Development of a Mental Health and Addiction Pacific Cultural Practice Framework for the Auckland Region: Promoting expertise that is “visible, valued and understood.”

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Introduction
Pacific Mental Health and Addiction services in the Auckland metropolitan region employ staff in a range of Pacific cultural roles. These roles have emerged over time in response to local community needs and the titles, nature and function of the roles vary. A practice framework for these roles has not previously been defined and the scope of the roles is not easily communicated to consumers, families, other professionals and the general public. Recognising that cultural responsiveness is critical to improving health outcomes for Pacific peoples, the Northern District Health Board (DHB) Support Agency (NDSA), on behalf of the Auckland metropolitan DHBs and in collaboration with Moana Pasifika, undertook a project from March to July 2008 to define a practice framework for Pacific cultural roles within the mental health and addiction sector.

The overall goal of the project was to develop a Pacific Cultural Worker Practice Framework for the Pacific Mental Health and Addiction Sector in the Auckland metropolitan region.

This discussion paper outlines the processes and findings of the project, presenting a draft Mental Health and Addiction Pacific Cultural Practice Framework for the Auckland metropolitan area that is supported by Pacific stakeholders.

Project processes
The following processes were undertaken in order to achieve the project goal:

1. Members of the Moana Pasifika working group acted in the capacity of a Project Steering Group to guide and monitor the project.
2. Representatives of all Pacific mental health and addiction services in the Auckland metropolitan region were invited to participate.
3. A review of selected literature and documentation was undertaken to inform the development of a discussion document for consultation. This included recently published review material, web-based documentation, relevant key documents such as position and service descriptions and other related data as available.

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Notes
4. Group and individual interviews (six in total) were undertaken to identify issues relevant to role definition and elements of a practice framework. Participants included Pacific consumers, Matua, Peer-Support Workers, Cultural Assessor/Advisors, Cultural Workers, Community Support Workers, Youth Workers, Community Living Services Workers, Service Managers and Team Leaders.

5. A discussion document was developed, based on the findings of 3 and 4 above and disseminated for consultation to all those who had participated in the development of the document and others who had expressed interest. Feedback was gained via fono, email and telephone.

6. A final draft Mental Health and Addiction Pacific Cultural Practice Framework was developed on the basis of feedback provided.

What is a practice framework?

As used in this paper, a practice framework defines the various duties that may be provided by a professional and the limits of services or tasks the professional performs. A practice framework begins to formally define a response to questions such as: Is the professional legitimately allowed to do a professional task? and Is the professional adequately prepared educated/trained/experienced to do it? Analysis of a wide range of scopes of practice of relevant health professions suggests that a practice scope or framework spells out the nature of the role, the body of knowledge and core skills utilised to perform the role, the qualifications required for the role and the authority that endorses the role and framework.

A practice framework does not stand alone but must be located within a broader system which aims to improve consumer care and safety such as, agency accreditation, sector standards, clinical guidelines, organisational policy, procedures, protocols and other initiatives relevant to service quality. It also links to and raises other issues in relation to funding, workforce development, supervision and education.

Why develop a practice framework?

The Health Practitioners Competence Assurance Act (2003) provides for the regulation of selected health practitioners in order to protect the public and has created pressure to define the place of those health practitioners who currently do not fit within its auspices. A scope of practice is a crucial element in the administration of the Health Practitioners Competence Assurance Act. Pacific cultural work practice in mental health and addiction services is not governed by the Health Practitioners Competence Assurance Act.

A practice framework could assist with making explicit the nature and scope of Pacific cultural work in a mental health and addiction service context so that consumers, families, employers, funders and cultural workers themselves more clearly understand the roles. A practice framework could:

- Provide a clear statement of tasks and responsibilities that a professional is properly qualified and skilled to perform thus supporting public understanding and accountability.
- Support consistency within the profession and across service provision.
- Establish a benchmark of knowledge and skills for entry level into the profession of Pacific cultural work.
- Assist with protecting Pacific cultural workers against “role creep” ie not to work outside the scope of their practice (Network North Coalition, 2006).
- Enable differentiation between the different levels of practice.
- Assist with improving recognition of the profession and defining parity in relation to other professions.

Draft Mental Health and Addiction Pacific Cultural Practice Framework

The draft Mental Health And Addiction Pacific Cultural Practice Framework incorporates three key roles: Matua (working in mental health and addiction services), Specialist Pacific Cultural Worker and Pacific Cultural Worker.

The draft framework is underpinned by the following:

- Seitapu Pacific Mental Health and Addiction Cultural & Clinical Competencies Framework (Seitapu).
- Let’s get real: Real Skills for Real People Working in Mental Health and Addiction (Let’s get real).

17 In this paper a practice framework is best described as a “close cousin” of a “scope of practice”. The term scope of practice was not used because it implies legal and professional requirements which were considered to be beyond the scope of a regional project. Note: Pacific models of care are not discussed in this paper, however the Pacific Cultural Worker Practice Framework is developed on the basis of an understanding of such models. For further information see Agnew et al, 2004. Note: It is understood that work is underway to align Seitapu and Let’s Get Real and it is expected that the updated versions will be applied to this draft framework.
Seitapu outlines four key dimensions of Pacific cultural competence for mental health and addiction workers: language; family; tapu relationships and organisational policy. Three levels of competence are described for each dimension: basic, advanced and specialist. Let’s get real outlines seven competencies expected of every mental health and addiction professional. Each of the competencies has three sets of performance indicators: essential, practitioner and leader. In combination, these documents outline the knowledge and skill base for Pacific cultural practice in mental health and addiction services.

The following table presents as a framework in summary form:

<table>
<thead>
<tr>
<th>Role</th>
<th>Body of knowledge &amp; skills</th>
<th>Qualifications</th>
<th>Authorised by</th>
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| Matua                                     | Pacific cultural values knowledge and skills - language, family, tapu relationships and organisational policy (Seitapu)  
Mental health and addiction core skills (Let’s get real) | **Seitapu: Specialist** level; extensive experience in one/more Pacific cultures; recognition by community  
**Let’s get real:** Essential or Leader level | Panel: Representatives of the Pacific community including Matua, consumer, family member |
| Specialist Pacific Cultural Worker        | Pacific cultural values knowledge and skills - language, family, tapu relationships and organisational policy (Seitapu)  
Mental health and addiction core skills (Let’s get real) | **Seitapu: Specialist** level; experience of one/more Pacific cultures  
**Let’s get real:** Essential level; Mental health cert or alcohol and other drug (AOD) cert | Panel: Matua, consumer, family member, Specialist Pacific Cultural Worker |
| Pacific Cultural Worker                   | Pacific cultural values knowledge and skills - language, family, tapu relationships and organisational policy (Seitapu)  
Mental health and addiction core skills (Let’s get real) | **Seitapu: Advanced** level; experience of one or more Pacific cultures  
**Let’s get real:** Essential level; Mental health cert or AOD cert or working towards this | Panel: Matua, consumer, family member, Specialist Pacific Cultural Worker |

The framework in full:

**Matua (working in mental health and addiction services)**

**Scope of the role**
Matua utilise wisdom and extensive ethno-cultural knowledge along with an understanding of mental health and addiction services to ensure service responsiveness and accountability to Pacific peoples. The involvement of Matua is essential if excellence is to be achieved in any Pacific initiative. The status of Matua enables them to advocate for Pacific peoples and challenge practices that are inappropriate for Pacific peoples.

Matua provide a vital link between services and Pacific families demonstrating strong cultural identity and cultural fluency (including language fluency) in one or more Pacific cultures.

Matua contribute to mental health and addiction services within the following key dimensions:

- Assisting to engage and retain Pacific consumers and families within treatment processes to support recovery
- Leading formal occasions
- Guiding, advising and supporting service development in all matters relating to Pacific values, processes, traditions, protocols and cultural safety
- Developing and supporting the Pacific mental health and addiction services
health and addiction workforce, contributing to a supportive environment for practice.

Matua advise on policy and practices concerning:

- cultural protocols and processes
- cultural support for Pacific people and their families
- cultural assessment
- community engagement
- intersectoral relationships.

Matua attain their cultural knowledge, skills and wisdom through Pacific experience and have earned the acknowledgement and respect of Pacific communities. Key areas of the knowledge and skills required by Matua working in mental health and addictions services are outlined in Seitapu Pacific Mental Health and Addiction Cultural & Clinical Competencies Framework and Let’s Get Real: Real Skills for Real People Working in Mental Health and Addiction.

Qualifications
Matua are qualified for working within the context of mental health and addiction services via their extensive experience of one or more Pacific cultures and explicit recognition by their community i.e. as expressed in the position they hold in the community such as Justice of the Peace, or minister.

Matua demonstrate specialist competencies as defined within the Seitapu Pacific Mental Health and Addiction Cultural & Clinical Competencies Framework and Let’s Get Real: Real Skills for Real People Working in Mental Health and Addiction.

Authority
Competency to fulfil a Matua role within the context of mental health and addiction services is determined by the Pacific community including but not limited to a panel comprising consumer and family representatives and other Matua.

Specialist Pacific Cultural Worker
Scope of role
Specialist Pacific Cultural Workers utilise ethno-cultural knowledge and judgment along with an understanding of mental health and addiction treatment to assess cultural needs and provide effective cultural interventions and/or advice to assist Pacific consumers and families to manage recovery from mental illness and/or addiction.

Cultural practice by Specialist Pacific Cultural Workers is undertaken with the guidance of Matua, in accordance with Pacific values, adopting a holistic treatment approach.

Comprehensive cultural assessments are undertaken to provide a basis for developing, implementing and evaluating effective cultural intervention plans, in the context of mental health and addiction treatment.

Specialist Pacific Cultural Workers practice in collaboration with other health and cultural professionals and community members, in a range of settings, in partnership with families, individuals and communities.

The knowledge and skills utilised by Specialist Pacific Cultural Workers are detailed in Seitapu Pacific Mental Health and Addiction Cultural & Clinical Competencies Framework and Let’s Get Real: Real Skills for Real People Working in Mental Health and Addiction.

Qualifications
Specialist Pacific Cultural Workers must demonstrate specialist competencies as defined within the Seitapu Pacific Mental Health and Addiction Cultural & Clinical Competencies Framework and essential competencies outlined in Let’s Get Real: Real Skills for Real People Working in Mental Health and Addiction.

The typical minimum qualification set of Specialist Pacific Cultural Workers will include extensive experience of one or more Pacific cultures and a National Certificate in Mental Health (either completed or in progress) or a certificate in AOD Studies at a minimum level 5 on the New Zealand Qualification Authority – National Qualifications Framework.

Authority
Competency to fulfil a Specialist Pacific Cultural Worker must be assessed by a panel consisting of a Matua (from the same ethnic community), a Pacific consumer, a Pacific family member and a competent Specialist Pacific Cultural Worker.

Pacific Cultural Worker
Scope of role
Pacific Cultural Workers utilise ethno-cultural knowledge and judgment and understanding of mental health and addiction treatment to assess cultural needs and provide effective cultural interventions and/or advice to assist Pacific consumers and families to manage recovery from mental illness and/or addiction.

Cultural practice by Pacific Cultural Workers is undertaken with the guidance of Matua, in accordance with Pacific values, adopting a holistic treatment approach. Comprehensive cultural assessments are undertaken to provide a basis for developing, implementing and evaluating effective cultural
intervention plans, in the context of mental health and addiction treatment.

Pacific Cultural Workers practice in collaboration with other health and cultural professionals and community members, in a range of settings, in partnership with families, individuals and communities.

The knowledge and skills utilised by Pacific Cultural Workers are detailed in Seitapu Pacific Mental Health and Addiction Cultural & Clinical Competencies Framework and Let’s Get Real: Real Skills for Real People Working in Mental Health and Addiction.

Qualifications

Pacific Cultural Workers must demonstrate advanced competencies within the Seitapu Pacific Mental Health and Addiction Cultural & Clinical Competencies Framework and essential competencies outlined in Let’s Get Real: Real Skills for Real People Working in Mental Health and Addiction.

The typical minimum qualification set of Specialist Pacific Cultural Workers will include experience of one or more Pacific cultures and a National Certificate in Mental Health (either completed or in progress) or a certificate (diploma) in AOD Studies at a minimum level 5 on the New Zealand Qualification Authority – National Qualifications Framework.

The following practitioner comment provides an example of this view:

“I support the framework, I think it is a positive step forward. When I first started I had to make up the job myself. I am always explaining my role to our families.”

While supporting the framework, stakeholders also outlined a number of issues and these are outlined below.

Diversity

The issue of diversity within the Pacific population cannot be overlooked. Diversity relates not only to ethnicity but also to generational divides and this issue was noted repeatedly by many stakeholders, for example one stakeholder commented:

“It is not acceptable to lump us together in one Pacific word.”

Stakeholders noted differences between Pacific cultures and the issues these differences raise in relation to defining cultural competency. Notwithstanding this, there appears to be a level of consensus that shared Pacific values, beliefs, philosophies and connectedness form the basis on which it is possible to provide Pacific services and to be culturally competent in Pacific terms. This shared perspective is reflected in Seitapu which forms the basis for defining cultural knowledge and skills in the draft Mental Health and Addiction Pacific Cultural Practice Framework. The use of Seitapu as an underpinning document for the practice framework was well supported by stakeholders and in the absence of other widely accepted formulations of Pacific cultural competence this appears to be an acceptable way forward while respecting the diversity within the Pacific population.

The inclusion of Matua within the framework

Most stakeholders support the inclusion of Matua in the framework and Matua consulted during the course of the project supported this inclusion. Stakeholders also indicated that they would welcome further definition and recognition of Matua roles. The following comment is illustrative of this view:

“There is a need to value our Matua the same way in which they are valued in the Islands. In New Zealand we need to work together with palagi therefore there is strong support for the framework as this demonstrates how Matua fit into the structure and design of services.”

A smaller group of stakeholders expressed uncertainty regarding the inclusion of Matua in the framework, highlighting that the role of Matua within Pacific communities is much broader than a professional designation, for example:

“Are we trying to fit what doesn’t fit? Are we fitting moulds rather than developing moulds?”

“The role of Matua is much wider than just
Given the above, there would be benefit in further defining the scope of the Matua role within mental health and addiction services. See for example the recent publication by Ihimaera,\(^{10}\) which outlines a workforce strategy for kaumatua in Maori mental health and addiction services.

**Similarities between Community Support Worker role and Cultural Worker Role**

There was no consensus regarding whether or not Community Support Workers (CSWs) employed in Pacific specific services ought to be recognised within the draft framework as Pacific cultural roles. Alofi\(^{11}\) provides a compelling argument that Pacific CSWs provide cultural expertise that is fundamental to their effectiveness and that ought to be formally recognised.

Some CSWs who participated in the project agree and argue that they are doing the same job as cultural workers or advisors and that there is a need to recognise the cultural skills that they bring to their work over and above the “mainstream” CSW role. Those who hold this view are very keen to see Pacific CSW included as a role within the draft Mental Health and Addiction Pacific Cultural Practice Framework.

However, others stated that CSWs are an existing professional group, nationally and CSWs already operate within a practice framework which includes a clearly defined qualification pathway. It was also suggested that adding further competency requirements to roles that are already complex and not well-remunerated would place an unfair burden on the Pacific CSW workforce.

At this point there is no consensus as to the inclusion of the CSW role in the draft framework. A fundamental issue is whether or not the roles of Pacific Cultural Worker and Pacific CSW can be properly distinguished or whether they are largely the same roles with different titles. This issue requires further investigation and the implications of including Pacific CSW as an additional role in the framework need to be more fully determined.

**Qualifications**

Qualifications for Pacific Cultural Workers and Matua were the subject of much debate by stakeholders throughout the project. Some stakeholders were supportive of the inclusion of mental health and AOD certificates as recognised qualifications to underpin the framework, but overall there appears to be a need for further investigation of this. One suggestion was that an audit of the curricula for existing mental health and AOD certificates and diplomas is required to determine whether they are sufficiently relevant to Pacific Cultural Workers. A further suggestion is to incorporate more work-based assessment which would allow Pacific services to better determine appropriate knowledge and skills for Pacific cultural roles and the “qualifying” benchmarks associated with these. This could also allow for more consumer, family and peer participation in the assessment process.

**Conclusion**

Overall Pacific stakeholders in the Auckland metropolitan region have expressed considerable support for adopting the draft Mental Health and Addiction Pacific Cultural Practice Framework. The framework could usefully serve as an interim guideline for competent Pacific cultural practice within the Auckland region. Planning, funding, pricing and contracting processes for Pacific mental health and addiction services could then reflect the elements outlined within the framework.

A regional implementation plan for the framework would be required and this would need to include measures to actively support the existing Pacific cultural workforce, where necessary, to obtain the qualifications to meet the requirements of the framework.

Further development of the framework could focus on a number of issues raised by Pacific stakeholders including:

- Analysis of the Pacific CSW role as compared with the Pacific Cultural Worker role to clarify the differences between these roles and determine advantages and disadvantages of including the Pacific CSW role within the framework.
- Development of a work-place based competency assessment process.
- In-depth definition of the scope and function of Matua roles within mental health and addiction services.
References


