost by more than 200 per cent the number of currently practising Maori psychologists. (Abbott and Durie, 1987, p.66)

In summary they state that "...the applied psychology disciplines are probably the most monocultural, in terms of Maori representation, of all New Zealand professions." (Abbott and Durie, 1987, p.69).

Research into the knowledge and opinions of psychologists and also their behaviour when working with Maori, is timely and appropriate given the recent calls for changes in social policy in relation to the Treaty of Waitangi. (N.Z. Department of Social Welfare, 1986). These calls have validity for the provision of health and welfare resources. Psychology, in particular, because of its domination by people of European descent and its focus on individual pathology make it open to claims of institutional racism. It is in this context that this research was instigated.

METHOD

The questionnaire posted to psychologists consisted of 32 questions: 19 opinion questions, 5 questions relating to their experience and knowledge of Maori culture, 1 question asking respondents about their behaviour with their last Maori client, 1 question about the adequacy of their knowledge of taha Maori, and finally 6 demographic questions relating to their clinical experience and work setting.

The questionnaire and a covering letter were sent to 228 psychologists, of these 189 were on the membership list of the NZ Association of Hospital Psychologists and the remaining 39 were clinical psychologists employed by the Justice Department.

RESULTS & DISCUSSION

Completed questionnaires were returned by 163 (71.5%) of the 228 psychologists included in the survey. The vast majority of the respondent sample's ethnic/cultural identification was European/Pakeha (96.9%), with only one person identifying as Maori (0.6%).

What I will present now is a summary of the main findings. There are some clear implications arising out of this survey for the future training and practice of clinical psychologists in New Zealand and for the provision of appropriate mental health services for Maori people.

Q.26 Do you feel you have adequate knowledge of taha Maori to work effectively with Maori clients?

	N	%
Yes	34	22.5
No	117	77.5

Q.5 A psychologist's knowledge of Maori culture is not an important factor determining good psychotherapeutic outcome when working with Maori clients.

	N	%
Strongly disagree	47	29.0}
Disagree	91	<u>56.2} 85.2%</u>
Unsure	14	8.6
Agree	7	4.3}
Strongly agree	3	<u>1.9} 6.2%</u>

Q.11 My psychological training has equipped me well to work with Maori clients.

	N	%
Strongly disagree	65	39.9}
Disagree	79	<u>48.5} 88.4%</u>
Unsure	5	3.1
Agree	13	8.0
Strongly agree	1	0.6

With respect to training, over 75% of respondent psychologists felt they had an inadequate knowledge of taha Maori (Maori culture) to work effectively with Maori clients. Alongside this result, over 85% agreed that a psychologist's knowledge of Maori culture was an important factor in determining good psychotherapeutic outcome with Maori clients. When giving their opinions on whether their psychological training had equipped them well to work with Maori clients, over 85% disagreed that it had.

Arising from these particular results, it is clear that the overwhelming majority of respondent psychologists feel that both their psychological training and knowledge of Maori culture were inadequate for effective work with Maori clients.

Estimated percentage of Maori referrals by workplace

Hospital	N	%
0 - 9%	62	62.6
10 - 29%	31	31.3
30% +	6	6.1
Justice	N	%
0 - 9%	1	3.2
10 - 29%	5	16.1
30% +	25	80.67

Given the over representation of Maori in both the Health and Justice institutions in which many of these psychologists work, their lack of adequate training has serious implications for the effectiveness of psychological services for Maori people. Especially significant is the finding that over 80% of respondent Justice psychologists estimated that over 30% of their caseload was Maori.

Q.17 New Zealand clinical psychologists should have compulsory courses, comprising at least 20% of their training, specifically in taha Maori (Maori culture) aspects of Maori mental health, and the practice of working with Maori clients.

	N	%
Strongly disagree	10	6.2}
Disagree	5	<u>28.0</u> } <u>34.2%</u>
Unsure	8	17.4
Agree	6	37.9}
Strongly agree	7	<u>10.6</u> } <u>48.5%</u>

However when the psychologists were asked for their opinion on whether New Zealand clinical psychologists should have compulsory courses, comprising 20% of their training in taha Maori (Maori culture), and related issues, less than half agreed. Perhaps respondents were of the opinion that 20% was too much time to devote to taha Maori in their training.

Q.6 Spirituality is an essential component of the psychotherapeutic process when working with Maori clients.

	N	%
Strongly disagree	3	1.9}
Disagree	15	<u>9.4</u> } <u>11.3%</u>
Unsure	37	23.1
Agree	64	40.0}
Strongly agree	41	<u>25.6</u> } <u>65.6%</u>

Q.14 The loss of land for Maori people is a strong factor determining their mental health.

	N	%
Strongly disagree	7	4.3}
Disagree	28	<u>17.3} 21.6%</u>
Unsure	48	29.6
Agree	59	36.4}
Strongly agree	20	<u>12.3% 48.7%</u>

Respondent psychologists opinions on questions relating to their knowledge of Maori mental health revealed significant discrepancies between their answers and writers in the area. This was most evident in the more global concepts such as the significance of spirituality and the land to Maori mental health.

The question of whether the loss of land from Maori people is a strong factor determining their mental health revealed a wide spread of opinions with 51.2% either disagreeing or unsure, indicating a lack of agreement by the respondent sample on this issue. One respondent who disagreed added the comment that "I have yet to see a land - loss related depression". Yet Durie (1984) gives a clear link between the two:

There are many people who would say that it was a basis for health, and what we saw at the turn of the century was that millions of acres of land passed from Maori ownership into other hands. The land that was retained by Maori people underwent a change also. Whereas previously the people, iwi or hapu of the land were encouraged, after 1869, to divide it up. What we call the individualisation of land titles. What in fact the act of Parliament did was to destroy the collective identity or the basis for health, that is the Maori basis for health. (p.3)

Q.4 The level of a client's individual assertiveness is a useful criterion for success when working with Maori clients.

	N	%
Strongly disagree	13	8.1}
Disagree	77	<u>47.8} 55.9%</u>
Unsure	53	32.9
Agree	16	9.9}
Strongly agree	2	<u>1.2} 11.1%</u>

Q.13 The level of a client's individual aspirations of independence from his/her family is a useful criterion for success when working with Maori clients.

	N	%
Strongly disagree	11	6.8}
Disagree	85	<u>52.8}</u> 59.6%
Unsure	58	36.0
Agree	6	3.7}
Strongly agree	1	<u>0.6}</u> 4.5%

Q.7 The relationship between a Maori client and his/her grandparents is often stronger than the client with his/her parents.

	N	%
Strongly disagree	0	0.0
Disagree	6	3.7
Unsure	54	33.5
Agree	83	51.6}
Strongly agree	18	<u>11.2}</u> 62.8%

The perceptions of Maori concepts of collective identity and family relationships also showed significant distortions, with approximately 40% of respondent psychologist's having discrepancies in their opinion with writers in the area. As Durie (1984) notes:

A popular mental health concept in recent years has centred on the importance of the individual who is seen as a self - sufficient, self - motivated and self - assertive person. There has been preoccupation with the 'whole person', 'a total person', 'a person in his own right', independent of others, and free to do 'his own thing'. Good mental health has been equated with independence, directness, and severance of generational ties. It is a peculiarly Western view, which in Maori terms, is the anti - thesis of mental health. (p.8)

Q. 18 The acknowledgment of a Maori persons dreams if they are mentioned in the course of an interview is an important factor when working with Maori clients.

	N	%
Strongly disagree	0	0.0}
Disagree	5	<u>3.1}</u> 3.1%
Unsure	37	23.3
Agree	101	63.5}
Strongly agree	16	<u>10.1}</u> 73.6%

Q.9 I would regard as dysfunctional a Maori person who insists that his grandfather appears to him and speaks to him.

	N	%
Strongly disagree	43	26.7}
Disagree	79	<u>49.1</u> } 75.8%
Unsure	33	20.5
Agree	5	3.1}
Strongly agree	1	<u>0.6</u> } 3.7%

Q.22 Have you been to a tangihanga (Maori ceremony of mourning the dead)?

No. of times	N	%
0	118	74.7
1-9	36	22.8}
10+	4	<u>2.5</u> } 25.3%

When opinions on specific behaviours such as dreams and visions were asked significant numbers of respondent psychologists answered in agreement to writers in the area. The section on contact with Maori generally revealed a lack of significant contacts with Maori, with over 70% of respondents having never been to a tangihanga (Maori ceremony of mourning the dead), considered a central ceremony of the Maori culture. Overall these results are further confirmation of psychologists' own opinions on their inadequate knowledge of taha Maori to work effectively with Maori clients.

Q.16 The Treaty of Waitangi should be the basis for the provision of health services for Maori people in New Zealand.

	N	%
Strongly disagree	9	5.7}
Disagree	30	<u>18.9</u> } 24.6%
Unsure	64	40.3
Agree	42	26.4}
Strongly agree	14	<u>8.8</u> } 35.2%

Q.8 The relationship of taha Maori (Maori culture) to European health models must be realigned to accommodate a policy of equitable representation and distribution of power at all policy making levels.

	N	%
Strongly disagree	2	1.3}
Disagree	10	<u>6.3</u> } 7.6%
Unsure	38	24.1
Agree	84	53.2}
Strongly agree	24	<u>15.2</u> } 68.4%

Q.19 All mental health teams that have Maori clientele should have a Maori consultant or Kaumatua (Maori elder) overseeing work with Maori people.

	N	%
Strongly disagree	1	0.6}
Disagree	21	<u>13.2}</u> 13.8%
Unsure	24	15.1
Agree	79	49.7}
Strongly agree	34	<u>21.4}</u> 71.1%

The section on structural issues has particular implications for the restructuring of health services in order for them to work more effectively and fairly for Maori people. It was significant that the question on the importance of The Treaty of Waitangi to the provision of health services for Maori people revealed such a wide spread of opinions. Both the Health and Justice Departments have given their clear endorsements of The Treaty as a foundation of their policy. These Departments have gone further to translate The Treaty into a number of working guidelines about the appropriate training, skills and staff required in their attempts to deal effectively with the issue. (Department of Justice, 1989; Department of Health, Circular Memo 1986/70). The wide spread of opinion to the question on the significance of The Treaty of Waitangi is a clear indication that these policy guidelines are not yet effected at the work place where psychological services impact with Maori people.

Although a global question such as the question on The Treaty of Waitangi gave a wide spread of opinions, when clear policy guidelines were given respondent psychologists were more positive in their responses. For example, the vast majority thought that there should be equitable representation and distribution of power at all policy making levels and that all mental health teams that have Maori clientele should have a Maori consultant or Kaumatua (Maori elder) overseeing work with Maori people.

For these structural issues where both Health and Justice Departments have indicated some level of commitment, it is important to note that the chi - square analyses revealed similar levels of agreement by both Justice and Health psychologists to these questions.

Psychologists' behaviour with their last Maori client.

The final section on respondent psychologists' clinical practice with Maori clients revealed some interesting results. Over 80% of respondents did not greet their last client in Maori, yet over 70% had the knowledge to do so. It appears that psychologists are cautious about using the little language they do know. There are implications therefore, not just in the particular knowledge a psychologist has, but also in the appropriate use of this knowledge for them in their work.

Q.25. The last Maori client I worked with:

	Yes		No	
	N	%	N	%
(a) I greeted them in Maori	28	18.2	126	81.8
(b) I referred them to a Maori elder, Tohunga or Maori minister.	29	19.1	123	80.9
(c) I worked on the case together with a Maori consultant.	46	30.5	105	69.5
# If yes, was the Maori consultant the case manager?	11	25.0	33	75.0
(d) I asked where the client and the family were from.	130	85.0	23	15.0
(e) I determined extended family connections and relationships.	98	64.5	54	35.5
(f) I discussed the case with Maori health workers.	63	42.0	87	58.0
(g) I referred them to a Maori health worker.	35	23.2	116	76.8
(h) I determined their tribal affiliation.	83	54.2	70	45.8

Q.20 Do you speak Maori Language?

	N	%
Not at all	41	25.3
Simple greetings	106	65.4}
Moderate knowledge	15	<u>9.3</u> } 74.7%
Fluent speaker	0	0

In summary, the results give further support to the concerns about the serious inadequacy of appropriate psychological services for Maori people. Respondent psychologists felt inadequate and poorly trained to work with Maori clients, who in many instances are grossly over represented in their client workload. They, however, support some structural changes when clear policy guidelines are given.

The study also gives support to the calls for structural change so that adequate and appropriate mental health services can become a reality for Maori people. In terms of further research, there is clearly a need for collaborative research with Maori people and communities. Such collaboration involves Maori participation in setting research topics, the research itself, and the ongoing use of the results.

No reira tena koutou, tena koutou, kia ora tatou katoa

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