Mental Health Inpatient Services: Improving our understanding of the needs of Maori when acutely unwell

Julie Wharewera-Mika

(Ngati Awa, Tuhoe, Te Whanau a Apanui)

University of Auckland

"Ahakoa te momo mate, whakanuia tangata"

This whakatauki is an expression of hope; regardless of illness or disease, people deserve dignity and respect and the opportunity to become well again (MOH, 2006).

There are many possible explanations for the pattern of Maori over-representation in mental health acute services. This research project focuses on how services can optimally meet the needs of Maori to improve outcomes. This doctoral research in progress is about claiming space for Maori to have a voice in identifying factors that contribute to recovery and Whanau Ora, and offering recommendations to improve the effectiveness of existing services to better meet the needs of Maori Tangata Whaiora and Whanau.

Despite improvements in Maori health over the past four decades, disparities continue between Maori and non-Maori. Current mental health statistics reported in Te Rau Hinengaro (2006) found the prevalence of mental disorders in Maori to be high with 50.7% of Maori experiencing a mental disorder over their lifetime, 29.5% in the past 12-months, and 18.3% in the previous month. The most common disorders among Maori were anxiety, substance use, and mood disorders, with lifetime prevalence of any disorder highest in Maori aged 25-44 and lowest in those aged 65 and over. Of Maori with any mental disorder, 29.6% had serious disorders, 42.6% moderate disorders and 27.8% mild disorders.

Mental health policy development in the 1990s was aimed at decreasing the prevalence of mental illness and mental health problems within the community, to increase the health status of, and reduce the impact of mental disorders on those it affects (MoH, 1994), and to provide recommendations, strategies and guidance on how to achieve more and better mental health services (MoH, 1997).

The Blueprint for mental health services developed in 1998 by the Mental Health Commission identified 'how things need to be' in mental health, and introduced the recovery approach to services. Recovery was defined as "happening when people can live in the presence or absence of mental illness" (MHC 1998), and described as "a journey as much as a destination" being a personal and social process. According to the recovery approach the experience of mental illness is seen as having some positive aspects for the individual and their community, as well as bringing challenges, losses and disability; with Tangata Whaiora leadership seen as crucial to making recovery a reality. The recovery approach provided guidance for how services should be delivered such as, the least restrictive setting with the least coercion, a variety of treatment options, minimising disruption to people's lives and enabling people to fully participate in the service and in wider society. Holistic concepts of Maori health which were beginning to be articulated within health services and health policy at the time were also discussed in the Blueprint, with the emergence of Whanau Ora as a unifying concept, bringing together Maori aspirations around mental health and broader Maori development goals, and seeing mental health as rooted in a bi-cultural identity. Whanau Ora can be seen as an extension from recovery which is conceptualised as an individual process, focused solely on the attainment of individual anatomy, where Whanau Ora is much broader and rests within a context of inclusiveness, collectiveness and interdependence (MHC, 2006).

Acute inpatient mental health services are for people with severe and acute symptoms who need 24 hour

Extracted From:
Levy, M., Nikora, L.W., Masters-Awatere, B., Rua, M.R., Waitoki, W. (2008). *Claiming Spaces: Proceedings of the 2007 National Maori and Pacific Psychologies Symposium, 23-24 November, Hamilton*. Hamilton: Maori and Psychology Research Unit.

care in a safe environment. With the introduction of recovery focused policies many services have and are striving to improve the therapeutic environment. However within Aotearoa, acute services are typically 15-60 bed wards on general hospital sites, communal dining rooms, seclusion rooms and secure areas for people in intensive care. The main interventions are medication and containment, with many people there under the Mental Health Act (1999) and on medication (MHC, 2006).

The Mental Health Commission (MHC) (2006) has been very critical of acute services, reporting that New Zealand acute mental health services often fail to respond well to people in acute crises, with the services themselves often in crisis. It was also reported that people in crisis are often turned away by crisis and acute mental health services, and Tangata Whaiora admitted to hospital-based acute services often find them frightening, impersonal and untherapeutic. The discussion paper suggested acute mental health services must be accessible, acceptable and effective in order to promote healing, and encouraged the development of recovery-focused acute services in peoples own homes or in a community setting, as opposed to hospital settings (MHC, 2006).

Maori continue to enter acute services at a rate that is disproportionately higher than other population groups (MoH, 2004; MoH, 2006), twice that of non-Maori and two-and-a-half times that of Pacific peoples (MoH, 2004), with admission rates high (Fitzgerald, 2004), and readmission rates even higher (Johnstone & Read, 2000). In a study of readmission rates in the Counties Manukau DHB catchment area, Fitzgerald (2004) found that although Maori had a significantly higher proportion of first admissions to the acute service than non-Maori, the readmission rate was not significantly different than that of non-Maori. Similarly to other studies, Maori were significantly over-represented in the proportion of first admissions, making up 32% of the first admission inpatients compared to the 17% of the South Auckland population they occupy (Jackson et al., 2001). With the high number of Maori utilising these types of services we need to ensure that they are effectively meeting Maori needs in order to improve outcomes.

There have been very few NZ based evaluations of acute services conducted other than from standard hospital audits. There is a strong need for outcomes to be assessed for Tangata Whaiora accessing services to assess whether services are responsive to Tangata Whaiora needs, and whether services are making a positive difference in people's lives.

The MHC (2001) sought people's views of NZ acute services through Tangata Whaiora forums in all but 1 of the 21 DHBs. There were some positive comments on the improving attitudes of staff and on new or renovated buildings, but most were negative. It was common for Tangata Whaiora in services to experience a restrictive institutional experience, overcrowding, physical, verbal, or sexual violence, or the fear of it, traumatic experiences in seclusion, lack of empathetic attention from staff, over-reliance on medication, lack of psychological assistance, and boredom.

In a later study conducted by the MHC (2005) investigating Tangata Whaiora views of mental health service quality in general, almost all respondents reported that services had improved from 10 years ago with staff attitudes much better. However in this study the strongest levels of dissatisfaction were focused on acute services. Many issues have been raised about the standard of care provided, poor continuity of care, poor quality treatment, being treated badly, being overly medicated, not being able to access newer medications, a failure to treat Tangata Whaiora with dignity and respect, language barriers, a lack of information, and being discharged too soon or not quickly enough. Acute services need to be formally evaluated, and there needs to be more vigorous inquiry into what works in mental health services.

Many policies and guidelines identify the importance of health services meeting the needs of Maori (MoH, 1998; MoH, 2002; MoH, 2005) however little research has provided information into what Tangata Whaiora identify their needs to be to improve service delivery.

Research focused on Tangata Whaiora journeys of recovery has provided valuable information into this knowledge gap. Lapsley, Nikora, & Black (2002) conducted a study that supported the recovery process for Tangata Whaiora, with specific influences of recovery relating to whanau care, understanding a Maori framework of mental health, Maori healing, cultural aspects within general mental health services, and Maori mental health services. In addition, some Tangata Whaiora Maori found an appropriate cultural setting beneficial, and some were helped by just seeing a Maori face. The dimension of spirituality was also found significant in relation to both illness and recovery, along with strengthening their Maori identity.

Extracted From:
Levy, M., Nikora, L.W., Masters-Awatere, B., Rua, M.R., Waitoki, W. (2008). *Claiming Spaces: Proceedings of the 2007 National Maori and Pacific Psychologies Symposium, 23-24 November, Hamilton*. Hamilton: Maori and Psychology Research Unit.

Likewise, Dyall and colleagues (1999), in their study of Maori expectations of mental health services, identified a common expectation across Tangata Whaiora Maori to receive services in a Maori environment from Maori people. This included the importance of having control over their lives to support "tino rangatiratanga" for Maori at both an individual and a collective level, the need for Maori mental health services within acute settings, and for "Maori faces for Maori cases at Maori places." With this development it was seen that, "kaumatua and kuia will be involved, Tangata Whaiora and Whanau members will be less isolated from the Maori community and there will be greater respect to Maori as a Treaty of Waitangi partner"; and finding that the lack of Maori content in Maori care means that mental health services are unlikely to achieve the outcomes Maori want. Maori participation in all aspects of mental health such as planning, delivering and monitoring was also highlighted. Maori need be actively involved in defining and prioritising their health needs, recognising that, over time, this will aid in reducing the high admission and readmission rates of Tangata Whaiora Maori into acute mental health services.

The Research Project

A number of years working with Maori in an acute service resulted in the passion to conduct Maori centred research in this specific setting. This research project emerged through having general korero with Tangata Whaiora Maori and Whanau about their experiences in acute services highlighting incidents indicating that their needs within the existing services could be better met. The ideas raised were then discussed with acute service kaupapa Maori workers, other Maori health workers, consumer advisors and researchers prior to developing the research area, aims and methodology.

From this and ongoing consultation, this research project was proposed to address the identifiable gap in current knowledge base, research and practise for Tangata Whaiora Maori and Whanau accessing acute services. The project aims to review the extent and nature of the mental health needs amongst Tangata Whaiora Maori and Whanau from an acute mental health service in a DHB catchment area. The overall aim of the project is to contribute to improved outcomes for Maori in gaining a better understanding of the factors that contribute to recovery and Whanau Ora, offering recommendations from a Maori perspective, to improve the effectiveness of existing services.

Specific Aims

Stage One Aims: A review and investigation of Tangata Whaiora Maori and Whanau needs from an acute mental health service will be investigated;

•Current baseline information relating to Tangata Whaiora Maori admission and readmission, types of therapeutic interventions offered and provided within the service (identifying the general pattern of care for Maori).
•The needs of Tangata Whaiora Maori and Whanau from the acute service, identifying 'needs' directly from their perspectives
•The therapeutic interventions offered by this acute service Tangata Whaiora Maori and whanau find helpful and unhelpful in order to promote recovery
•Whanau needs from this acute service when Tangata Whaiora are acutely mentally unwell (from a Whanau and Tangata Whaiora Maori perspective); and
•The needs (in general) of Tangata Whaiora Maori and Whanau when acutely unwell.

Stage Two Aims: The effectiveness of this acute service in meeting the needs of Tangata Whaiora Maori and Whanau will be investigated
•To better understand 'what works' for Maori as well as identify any areas in need of improvement.

Methodology

This research project utilises a qualitative design with semi-structured interviews, within a kaupapa Maori framework. This study was designed as qualitative research involving in-depth interviews, with approximately 25 Tangata Whaiora and 15 whanau (aged 18+-years) in the discharge phase of their admission, with the intention of exploring their narratives of their acute service experience and recovery journey. Potential participants are Tangata Whaiora Maori and Whanau within the DHB catchment area, who have had at least one recent admission (within 18 months) to the acute service, and their Whanau. Quantitative data will also be collected via a questionnaire and the outcome tools HONOS, and Hua Oranga, and the HCC database (a computer based system for collecting and storing clinical documentation and data)

Stage One: Semi-structured interviews, within a kaupapa Maori approach will be used to explore the opinions of Tangata Whaiora Maori and Whanau on what they needed from an acute service. The use of semi-structured interviews in qualitative methods has been suggested as the appropriate technique for this area of health research knowledge among different cultural groups allowing for in-depth interviews enabling the interviewer to collect views on Maori

Extracted From:
Levy, M., Nikora, L.W., Masters-Awatere, B., Rua, M.R., Waitoki, W. (2008). *Claiming Spaces: Proceedings of the 2007 National Maori and Pacific Psychologies Symposium, 23-24 November, Hamilton*. Hamilton: Maori and Psychology Research Unit.

needs at all levels, reducing any possible constraints (Bowling, 1997). An advantage of this approach is that more complex issues can be proved and answers clarified in a more relaxed environment, as it provides more in-depth discussion. This method also recognises the importance and power of Tangata Whaiora Maori and Whanau stories or narratives, as it involves the systemic collection, analysis and interpretation of spoken words and the meanings they give to their experiences (Lapsley et al., 2002).

The kaupapa Maori approach relates to the process of privileging Maori values and attitudes in order to develop a research framework that is "culturally safe" (Smith, 1999), and contributes to useful outcomes for Maori. The face-to-face interaction also supports the kaupapa Maori principle of 'he kanohi kitea' - people meeting face to face so that trust and the relationship between the researcher and participants can be further built upon (Smith, 1999). This qualitative approach aims to enrich the understanding of the needs of Maori from an acute service and to contribute in achieving better mental health outcomes for Maori.

Stage Two: Questionnaires regarding demographic information, admission details and ethnicity, as well as brief questions relating to the Tangata Whaiora Maori and Whanau view of whether or not their 'needs' were met will be a part of the quantitative component to the study. In addition, the Hua Oranga Health Outcome measurement tool (Kingi & Durie, 2002) will be utilised.

Analysis

The interviews will be audio-taped and transcribed verbatim. Narrative and thematic analysis will be used to analyse interview text and to develop a picture of Tangata Whaiora Maori and Whanau journeys.

Questionnaires used to collect Demographic data will be analysed using descriptive statistics. Responses to questions from the questionnaire will be analysed with descriptive statistics (percentages, means, and ranks) and appropriate analyses (t-test, ANOVA, Chi square) to ascertain any relationship to demographic groupings.

The Hua Oranga outcome measure scores will be calculated according to the procedure outlined by Kingi and Durie (2000). Appropriate analyses (t-test, ANOVA, Chi square) will be conducted to ascertain any relationship between responses.

Progress

This study is currently in the data collection phase.

"To do this work you must have a belief in recovery in which hope and respect are absolutely crucial but also a belief in oranga. You must have an acceptance of people, patience, be non-judgemental, have responsibility, aroha, unconditional love for people (that's hard sometimes), humour, strength, skills, persuasion, commitment, convictions, passion, manaakitanga, tautoko. Just being a good person" (Milne, 2001, p15)

References

Bowling, A. (1997). *Research methods in health: Investigating health and health services*. Buckingham: University Open Press.

Dyall, L., Bridgman, W., Bidois, A., Gurney, H., Hawira, J., Tangitu, P., & Huata, W. (1999). Maori outcomes: Expectations of mental health services. *Social Policy Journal of New Zealand 12*, 71-90.

Fitzgerald, A.C. (2004). *A comparison of the rates of readmission to Counties Manukau District Health Board mental health inpatient services for Maori and non-Maori.* Auckland: Unpublished Masters Thesis.

Jackson, G., Palmer, C., Lindsay, A., & Pearce, J. (2001). *Counties Manukau health profile: a summary of health and health care information for the Counties Manukau people.* Auckland: Counties Manukau District Health Board.

Johnstone, K., & Read, J. (2000). Psychiatrists' recommendations for improving bicultural training and Maori mental health services: a New Zealand survey. *Australian and New Zealand Journal of Psychiatry 34* (1), 135-145.

Kingi, T. K. R., & Durie, M. H. (2001). Hua Oranga: A Maori measure of mental health outcome, *mental health outcomes research in Aotearoa. Mental health research and development strategy: Proceedings of the September 2000 conference and other developments in mental health outcomes research*. Auckland: Health Research Council.

Lapsley, H., Nikora, L.W., & Black, R. (2002). *Kia Mauri Tau. Narratives of recovery from disabling mental health problems.* Wellington: Mental Health Commission.

Extracted From:
Levy, M., Nikora, L.W., Masters-Awatere, B., Rua, M.R., Waitoki, W. (2008). *Claiming Spaces: Proceedings of the 2007 National Maori and Pacific Psychologies Symposium, 23-24 November, Hamilton*. Hamilton: Maori and Psychology Research Unit.

Mental Health Commission. (1998). *Blueprint for mental health services in New Zealand- how things need to be.* Wellington: Mental Health Commission.
Mental Health Commission. (2001). *Awhi, Tautoko, Aroha: Celebrating recovery focused mental health workers who assist people on their journeys.* Wellington: Mental Health Commission
Mental Health Commission. (2006). *The acute crisis: Towards a recovery plan for acute mental health services in New Zealand.* Wellington: Mental Health Commission.
Ministry of Health. (1994). *Looking Forward: Strategic directions for the mental health services.* Wellington: Ministry of Health.
Ministry of Health. (1997). *Moving Forward: The National Mental Health Plan for more and better services.* Wellington: Ministry of Health.
Ministry of Health. (2002).*Te Puawaitanga: Maori Mental Health National Strategic Framework.* Wellington: Ministry of Health.
Ministry of Health. (2004). *Mental health information national collection.* Wellington: Ministry of Health.
Ministry of Health. (2005). *Te Tahuhu: Improving Mental Health 2005-2015: The Second New Zealand Mental Health and Addiction Plan.* Wellington: Ministry of Health.
Ministry of Health. (2006). *Te Rau Hinengaro: The New Zealand Mental Health Survey.* Wellington: Ministry of Health.
Smith, L. (1999). Decolonizing Methodologies: Research and Indigenous Peoples. London: Zed Books.

Address for correspondence:
Julie Wharewera-Mika
Department of Psychology, City Campus
University of Auckland
Private Bag 92019
Auckland Mail Centre 1142
New Zealand
j.wharewera-mika@auckland.ac.nz

Extracted From:
Levy, M., Nikora, L.W., Masters-Awatere, B., Rua, M.R., Waitoki, W. (2008). *Claiming Spaces: Proceedings of the 2007 National Maori and Pacific Psychologies Symposium, 23-24 November, Hamilton*. Hamilton: Maori and Psychology Research Unit.