Weaving the Realities and Responsibilities: Crossing culture and concepts of healing within co-existing mental health and addictive disorders.

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Within 'Mainstream' western and Kaupapa Māori services, competing priorities often mean that cultural and clinical services are not implemented in unison. Without this 'unison', treatment of Māori with co-existing mental health and addictive disorders may be ineffective. This paper reflects the journey of a small social service agency 'Pai Ake Solutions Limited' (PASL) in integrating western clinical approaches within tikanga Māori values.

Pai Ake Solutions Limited (PASL) provides a range of group and individual services to whānau who are affected by mental illness and co-existing substance use problems. The initial development of the service was based on the whakaaro of providing 'pai ake' (better) services for whānau in the greater Waikato. These services were initially founded on the strong values of founders Mihaka Hohua and the late Ritchie Re Cribb, which were influenced by the practices and experiences of Ngati Kahangungu, Ngati Haua, and Waikato-Maniopoto. From an initial non-clinical service provision contract, PASL began receiving referrals from individuals and whānau whose needs were not being met by mainstream service providers. Encouraging outcomes and an internal agency review of clientele utilising the service, identified that those accessing PASL services were experiencing socially and clinically significant mental and physical health, addiction and psychosocial problems.

The common presentation at PASL often included:

- Complex and long term co-existing mental illness and addictions
- Histories of unsuccessful engagement
- Histories of unsuccessful treatment
- Disconnection from whānau and the community
- Significant psychosocial distress and poverty
- Ongoing and/or significant criminal histories
- Gang affiliation
- Drug manufacture and/or drug dealing

This led to the provision of a clinical position (FTE) within the service. From the point of view of the writer, this is where the journey began – deciphering kaupapa and tikanga Māori approaches, and aligning clinical and Māori needs, aspirations and perspectives.

Realities and responsibilities of an ACO approach

Some of the realities of working with this population group also form part of the service delivery responsibilities held by the team. In my role to introduce clinical service delivery at PASL, I was attempting to address what appeared to be dichotomies of perspectives. Table 1 outlines these dichotomies.

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Table 1. Realities and Responsibilities

Tikanga Approach	VS	Mainstream Approach
Needs of Whanau	VS	Needs of Individual
Individual and Whānau Goals	VS	Contractual Requirements
Social Systems Approach	VS	Clinical Approach
Individual and Whānau Needs	VS	Social Responsibility
Realities of the Environment	VS	Clinician Safety

Many of these dichotomies have been reported by PASL service users as contributing to poor outcomes in the past, with restricted access to services whom will engage with their whānau and their realities. This has led to PASL to weave together the responsibilities and realities, across whakaaro, attitude, policy and practice. This whakaaro is presented in Figure 1 below.

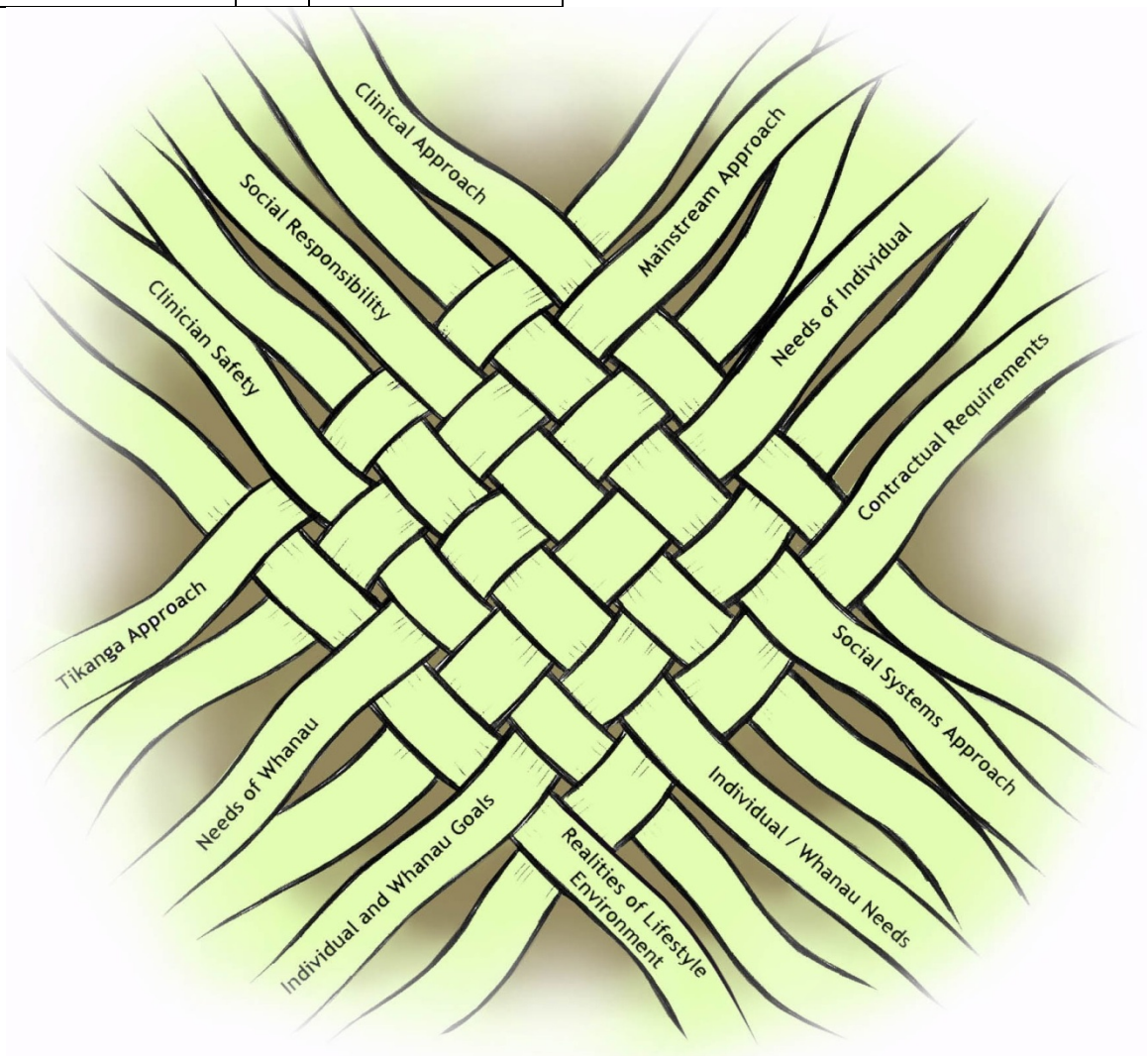

Figure 1. Weaving the realities and responsibilities

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The following section briefly discusses issues within each dichotomy and PASL responses to them.

Tikanga Approach VS Mainstream Approach

It is beyond the scope of this paper to define kaupapa or tikanga Māori, or in fact clinical western models (mainstream approach). In referring to Māori services in this paper, I am referring to services which are predominantly staffed by Māori, who embrace working holistically with whanau and whānui. In discussing mainstream western models, I am referring to existing Adult Mental Health and Alcohol and Other Drug Services which are predominantly 'case-management' based with minimal contact in the community or with whānau.

For PASL addressing this dichotomy has not meant dissecting a clinical approach from a whānau based approach, but acknowledging the clinical validity of working with whānau. Culture is not a 'tacked-on' assessment or intervention process, but integral in every aspects of assessment and intervention, such as te taha hinengaro (mind), taha wairua (spirituality), taha whanau (family and social network), taha tinana (physical), taha pumanawa (gifts), and taha pukenga (skills).

Needs of Whānau VS Needs of Individual

Often as a service, whānau are seeking support for a whānau member who does not wish to engage. On the other hand, an individual may express that they do not want their whanau to be involved. This brings to fore concerns over confidentiality, and the ability to work with significant others independently of primary client.

Acknowledging the validity of working with whānau, and lack of whānau based addiction services, PASL provides specific groups for significant others, as well as working with whānau without an identified individual engaged in our service. Engaging 'whanau' reduces the isolation both the client and worker feels. It provides opportunities to heal 'ruptured' relationships, a common consequence of addiction and illegal behaviours, and to further develop relationship and support networks. It is important to acknowledge and understand that 'whānau' is a network of relationships. This understanding allows therapists to effectively differentiate relationships which may have contributed to developing or maintaining presenting concerns, from those relationships which may be uplifting and positive.

When a client declines whānau involvement, we have the responsibility to explore that as a significant issue, rather than quickly accepting this response. If they said they did not want to talk about their drug use or 'voices', would we not also explore this further?

Individual and Whanau Goals VS Contractual Requirements

Often the goals of individuals and whānau are not to reduce symptoms, but to: increase resilience and resource; to have meaning and purpose in life; or a connection with te ao Māori. PASL attempts to address these goals by providing an Assertive Community Outreach (ACO) service approach. This approach is a strategic whānau based approach, which is not necessarily compatible with contractual requirements focused on a high number of primary client one on one contacts. When addressing whānau and individual goals, the ACO approach takes more networking time and contact with agencies, communities and whānui members.

The Mental Health Commission (1998) recognised that contracting measures developed on the basis of western paradigms were unlikely to fully appreciate many of the concepts and activities crucial to recovery for tangata whai ora. Nearly a decade later inputs and outputs continue to dominate performance measurement for providers (Boulton, 2005).

Documenting narrative outcomes of working with whānau, and being clear in the clinical and cultural validity of working with whānau, within the team and with those with whom we have contracts with, is an important part of weaving this aspect. In our experience, contract managers have been open to realistic representations of the client group of which we work (the realities), and strategic methodologies in meeting these complex realities (responsibilities).

Social Systems Approach VS Clinical Approach

Contractual requirements (as discussed above), and an increase in medically based case management when working with co-existing disorder populations,

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has reduced the capacity to work with whānui (extended whānau and community members). Linking people with communities in order to find a place to belong and a sense of purpose (i.e., relationship); and engaging in opportunities which inspire hope and develop a sense of mastery and self-efficacy, were traditionally in the realm of Occupational Therapists (O.T.s). However, O.T.s are only available for a small percentage of individuals in the mental health system. These tasks are now often left to social workers or counselors, with practice being dominated by 'referring on', as opposed to 'walking with' the clients to awhi the process of engagement.

PASL acknowledges that meeting practical needs and working with broader whānui is clinically valid in establishing meaningful relationships which in turn impacts positively on the ability to introduce clinical interventions. A social systems approach which focuses on engagement of the broader whānui increases the effectiveness of interventions, particularly medication compliance and monitoring of substance use and reduces the long term reliance on services.

Individual and Whānau Needs VS Social Responsibility

Working in environments which are the reality for clients also presents ethical and safety dilemmas for staff. For example, we may be working with individuals and whānau who are dealing or manufacturing drugs; actively involved in illegal activities and/or gang associated behaviour. As a service that works with whānau in their homes, we also often come across young children in significant risk situations, who are often not seen by other agencies due to the transient nature of this population group. In working with individuals engaged in illegal behaviour, there are also social responsibilities. For example, the social responsibilities we face when placed in environments in which methamphetamine manufacturing or dealing is occurring in a small community populated by large numbers of children, with these children at risk of methamphetamine chemical exposure and drug/gang confrontations.

PASL acknowledge the importance of ongoing monitoring and maintenance of relationships with the whanau and whanui to ensure the both the safety of the public and confidentiality of the clients, particularly in situations of drug manufacture and gang conflict. On intake into the service, staff are explicit about what constitutes risk (both in writing and verbally), and what our 'joint' response will be. Initial screening and assessment plans are made to reduce risk and develop personal and whānau control over safety issues. If progress is not made, hui are held to raise the concern that 'additional' support is required. This may take the form of engaging with other agencies such as Child Youth and Family, Police and Mental Health Services. PASL have acknowledged the prolific number of children who do not come to the attention of social services due to a range of issues such as: parent's fears have having children uplifted; transient nature; and being isolated from whānau and community. Due to this, PASL have accessed specific assessment processes, and now provide a training programme for assessing and responding to child welfare and parenting capacity in whānau with addictions.

Realities of the Environment VS Clinician Safety

Many of the clients whom access our services are denied home based services due to a history of assault or their ongoing drug use. Risk of client self-harm, harm to staff, and harm from client to their whānau or the general community are significant issues for PASL staff to acknowledge and address in practice.

Taking this approach has not meant disengaging from dangerous environments, it has meant work-shopping community based risk management approaches, accessing a wide range of in-house and external risk management and violence risk assessment training, also building relationship with service users based on honesty, respect, and developing clear roles and responsibilities within the relationship between staff and whānau.

PASL also have developed strong lines of communication and mutual understandings with crisis services such as women's refuge, Mental health crisis assessment team, and local police. These relationships ensure that crises are responded to effectively when they occur.

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Summary

Irrespective of the presenting issues, the whakaaro at PASL takes staff back to the point of *'whānau before disorders'* - a responsibility to understand the person within the context within which they present. Over the past five years, the team at PASL has developed strategies and understandings in order to 'weave' these realities and responsibilities, while maintaining the integrity of the different aspects, by seeking the commonalities rather than differences, and adapting our approach to the realities of the cultural and sub cultural presentation of the whānau. The primary learning's regarding how to achieve this have come from Kaumatua, the individuals and whānau that access our services, and staff members and their whānau.

The overarching premise of this paper is that working more broadly, encompassing whanau and community, rather than narrowly where the focus is symptom based, is culturally and clinically valid, and an effective use of resources. This approach has the potential to provide sustainable and intergenerational outcomes, such as providing whanau with the tools to manage and support the wellbeing of whanau members and develop relationships with a range of service providers. The points discussed in this paper are a reflection of a journey. For some, it may provide validation for their approach or views, and for others it may 'spark' debate or reflection on personal and service wide practice. These approaches have assisted PASL to better understand the whānau with whom we work, and in a sense be accepted within broader whānui.

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