

Copyright is owned by the Author of the thesis. Permission is given for a copy to be downloaded by an individual for the purpose of research and private study only. The thesis may not be reproduced elsewhere without the permission of the Author.

**KIA WHAI TE WHAKATEKAINGA O NGA
TURORO WAIRANGI**

The Effectiveness of Discharge Planning for Maori Mental Health
Patients

A thesis presented in partial fulfilment of the requirements
for the degree of
Master of Social Work
at Massey University

Cindy Mocomoko
2000

ABSTRACT

This research evaluates the effectiveness of discharge planning for Maori mental health patients who have been discharged from a 21 bed ward of a provincial hospital. The findings are based on the perspectives of the sample group which is made up of six Maori patients and six mental health staff. The staff participants are a mix of primary and secondary workers. The addition of documentation of discharge planning from patient files adds to the method triangulation. The research is Maori centred set within a whanaungatanga methodology framework using the three guiding principles of establishing and maintaining relationships with whanau of interest, involvement from a holistic cultural base and involving participatory research practices as described by Bishop, (1998:130).

The findings of the research indicate that there are gaps for Maori in the discharge planning services, using the discharge planning guidelines as a measuring tool. It would be a fair comment that there is a high likelihood of similar outcomes of research on discharge planning at other hospitals and wards, which would have similar findings to varying degrees. Deinstitutionalisation in Aotearoa has opened the doors of psychiatric institutions, enabling mental health patients to be discharged earlier and treated in the community. A number of homicides and other violent crimes committed by people with a mental illness in the 1980s highlighted the need for good discharge planning for certain classes of patients who had been discharged back to their communities (Psychiatric Report,1988). This led also to the discovery of an absence of uniformity in policies and practices of discharge planning for mental health patients on a national level. The Ministry of Health had formulated policies in 1993 that were to be used as a framework and guideline for discharge planning for people with a mental illness who had been admitted into services. The discharge planning policies, therefore, are not just for certain classes of people, such as those who come under the provisions of the Mental Health (Compulsory Assessment and Treatment) Act 1992, but for all people with a mental illness, who are discharged from inpatient services.

From the analysis of the interviews, viewpoints of the participants are reflected in the suggested developments for improving discharge planning services for turoro Maori discharged from mental health inpatient care. This thesis, although with a small sample, has heard the voice of the consumer and is a contribution to Maori mental health research

MIHIMIHI

E nga iwi
E nga mana
E nga reo karanga
E nga ma taa waka hoki,
E nga hau e wha
Tena koutou, tena koutou, tena koutou

Te mihi tuatahi ki ta tatou kaihangā nana nga mea katoa

Te mihi tuarua he nui nga mihi ki nga kuia me nga koroua, nga tangata whenua o tenei rohe, tena koutou

Te mihi tuatoru, anei te mihi aroha i te whakamaharatanga ki oku kuia tupuna me oku koroua no Te Rarawa me Te Aopouri me Ngapuhi whanui katoa, tena koutou

Ka mihi hoki ki nga turoro me o whanau mo o kororerero “kia whai te whakatekainga” tena koutou

Tena koutou, tena koutou, tena koutou katoa.

Ko Whangatautia te Maunga

Ko Karirikura te Moana

Ko Te Ohaaki te Marae

Ko Te Rarawa te Iwi

Ko Cindy Mekomoko ahau.

ACKNOWLEDGEMENTS

The first acknowledgment is to my whanau who have supported me in completing this thesis, and in particular Jake, who has been there with encouragement in the times when it seemed very hard work. To my mokos who missed out on their regular Summer camping trip,, especially during the last stages of the thesis, and were saying "how do you turn that of?", in reference to my computer. Ka nui taku aroha ki a koutou.

A special thanks to my friend and colleague, Jan. We have been there for each other over the masters' journey together, as well as during all the other years of study. Kia ora koe, e hoa. Thanks too to Clint for his collegial support in the form of stern motivational "shoves" and for monitoring the progress when I felt least motivated. Kia ora koe hoki, e hoa. Also to Betty, another friend and colleague who has been there. Having the mental and emotional support from Te Puna Hauora whanau to complete such a task made it feel a little easier, and not so lonely.

Thanks to the turoro and their whanau who allowed me to share their experiences and stories. Without your input, this thesis would have felt empty. Thanks also to the staff participants. Your contribution was valuable.

Special thanks too, to my supervisors Rachael Selby and Dr. Celia Briar who have been there for me. I have learnt a lot from both of you and have appreciated your guidance and support. Again, thank you for being there, particularly in the times of frustration and doubts.

Thank you to Te Rau Puawai and the committee for the grant and financial assistance that enabled me to complete this thesis on time. Special thanks also to Professor Mason Durie for having the vision to find ways of assisting Maori in tertiary training to improve Maori mental health. Thanks too, to Kirsty Maxwell-Crawford. Your support was greatly appreciated, and in particular, the way you kept all Te Rau Puawai students updated by email and telephone calls.

Last but not least, thank you to Michael Ludbrooke, the C.E.O. Tauranga Hospital (1998), and Sue Lewer, Mental health Management (1998), who were open and transparent and supported the idea for this research to happen.

Table of Contents

Abstract	i
Mihimihi	ii
Acknowledgments	iii
Table of Contents	iv
Chapter One - Introduction	1
Objectives	1
The policy background	1
Mental Health Legislation	5
The 1992 Act - Culturally Effective Service Delivery	8
Procedures for Review and Appeal about Patients Conditions and Legal Status	9
Changes Within the Health System	11
Discharge Planning - Review of the Literature	13
The American Experience of Deinstitutionalisation	17
The Outline of the Thesis Chapters	19
Conclusion	23
Chapter Two - Foundations of Health For Maori	24
Introduction	24
Tapu and Noa	24
Te Whenua - The Land	26
Nga Tikanga Maori	27
The Whanau, The caregivers	30
Cultural Identity	31
My Own Experiences and Analysis of Whanau Groupings	31
Maori Health Status	34

Maori Mental Health Today	34
The Treaty of Waitangi and Mental Health	36
Conclusion	40
Chapter Three - Measures for Discharge Planning	42
Introduction	42
Background to Discharge Planning	42
Key Principles of Discharge Planning	44
National Guidelines for Discharge Planning for Mental Health Patients	46
Tauranga Hospital Discharge Planning Guidelines	47
Resources for Effective Discharge Planning	50
Community Care, Kaupapa Maori in Tauranga	51
Community Care, Mainstream Services	54
Conclusion	56
Chapter Four - Methodology	58
Introduction	58
Defining the Research Framework	58
Some Perspectives and Justification for Maori Research	61
My Journey Leading up to the Research	63
Preparing the Ground	66
Ethical Issues and Dilemmas	67
Establishing the Process	68
Collecting the Data	69
Sample of Participants - The Turoro	70
Staff participants - The Kaimahi	76
Conclusion	77
Chapter Five - Telling Their Stories	79
Introduction	79
Discharge Planning Process - Patient Involvement	80

Discharge Planning - Whanau Involvement	84
Patient Control After Discharge	89
Conclusion	93
Chapter Six - Information and Services During and After Discharge:	
Perspectives of Turoro and Kaimahi	95
Introduction	96
Information	96
The Amount of Information Given to Patients and Caregivers about Their Discharge	97
Information About Medication	102
Information on Services	107
Information About Follow Up Care	110
Resources	114
Cultural Safety	118
Conclusion	122
Chapter Seven - The Findings and Recommendations Around the Effectiveness of Discharge Planning	123
Introduction	123
Patient Involvement	123
Suggested Developments for Patient Involvement	124
Whanau Involvement	124
Suggested Developments for Whanau Involvement	125
Patient Control After Discharge	126
Suggested Development for Patient Control	127
Information - Discharge Planning Forms and Documentation	128
Suggested Development for Discharge Planning Forms and Documentation	129
Information – Given To Patients and Caregivers about the Discharge	129
Suggested Development for Information given to Patients and Caregivers about Discharge	130

Information - on Services	131
Suggested Development for Information on Services	131
Information - Follow Up Care	132
Suggested Developments for Follow Up Care	133
Resources	133
Suggested Development for Resources	134
Cultural Safety	135
Suggested Developments for Cultural Safety	135
Conclusion	136
The Growth of the Seed - Final Comments.	136
Bibliography	138
Glossary	144
Appendix 1	
Western Bay Health Guidelines for Discharge	146
Foreword	147
Acknowledgments	148
Contents	149
Introduction	150
Key Principles of Culturally safe Discharge Planning	151
The Process of Discharge Planning	153
Key Worker/ Clinical Case Manager	154
Policy and Procedure	155
Assessment	156
Policy and Procedure Service Guidelines	157
Treatment and Planning	158
Initial Discharge Treatment Planning	159
Policy and Procedure Service Guidelines	160
Discharge	162
The Content of Discharge Plans	163

	Discharge Planning	167
	Service Arrangements	169
	Information Systems and the Monitoring of Clients	170
Appendix 2	Maori Decade of Health	172
Appendix 3	Ethics Proposal	177
	Information Sheet	179
	Description of Project	180
	Ethical Concerns	182
	Legal Concerns	185
	Cultural Concerns	186
	Consent Form	187