
MH-SMART EDUCATION AND TRAINING PROGRAMME KEY DOCUMENTS

**USING HONOS/HONOS 65+/HONOSCA TO ENHANCE OUTCOMES
FOR TANGATA WHAIORA/MOTUHAKE AND THEIR WHANAU:
PRINCIPLES TO GUIDE PRACTICE**



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to Guide Practice**

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1.0 Introduction

MH-SMART – Supporting Recovery

The aim of the MH-SMART initiative is to support recovery by promoting and facilitating the development of an outcomes-focused culture in the mental health sector. The principle means of achieving this will be through implementing a suite of standard tools or measures to measure changes in the health status of mental health service users. The Ministry of Health has determined that the first step towards the routine integration of outcome measures in New Zealand mental health services was the introduction, in 2000/01, of the Health of the Nation Outcome Scales (HoNOS) measurement as a requirement of routine provider practice in DHBs.

The aim of this document is to guide practice in relation to using the HoNOS/ HoNOS 65+/HoNOSCA to enhance outcomes for tangata whaiora/motuhake and their whanau. The focus is on the utility of outcome measurement for enhancing outcomes for tangata whaiora/motuhake and their whanau, through informing recovery planning.

Although the principles developed here have been designed specifically in relation to tangata whaiora and their whanau, the underlying principles also have general applicability to all consumers/service users.

2.0 Using these Principles to Guide Practice

MH-SMART – Responsive to Maori

Maori conceptual frameworks view mental health within a holistic and integrated framework of health and wellbeing¹. To enhance outcomes for tangata whaiora/motuhake and their whanau, outcome measurement needs to be placed within this broader conceptual framework. Whilst the focus of this document is to train specifically in the use of the HoNOS/HoNOS 65+/HoNOSCA, also of relevance to enhancing outcomes for tangata whaiora/motuhake is the integral relationship between assessment, outcome rating and recovery planning. Using Maori frameworks of health and wellbeing, the ratings from outcome measurement tools are not the sole focus, rather they become a tool to assist in achieving the broader goal of enhancing outcomes for tangata whaiora/motuhake and their whanau.

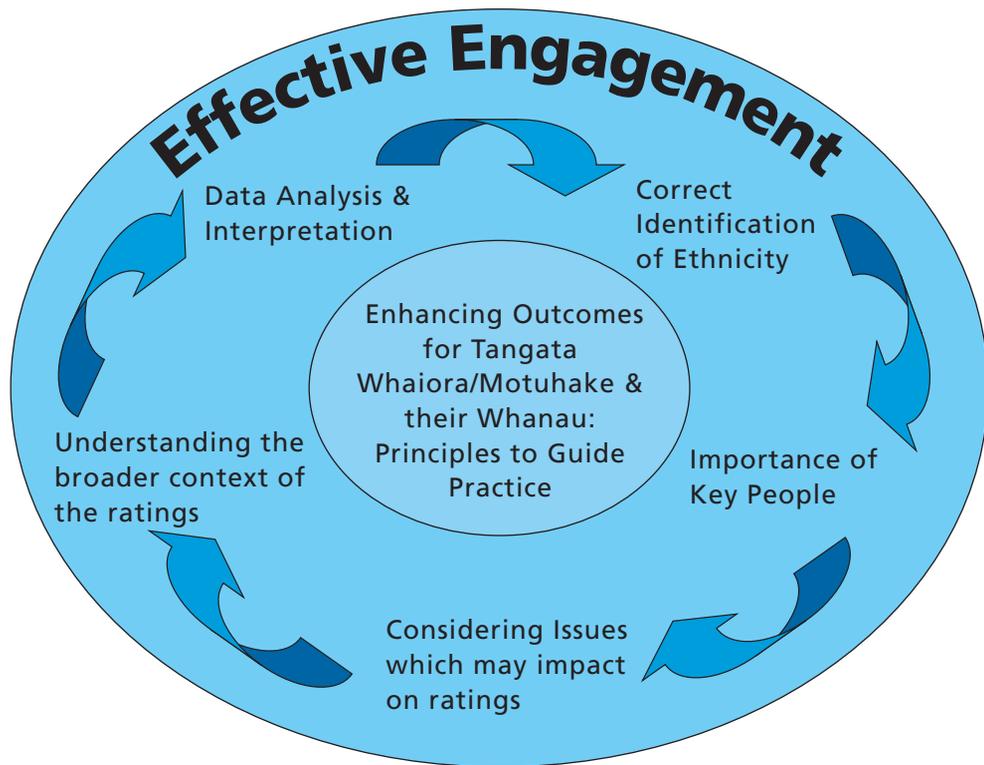
What does this mean in practice? The HoNOS/HoNOS 65+/ and HoNOSCA have very specific rating rules which are not deviated from. It is important to separate the actual rating of the item from the clinical interpretation of the scale items. However, utilising a broader Maori health conceptual framework means that through the process of outcome measurement, information is gained which can assist in recovery planning. From this perspective, the ratings can be used as a tool to support recovery planning and enhance outcomes. For instance, if after assessment, the non-accidental self injury scale is scored at more than 1, it may be necessary to revisit the omission of a plan to reduce suicidal risk. In some mental health services, charts of HoNOS scale scores may be made for individual tangata whaiora/motuhake, on which details of intervention and other events are added, so that the ratings form a part of the broader recovery journey for tangata whaiora/motuhake. Utilising outcome measurement in this way can lead to further assessment and intervention, for instance, if a scale score remains obdurately high².

The principles described in this document are designed to assist clinicians to:

Fully utilise the potential of the HoNOS/HoNOS 65+/HoNOSCA as a tool to enhance outcomes for tangata whaiora/motuhake and their whanau

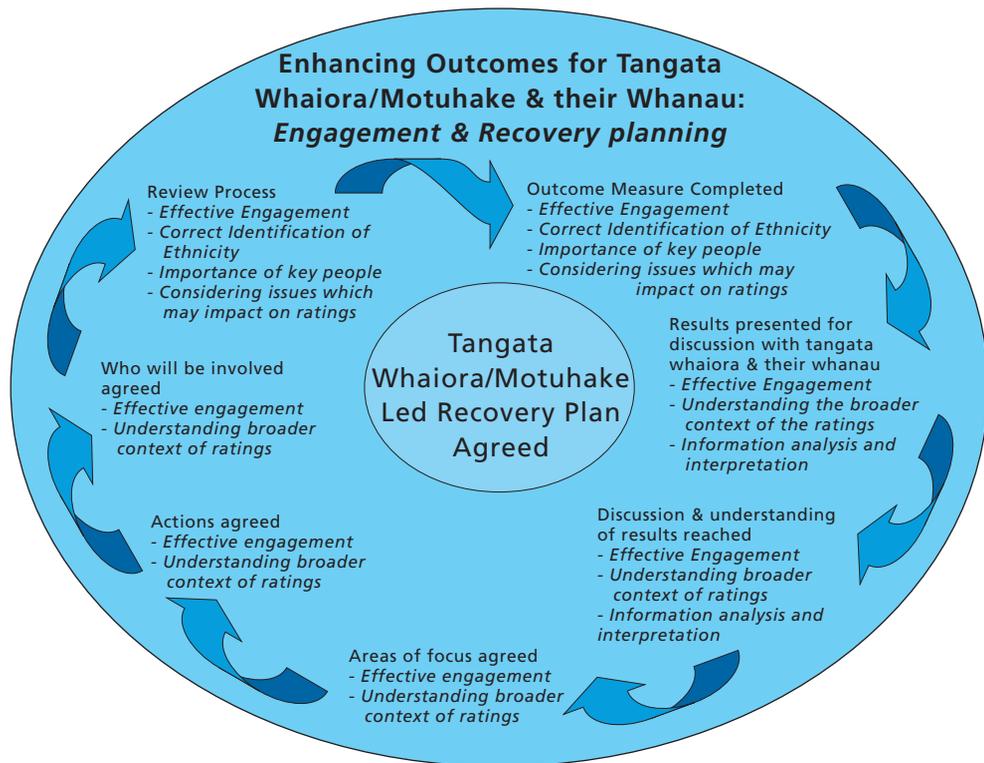
Effective engagement with tangata whaiora/motuhake and their whanau provide the basis for the principles outlined in this document. The principles to guide practice are shown in the diagram below.

1 Durie, M. (1998). Tirohanga Maori: Maori Health Perspectives (Chap 5). In Whaiora: Maori Health Development. Auckland: Oxford.
2 <http://www.rcpsych.ac.uk/cru/honoscales/index.htm> Royal College of Psychiatrists. 29 April.



It is important to understand that this is not a tick box approach, with all the 'answers' provided. The process of cultural competency is ongoing and developmental for all clinicians. It is acknowledged that some or all of the guiding principles outlined in this document may already form part of your standard clinical practice.

All the principles outlined above underpin the concept of recovery planning. The diagram on the next page illustrates how rating information can inform recovery planning.



The diagram above illustrates how outcome measurement tools can be used to inform the process of recovery planning. Underpinned by the principles of effective engagement and accurate comprehensive assessment, information obtained from the application of outcome measurement tools can become central to engaging in the process of recovery planning with tangata whaiora/motuhake and their whanau.

3.0 Principles to Guide Practice

This section describes the six principles to guide practice in more detail. These are:

1. Effective engagement
2. Correct identification of ethnicity
3. Utilising key people
4. Specific issues impacting on ratings
5. Interrelationships between items to enhance outcomes
6. Information Analysis, Interpretation and Utility

1. Effective Engagement With Tangata Whaiora/ Motuhake and their Whanau

Effective engagement with tangata whaiora/motuhake and whanau is the foundation for enhancing outcomes. Effective engagement, which focuses on understanding how tangata whaiora and whanau make sense of what is happening, and on utilising skills which enable presenting behaviours and symptomology to be explored within the wider cultural context and environment of tangata whaiora and their whanau, is central to completing accurate outcome measurement. Effective engagement through better understanding the cultural values and concepts which impact on of the relationship between tangata whaiora/motuhake, whanau and clinicians can enhance rapport, therapeutic alliance and the quality of information exchanged³⁴. Effective engagement is also central to recovery planning. Issues which impact on effective engagement include understanding Maori world views in relation to processes of engagement and encounter; concepts of whanau and whanau ora; who speaks for who; culturally determined communication styles; dimensions of time; correct pronunciation; language spoken; and gender and age differences.

2. Correct Identification of Ethnicity

The correct identification of the ethnicity of service users/tangata whaiora/motuhake is critical when completing outcome measures. The identification of ethnicity is an important first step in recognizing cultural differences which may impact on clinical engagement, assessment, rating and recovery planning. It is also important to remember that there are differences between ethnic identification and cultural identification. Assumptions should not be made about one's cultural identity based on one's ethnic identity. Tangata whaiora/motuhake cultural identity may be best explored in collaboration with kaumatua, kuia, or cultural workers via a cultural assessment process⁵. Cultural assessment can provide critical information for recovery planning.

3 Sylvia van Altvorst – Maori Mental Health Lecture Material

4 Durie, M. (2001). Cultural Competence and Medical Practice in New Zealand, from <http://teiho.org/site/mmh/images/content/Durie2.html>

5 Mental Health Commission (2001). Cultural Assessment Processes for Maori. Mental Health Commission: Wellington.

Sometimes we are not very good at identifying ethnicity, relying on physical appearance or on surnames which sound “Maori” or “Pakeha” or just not asking a person because it makes us feel awkward, or we think it might upset the person we are asking. It is important that clinicians always obtain the correct ethnic identification of service users. It is acknowledged that this may already be part of your standard practice.

3. Utilising key people

Although the clinician provides the final ratings for HoNOS, it is critical to involve additional people to inform the ratings given. Whenever possible, information should be gathered from a range of sources, including whanau members, (recognizing that worldviews of who constitute ‘whanau’ members may differ); and service kaumatua, kuia, kaimahi, Maori mental health or cultural workers. Including additional people enables you to gather a comprehensive picture of tangata whaiora/motuhake experience over time, identifying what might be out of character for their whanau member, providing a wider context to their presenting behaviour, and assisting to mitigate against potential rater bias which might occur as result of stereotyping. Additional people can also assist in clarifying the complex interactions between cultural practices, social circumstances and community standards ⁶, particularly in relation to identifying culturally determined behaviours, interpreting behaviour from Maori world view and identifying differing presentation of symptomology. The central importance of including additional people is elaborated on further in 4.2 below.

4. Specific Issues Impacting on Ratings

4.1 The impact of stereotyping on outcome measurement ratings⁷

Stereotyping involves categorizing individuals into groups based on an oversimplified set of characteristics. Stereotypes can be dangerous especially when they are not recognised and are used to make judgments about particular groups of people or to support conclusions about assumed ‘norms’ of behaviour for particular groups. Ways in which the presence of stereotypes can influence HoNOS/HoNOS65+/HoNOSCA rating decisions include assuming that higher levels of aggression, violence, alcohol or drug use, overcrowding, and poverty are ‘norms’ for particular communities or groups of people. The possibility of rater bias due to clinicians rating on the basis of characteristics common to the consumers/tangata whaiora/motuhake they routinely see has been identified. In addition, the existence of similar stereotypes held by homogenous rating groups can enhance the reliability of ratings whilst lowering the validity⁸.

Your rating should also objectively reflect underlying social disadvantage experienced by tangata whaiora/motuhake and should not be influenced by the fact that similar disadvantage may be also widely experienced by the entire community. The outcomes measurement should capture these prevailing levels of social disadvantage as well as any additional disadvantage experienced by the consumer as a result of illness or disability. Examples of issues that should be included in your rating if they are present are overcrowding in households, lack of support services to be accessed, lack of opportunity for employment or other meaningful activity⁹.

6 AIMHI (2005) Aiming High Towards Better Mental Health Outcomes for Indigenous People in the Northern Territory and North Queensland: Utilising Mental Health Measurements with Indigenous Adults.

7 Ibid

8 Stamoulis, D., Hauenstein, N. (1993). Rater training and rater accuracy: training for dimensional accuracy versus training for rater differentiation. *Journal of Applied Psychology*. Vol 78 (6), 994-1003.

9 AIMHI (2005) Aiming High Towards Better Mental Health Outcomes for Indigenous People in the Northern Territory and North Queensland: Utilising Mental Health Measurements with Indigenous Adults.

Stereotypes can also impact on the way in which presenting behaviours are interpreted and whether other relevant issues are accorded further investigation. Scale items where stereotyping might impact on ratings are described below. It should be noted that these examples are not exhaustive of the range of situations where stereotyping might potentially impact on item ratings.

1. Item 1 on the HoNOS and HoNOSCA examines problems with overactive, disruptive, agitated or aggressive behaviour. The HoNOSCA examines disruptive, antisocial behaviour or aggressive behaviour. Rating rules stipulate that all types of behaviour must be rated, regardless of intention, insight or awareness, although context must be considered since disagreement, for example can be expressed more vigorously but still acceptably in some social contexts. Possible causes are not considered in the rating. The rating rules are clear in terms of how specific behaviours should be rated. However, the presence of stereotypes which assume that aggressive behaviour is more common or a 'norm' in Maori communities may lead to an inaccurate rating.

For example, tangata whaiora/motuhake may have physically assaulted someone in the preceding two weeks. The rating rules require that this person be rated 4 on HoNOS Item 1. The rating of 4 cannot be debated as the behaviour clearly meets the criteria for a score of 4. However the presence of stereotypes regarding 'norms' of aggression in Maori communities may impact on how this information is used to inform care planning. Information may also be elicited which indicates the person is fearful. This information does not impact on the accurateness of a rating of 4, but does provide more information in terms of understanding the presenting behaviour, suggesting this should be further investigated in the recovery planning process.

Assuming that high levels of aggressive, disruptive or anti-social behaviour are common or a 'norm' for Maori communities can potentially result in the underlying causes of aggressive behaviour being overlooked and not effectively addressed in recovery planning.

2. Item 3 in HoNOS and Item 4 in HoNOSCA examines problems with alcohol, substance or solvent misuse. Specific rules for the HoNOS includes considering characteristics such as craving or tolerance for alcohol or drugs, priority given to alcohol and drug acquisition and its use, impaired capacity to control the quantity taken, frequency of intoxication, and drunk driving and other risk taking. The HoNOSCA requires clinicians to take into account current age and societal norms.

It is important that stereotypes regarding 'norms' of substance use in Maori communities do not influence the rating provided. Assuming that high levels of substance use are common or a 'norm' for Maori communities, which results in a rating indicating that this is not a problem requiring further investigation, can potentially result in the underlying causes of substance use (for example self medicating) being overlooked and not effectively addressed in care planning. This is not to suggest that the rating rules for tangata whaiora/motuhake are different or that the rating should be higher if it is clearly inappropriate to do so. The aim is to highlight how stereotyping can influence ratings, the potential impacts of this, as well as the importance of considering the interrelationships between the

information provided, such as risk taking behaviour, to inform recovery planning.

3. Item 4 in HoNOS and Items 2 and 5 in HoNOSCA relate to cognitive problems and problems with over-activity, attention, concentration, scholastic or language skills. Methods and idioms of communication and first language status may differ for tangata whaiora/motuhake, potentially resulting in differing interpretations of this scale item. One possibility is that, due to communication differences, cognitive issues which may be present are not fully investigated, for example intellectual and memory problems associated with disorders (for example, dementia or learning disabilities). The opposite could also apply in that the differences described above are assumed to be cognitive problems, when they are due to cultural differences in communication. Stereotypes which impact on the ability of clinicians to make an informed rating can potentially result in issues relating to cognitive problems and problems with over-activity, attention, concentration, scholastic or language skills being overlooked and not effectively addressed in recovery planning.
4. Item 9 in HoNOS and Item 10 in HoNOSCA examine problems with relationships. HoNOS requires the clinician to rate the most severe problem associated with active or passive withdrawal from social relationships, and/or non-supportive, destructive or self damaging relationships. Interpreting the nature and function of social relationships can be impacted on by stereotypes. For example, gang relationships may be stereotypically perceived as destructive or self damaging, however they may form the central supportive social relationship, with there being a major impact if problems exist in these relationships.

The rating rules ask clinicians to consider the wider social environment and degree of tangata whaiora/motuhake distress about personal relationships. Investigating these issues can provide more information regarding the function of the relationships (supportive or non-supportive) and the active or passive withdrawal from these relationships. It is these components (supportive/non-supportive; withdrawal) which should form the basis of the rating made, as opposed to judgments made on the basis of rater interpretation and stereotypes. Assuming that particular types of relationships are inherently destructive and are as such not meaningful can potentially result in problems with relationships being overlooked and not effectively addressed in recovery planning.

5. Item 11 (HoNOS) examines problems with living conditions. Clinicians are asked to rate the overall severity of problems with the quality of living conditions and daily domestic routines. Issues to be considered include whether basic necessities are met, such as heat, light, food, money, clothes, security and dignity. The impact to which the environment restricts or supports tangata whaiora/motuhake optimal performance and quality of life is taken into account. Stereotypes can impact on the judgments used to inform ratings for this item. Your rating should objectively reflect underlying social disadvantage experienced by tangata whaiora/motuhake and should not be influenced by the fact that similar disadvantage may be also widely experienced by the entire community. For example, a lower rating should not be given because tangata whaiora/motuhake live in a low socio-economic area, and as such the community as a whole may also experience similar disadvantage in relation to problems with living

conditions. Assuming that issues with the quality of living conditions are common or a 'norm' for Maori communities can impact on the accurateness of the rating made, and potentially result in problems with living conditions being overlooked and not being effectively addressed in recovery planning.

Basing ratings on assumed stereotypical 'norms', misinterpreting different communication styles and the nature of social relationships can lead to flawed conclusions about the presenting behaviour. The consequence of this is that the behaviour may not be rated accurately and/or may not be highlighted for further follow-up in the recovery plan. Accurate rating of tangata whaiora/motuhake involves a continual self reflective examination of one's own beliefs and value system to ensure that the tendency to impose one's own beliefs, values, practices and patterns of behaviour upon another culture is minimised¹⁰. A potential opportunity to enhance outcomes for tangata whaiora/motuhake can be overlooked due to insufficient attention being paid to potential bias created by rater stereotypes influencing ratings.

4.2 Culturally Determined Behaviours and Presentation of Symptomology: Understanding Maori Cultural Concepts

The DSM-IV (1994) states " A clinician who is unfamiliar with nuances of an individual's cultural frame of reference may incorrectly judge as psychopathology those normal variations in behaviour, belief or experience that are particular to the individual's culture. For example, certain religious practices or beliefs (hearing or seeing a deceased relative during bereavement) may be misdiagnosed as manifestations of a Psychotic Disorder. Applying Personality Disorder criteria across cultural settings may be especially difficult because of the wide variation in concepts of self, styles of communication and coping mechanisms" .¹¹

Culturally Determined Behaviours

It is **critical** that you identify, through discussions with whanau, Maori mental health practitioners (Kaumatua, kuia, kaimahi, cultural workers) or cultural assessments, whether the reported/observed findings are consistent with cultural practices that are recognised and accepted within Maori belief systems (which themselves may be heterogeneous).

Only when this determination has been made should the following be applied:

- *Culturally determined behaviours, experiences and beliefs associated with cultural norms and activities should not be included in rating items.*
- *When considering the rating items cultural elements must be balanced by the degree of distress the problem causes and the effect it has on behaviour (Rating Guideline).*
- *Identifying culturally determined behaviours aims to assist in the development of a recovery plan best able to meet the needs of tangata whaiora and their whanau. It is important that cultural elements are not used to minimise the impact of behaviours on tangata whaiora/motuhake and their whanau.*

10 Wepa, D (ed). (2005). Cultural Safety in Aotearoa New Zealand. Pearson Education: Auckland. Campinha-Bacote, J. (2001). A model of practice to address cultural competence in rehabilitation nursing. Rehabilitation Nursing. Vol. 26, (1), p. 8.

11 APA (1994). Diagnostic and Statistical Manual of Mental Disorders (Fourth Edition). APA: Washington, pxxiv

Minimising the impact of behaviours risks neglecting important components in tangata whaiora/motuhake recovery plans.

Understanding Maori Cultural Concepts

It is widely accepted that interpretations of behaviour will be influenced by one's own world views, values and beliefs; one's cultural frame of reference. Misinterpretations which can impact on the ratings made and subsequent recovery planning can occur when these cultural frames of reference differ. The salient point is being open to the possibility that the cultural frame of reference for tangata whaiora/motuhake and their whanau may differ from your own and that this may impact on your ability to rate accurately.

Correctly interpreting presenting behaviour within a cultural context and determining the relevance of culture to tangata whaiora/motuhake mental health¹² is fundamental to making accurate ratings and to enhancing outcomes for tangata whaiora and their whanau. Cultural relevance relates to the significance tangata whaiora/motuhake and whanau place on their identity as Maori and how they perceive the role of their cultural heritage in assisting them to achieve wellness¹³.

Understanding Maori cultural frames of reference or Maori conceptual frameworks of health and wellbeing is critical to making accurate outcome ratings for tangata whaiora/motuhake. However, it is an unrealistic expectation for clinicians to possess the range of skills necessary to determine the relevance of culture to tangata whaiora/motuhake mental health. Nor is it useful to provide a 'checklist' or 'glossary' of behaviours, given the diversity of Maori, behaviours, and their presentation. What is important is that you are able to recognise:

1. The possibility that cultural frames of reference for you and tangata whaiora/motuhake differ; and
2. Your own limitations and the need to access additional key people to ensure that behaviour is being interpreted correctly within a Maori cultural frame of reference.

Principle 3 – Involvement of Key people becomes salient here.

The involvement of additional key people (Principle 3) such as whanau, and Maori mental health service practitioners (kaimahi, kaumatua, kuia, cultural workers) and the process of cultural assessments should be utilised to identify whether behaviours have cultural relevance and to understand presenting behaviours within a Maori cultural frame of reference. Cultural assessments identify a person's cultural needs and any cultural supports of Maori healing practices that are needed to strengthen identity and enhance wellness¹⁴. Cultural assessments, undertaken by people who are authorised, trained and conversant with matauranga/tikanga Maori me te reo Maori¹⁵, should be a routine tool utilised to enhance outcomes for tangata whaiora/motuhake and their whanau. Meaningful relationships should be developed with kaumatua, kuia, cultural workers and other culturally relevant services.

12 Durie, M., Gillies, A., Kingi, T.K., Ratima, M., Walden, J., Morrison, P., Allan, G. (1995). Guidelines for Purchasing Personal Mental Health Services for Maori. Report prepared for Ministry of Health, Research Report, TPH 95/4.

13 Mental Health Commission (2001). Cultural Assessment Processes for Maori. Mental Health Commission: Wellington.

14 Mental Health Commission. (2004). Delivery of Cultural Assessment for Maori. Wellington: Mental Health Commission.

15 Mental Health Commission. (2004). Delivery of Cultural Assessment for Maori. Wellington: Mental Health Commission.

4.3 Maori Cultural Concepts of Health

There are a variety of Maori models of health. Common to all these models is the theme of integration, with individual health being built into a wider system, the boundaries between personal and family identity being blurred¹⁶. Elements of these models include spiritual, emotional, physical, social, cultural heritage, environment and land. Gaining a basic understanding of the importance of integration is critical to better understanding the differences between cultural frames of reference and how these might impact on enhancing outcomes for tangata whaiora/motuhake.

A short description of a Maori model of health, Te Whare Tapa Wha is presented below. This is intended to highlight the fundamental principles associated with Maori health and wellbeing. It is not intended to be a guide to understanding Maori cultural concepts. Clinicians are encouraged to utilise the additional resources provided, engage in their own learning processes to enhance their own understandings and utilise the assistance of key people.

Te Whare Tapa Wha compares Maori health to the four walls of a house, the central tenet being that all four walls are equally necessary to ensure good health and wellbeing. The components of this model are Taha Wairua (the spiritual side); Taha Hinengaro (emotions, thoughts, feelings); Taha Tinana (the physical side); and Taha Whanau (family)¹⁷.

Taha wairua is an essential requirement for good health. It implies a capacity to have faith and to understand the links between the human situation and the environment. Without a spiritual awareness an individual cannot be healthy. This dimension is not only related to religious beliefs and practices but is also evident in relationships with the environment. Land, lakes, rivers, mountains, reefs all have spiritual significance. A lack of access to tribal lands or territories is regarded by elders as a sign of poor health, given that the natural environment is considered integral to identity and fundamental to a sense of wellbeing¹⁸.

Taha Hinengaro is related to the expression of thoughts, feelings and emotions. They are recognised as vital to health and wellbeing, however understanding Taha Hinengaro occurs not by division into smaller parts but by synthesis into wider contextual systems. Healthy thinking from Maori conceptual frameworks is integrative, seeking explanations by moving outwards rather than inwards, with poor health being typically regarded as a manifestation of a breakdown between the individual and the wider environment. This is clearly recognisable in the Maori language with words which bind the individual to the wider context. For example, Whenua can mean both placenta and land; Whanau describes birth and family; and Hapu, pregnancy and a section of a tribe.

16 Durie, M. (1998). Tirohanga Maori: Maori Health Perspectives (Chap 5). In Whaiora: Maori Health Development. Auckland: Oxford.

17 Durie, M. (1998). Tirohanga Maori: Maori Health Perspectives (Chap 5). In Whaiora: Maori Health Development. Auckland: Oxford.

18 Durie, M. (1998). Tirohanga Maori: Maori Health Perspectives (Chap 5). In Whaiora: Maori Health Development. Auckland: Oxford.

Thoughts, feelings and emotions are also linked with physical elements¹⁹. Again, this is clearly seen in the Maori language. For example, several words describing behaviours being prefixed by the word 'puku' meaning stomach. For example, pukuriri (angry); pukukai (greedy); and pukuaroha (sympathetic), linking physical and emotional²⁰. Similarly, Manawa-pa (apprehension) and Manawa-pouri (sadness) link these feelings directly with the heart (Manawa)²¹. Taha Hinengaro also impacts on methods of communication, with unspoken subtle forms of communication often being used to convey thoughts and feelings, at times being considered as, or more meaningful than a verbal exchange²².

Taha Tinana is the physical health dimension of Maori health and wellbeing. Although this dimension is probably the most familiar in terms of its relationship to health, it is understood in its relationship to all other elements of health and wellbeing.

Taha Whanau acknowledges the relevance of whanau (extended family) and social support networks to health and wellbeing. Recognised as the foundation of Maori society the whanau (kuia, koroua, pakeke, rangatahi and tamariki) is the prime support system for Maori, providing physical, cultural and emotional care²³. As a principal source of strength, support, security and identity, the whanau plays a central role in the wellbeing of Maori individually and collectively. The term whanau is not limited to traditional definitions but recognises the wide diversity of families represented within Maori communities. Whanau Ora recognises the interdependence of people, that health and wellbeing are influenced and affected by the 'collective' as well as the individual, and the importance of working with people in their social contexts, not just with their physical symptoms²⁴.

Values and principles underpin the way in which whanau operate. Whanaungatanga is a fundamental principle of whanau ora. Whanaungatanga embraces whakapapa and focuses on relationships, with individuals expecting to be supported by their relatives near and distant, but the collective group also expects the support and help of its individuals. Whanaungatanga carries with it a variety of culturally defined obligations, relationships, roles and responsibilities, both individual and collective²⁵.

19 Durie, M. (1998). Tirohanga Maori: Maori Health Perspectives (Chap 5). In Whaiora: Maori Health Development. Auckland: Oxford.

20 Mead, H. (2003). Tikanga Maori: Living By Maori Values. Huia: Wellington, p239

21 Durie, M. (2001). Cultural Competence and Medical Practice in New Zealand, from <http://teiho.org/site/mmh/images/content/Durie2.html>

22 Durie, M. (1998). Tirohanga Maori: Maori Health Perspectives (Chap 5). In Whaiora: Maori Health Development. Auckland: Oxford.

23 Durie, M. (1998). Tirohanga Maori: Maori Health Perspectives (Chap 5). In Whaiora: Maori Health Development. Auckland: Oxford.

24 Ministry of Health. (2001). He Korowai Oranga: Maori Health Strategy. Ministry of Health: Wellington.

25 Mead, H. (2003). Tikanga Maori: Living By Maori Values. Huia: Wellington, p239

4.4 Examples of how cultural concepts impact on the vignettes

There are several examples within the vignettes where it is critical to understand cultural concepts if accurate and valid ratings are to be made. These are briefly outline below.

Whanau

The collective concept of whanau means that often the individual who is unwell is not perceived in isolation but as an extension of the whanau who wish to actively participate in the recovery process. Communication styles and roles within the whanau can impact on the assessment information collected and the interpretations made. An example relevant to clinical situations is tangata whaiora/motuhake may not answer questions directed at them, instead leaving this task to other members of the whanau. Without an adequate understanding of the concept of whanau relationships, this behaviour could be interpreted as enmeshment.

Cultural Obligations

Cultural obligations and expectations are a major part of Maori conceptual frameworks of health and wellbeing. Information relating to tangata whaiora/motuhake being unable to meet those obligations and expectations becomes significantly more meaningful when interpreted within this cultural frame of reference. Understanding this cultural concept can assist clinicians to recognise the significance and priority of these activities within the lives of tangata whaiora/motuhake. Recognising the significance can then impact on recovery planning and lead to enhanced outcomes for tangata whaiora and whanau. Examples in the training vignettes where additional guidance should be sought to ensure that the information provided is being correctly understood within a Maori cultural context include being unable to fulfil cultural obligations associated with occupying tuakana and kaumatua roles; the impact of losing one's mana and the potential relationship of this to depressed mood and potential suicidal ideation or self harm; and cultural activities constituting activities of daily living e.g. carving, diving for kaimoana

Intervention Prioritisation

Cultural world views also impact and influence the prioritization of interventions for tangata whaiora/motuhake. Understanding these cultural world views is integral to understanding the choices made by tangata whaiora/motuhake and their whanau. An example in the training vignettes where additional guidance should be sought to ensure that the information provided is being correctly understood within a Maori cultural framework include understanding the importance of living on one's papakainga for health and wellbeing as opposed to a location which has easier access to health care services. Failing to recognise this may lead to judgments being made about the whanau not caring about the physical needs of their whanau member.

Differing Symptomology

It is important to consider that the presentation of symptomology for tangata whaiora/motuhake may differ. The discussion earlier regarding te reo Maori (Maori language) and the clear integration between physical and emotional states is illustrative of this.

For example, depression may present as irritability, feeling useless, sad and ashamed²⁶. Being open to the possibility that presenting behaviours may differ will assist to listen to the information presented and to seek guidance if this is not fully understood.

From a Maori cultural frame of reference, balance in all these areas is required for health and wellbeing. The intent here is not to try to provide a guide to Maori cultural concepts. Fully understanding Maori cultural concepts cannot be achieved here. What can be achieved is learning to be open to the difference and to seek guidance to help you to better interpret and understand the significance and relevance of cultural concepts when utilising outcome measurement to enhance outcomes for tangata whaiora/motuhake and their whanau.

Culturally Determined Behaviours

Examples may include phenomena, such as visions and beliefs, in the context of cultural activities, where these are recognised and accepted within Maori belief systems; assessments of warmth and interpersonal interactions should take into account cultural differences, norms, awareness of shame and considerations of privacy and confidentiality in an assessment situation. Examples in the vignettes include hearing the voices of, talking to and other behaviours related to people who have passed away; and culturally determined fears. It is critical to seek guidance to assist you to determine whether the presenting behaviours are culturally determined. This is necessary to make accurate and valid ratings, as well as to construct an effective recovery plan.

It is also critical that when considering the rating scales, cultural elements must be balanced by the degree of distress the problem causes and the effect it has on behaviour (Rating Guideline). The following tables provide examples of how this principle is applied. The HoNOSCA is the rating scale used in these examples.

²⁶ Durie, M. (2003). Cultural Competence (Transcript of an address by Mason Durie at the launch of Te Iho - Auckland, July, 2003). Retrieved 24 January, 2005, from <http://teiho.org/Print.aspx?instanceId=2025>

Item	Brief description	Rating	Rationale	Rating Issues
7	Hallucinations, delusions	4	<p><i>Mental state and behaviour is seriously and adversely affected by delusions or hallucinations or abnormal perceptions, with severe impact on the person or others.</i></p> <p>Huia stated said that her ancestors had told her to get utu on a girl she thought was sleeping with her boyfriend. Huia believes a number of girls have been sleeping with her ex-boyfriend. Has threatened to kill others based on this belief.</p> <p>Rating is based on Huia's mental state and behaviour being seriously and adversely affected, with severe impact on herself and others.</p>	<p>The key is the distress, and/or impact of these experiences on the child/adolescent</p> <p>Although the hallucinations and delusions sit within the cultural context of utu, there are severe impacts on Huia and others.</p>

Item	Brief description	Rating	Rationale	Rating Issues
7	Hallucinations, delusions	0	<p><i>No evidence of abnormal thoughts or perceptions during the period rated.</i></p> <p>Huia does acknowledge that she has on one occasion over the past two weeks heard her ancestors but she has not been distressed as they no longer command her to commit 'utu'. These experiences which have occurred infrequently since childhood are generally not consistent with those characteristically associated with a major mental illness.</p> <p>Rating is based on the cultural context of the thoughts and perceptions being investigated. The behaviours are considered to be culturally determined and in keeping with cultural norms. That the behaviours are culturally determined and Huia is no longer distressed and her behaviour is no longer impacting severely on herself and others warrants a rating of 0.</p>	<p>It is critical that you identify, through discussions with whanau, Maori mental health practitioners (Kaumatua, kuia, kaimahi, cultural workers) or cultural assessments, whether the reported/observed findings are consistent with cultural practices that are recognised and accepted within Maori belief systems (which themselves may be heterogeneous).</p> <p><i>Only when this determination has been made should the following be applied:</i></p> <p>Culturally determined behaviours, experiences and beliefs associated with cultural norms and activities should not be included in any rating items.</p> <p>When considering the rating items cultural elements must be balanced by the degree of distress the problem causes and the effect it has on behaviour (Rating Guideline).</p> <p>Identifying culturally determined behaviours aims to assist in the development of a recovery plan best able to meet the needs of tangata whaiora and their whanau. It is important that cultural elements are not used to minimise the impact of behaviours on tangata whaiora/motuhake and their whanau. Minimising the impact of behaviours risks neglecting important components in tangata whaiora/motuhake recovery plans.</p>

5. Interrelationships between items to enhance outcomes

There are specific rating rules for the HoNOS/HoNOS 65+/HONOSCA which must be followed. It is important to separate the rating of the scales from the clinical interpretation and management of the scales. However, reflective of holistic concepts of Maori health, when conducting assessments, determining ratings (in accordance with rating rules) and interpreting outcome measure results to inform recovery plans, it is important to understand and locate behaviour within its broader context. The recovery plan should include the problems and their severity as indicated by the ratings. However, the plan should also include additional contextual information gathered as part of a comprehensive assessment.

Examples include:

- Understanding *aggressive behaviour* within its wider context; for example, in response to cultural inappropriateness, fear, depressed mood, irritability, side effects of medication, loss of ability to undertake activities, loss of ability to fulfil cultural obligations and expectations, lack of literacy, social isolation, cultural isolation, discrimination and racism as a stressor;
- Information which is presented about *risk-taking behaviour* which may not be directly linked to suicidal ideation; substance abuse and self medicating behaviour; physical disability and presenting behaviour, for example diabetes, vision or hearing impairment, impotence, lethargy, restlessness;
- *Socio-economic status*, for example the impact of poverty, lack of transport, poor housing, heating, limited security, rural isolation.

Interpreting the information obtained as a result of effectively engaging with tangata whaiora and their whanau, both within the boundaries of the HoNOS/HoNOS 65+/HoNOSCA scales and within the wider context, can assist clinicians to more effectively understand tangata whaiora and their whanau, leading to recovery plans which are more able to effectively address issues. Not doing so risks missing opportunities to fully maximise the potential of information obtained to enhance outcomes for tangata whaiora and their whanau.

6. Information Analysis, Interpretation and Utility

Outcome measurement is more than simply completing the ratings. There is an important transition from rating completion to recovery planning. There are a number of steps that you can take to use the outcomes information recorded to develop your recovery plan or review an already existing plan. The issues described previously assist to more accurately understand and interpret the information obtained and how to best utilise it in recovery planning. In addition, Tuituia and the tangata whaiora/motuhake video can be used as key resources to guide your practice. Assisting to highlight that transition, following training in the vignettes, you will be provided with the opportunity to engage in exercises focused on providing experience in recovery planning.

This facilitates an understanding of the practical application of outcome measurement ratings. It includes an emphasis on collaboration and on identifying issues that would be discussed with tangata whaiora/motuhake and their whanau following the application of an outcome measurement tool. For example, Hone scored a rating of 4 for scale item 1 relating to aggression. Effectively utilising the information obtained means engaging with Hone about this outcome and

collaboratively investigating ways in which this might be addressed in his recovery plan.

Completing an outcome measurement rating is not just about examining outcomes at any given time. It is about having a tool which enhances recovery planning and provides useful information which can assist in informing ongoing recovery planning.



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