

**CLINICAL PLACEMENT GUIDELINES FOR
MĀORI TERTIARY STUDENTS
TRM / 04 / 09**

Ihimaera, L. V. & Tassell, N. A.

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TE RAU MATATINI
AOTEAROA MĀORI MENTAL HEALTH WORKFORCE DEVELOPMENT

FOREWORD

Tēna koutou,

This report, Clinical Placement Guidelines for Māori Tertiary Students, is the first of two publications that will explore the interface between the health and education sectors. Workforce development depends on many factors but unless there is a sense of continuity between training and curriculum on the one hand, and practice on the other, there will be inevitable obstacles to progress and professional development.

Opportunities for joint inter-sectoral planning have not been prominent in the mental health environment, yet they are likely to become increasingly important as the importance of clinical, cultural, and theoretical perspectives is factored into effective service delivery.

The Guidelines are intended to maximise the experiences that students of clinical psychology will face as they transition from student to health worker, and to emphasise the value of common sets of understandings and protocols within training, service and professional environments. Although focussing on psychology, there are implications for the range of disciplines that make up the mental health workforce.

Professor Mason Durie

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BACKGROUND TO GUIDELINES

The following outlines background and supporting information to the guidelines including contextual workforce development data and literature as well as the underlying principles and purpose of the guidelines.

INTER-SECTORAL ALIGNMENT

A close relationship between the health and education sectors is essential for progressive workforce development, enhanced health service delivery and improved health outcomes. Within the education sector the future workforce is prepared and the current workforce up-skilled. Tertiary education is increasingly focussed on enhancing the relevance, connectedness and quality of tertiary education to align with national goals so that linkages with vocational/professional stakeholders such as the health and mental health sectors can be strengthened (Ministry of Education, 2002).

The recent Strategy for the Tertiary Education Commission: Working with Māori, also emphasises the important contribution the tertiary education system needs to make to Māori development and the retention and development of mātauranga Māori. It encourages effective partnerships with Māori communities, a focus on future needs, greater collaboration and rationalisation within the system, and increased quality, performance and effectiveness (Tertiary Education Commission, 2004). More specifically goal six of the strategy aims to:

...work to enhance the relevance of the tertiary education system by enabling the system to deliver the skills and knowledge required to contribute to Māori development aspirations. (p.16)

Close alignment between the education and health sectors is therefore pivotal for sustainable and informed health and mental health workforce development strategies, to equip the New Zealand health system with 21st century skills to deliver health and mental health services responsive to tangata whaiora¹ and whānau needs. In order to

¹ Tangata whai ora means "a person seeking health" and is also frequently written as Tangata whaiora which refers to "a person who has wellbeing" (Ministry of Health, 2000). Given the workforce

equip the current and future workforce, the education sector must be aligned to the workplace, at least to the extent that the curriculum will provide the necessary theoretical and analytical tools to address the realities confronted by mental health workers.

To further conceptualise the interface between training and the workplace, and identify how integrated approaches might be applied, the establishment of a training-workplace framework will be necessary. Such a framework should include the identification of goals, principles, integration levels and career pathways that are required to bridge the training-workplace divide. Whilst such a framework is beyond the scope of this document, the information contained herein provides a basis for the development of such a training-workplace framework.

DUAL COMPETENCIES

Over the past 15 years a greater appreciation of the importance of culture in mental health services and the need for dual clinical and cultural competencies has been increasingly highlighted. The cultural match between client and therapist has been demonstrated to provide increased beneficial therapeutic outcomes and retention rates in overseas studies (Gurung & Mehta, 2001; Sue, 1998). Similar research in New Zealand has found that Māori who are treated by dedicated Māori services² and services that are perceived as being accepting of diverse Māori realities, have better retention rates and are more likely to be satisfied with therapeutic outcomes, when compared to Māori treated by non-dedicated Māori services (Huriwai, Sellman, Sullivan, & Potiki, 1998; Maniapoto & Gribben, 2003).

Such findings suggest that the inclusion of factors that are perceived as being culturally appropriate and acceptable to ethnic client groups influence retention, satisfaction and therapeutic outcomes of these groups by mental health services. Cultural responsiveness to the needs of a diverse Māori population is a policy goal of the New Zealand Government (Hirini & Durie, 2003). An increase in the Māori workforce and in the clinical and cultural safety of mental health services (Ministry of Health, 2002)

development focus of Te Rau Matatini, Tangata Whaiora is currently used to encompass both contexts and is seeking further guidance from the sector and consumers.

² Dedicated Māori services predominantly have Māori employees.

will significantly progress a culturally effective and appropriate response to tangata whaiora and whānau need.

A Moving Forward (Ministry of Health, 1997) objective is to increase the Māori mental health workforce by 50% by 2005; and in 1999, the National Mental Health Workforce Coordinating Committee, recommended a proportional ratio of Māori clinical and non-clinical staff to the number of Māori who use mental health services. A recent stocktake of the health workforce (Health Workforce Advisory Committee, 2002) revealed that while Māori comprised 15% of all mental health workers, only 6% of registered nurses, 0.6% of occupational therapists, 1.3% of registered psychologists and less than 2% of psychiatrists were Māori. Māori therefore are significantly under-represented within specialist occupations that require tertiary qualifications (Ponga, Maxwell-Crawford, Ihimaera & Emery, 2004). According to Ponga et al (2004):

General trends show Māori uptake and completion of tertiary qualifications tend to be at sub-degree level and are shorter in duration. Part of the challenge of increasing the number of Māori working in tertiary qualified mental health roles will be to provide support throughout the duration of the qualification and incentives to attain higher levels of qualifications. (p.26)

There are a number of accelerated workforce initiatives to up-skill and increase numbers of the Māori mental health workforce, these include Te Rau Puāwai³, which targets specialised clinical areas such as psychology, nursing, social work, counselling, alcohol and drug qualifications and Henry Rongomau Bennett Memorial Scholarships⁴ for Māori psychiatric registrars. Workforce initiatives such as these require inter-sectoral collaboration between tertiary education providers and mental health organisations to ensure their relevance, effectiveness, cohesion, and success.

³ Te Rau Puāwai was established in 1999, as a joint venture between the former Health Funding Authority and Massey University. The overall goal of the programme is to contribute at least 100 Māori graduates to the Māori mental health workforce within a five-year period (Maxwell-Crawford, 2001).

⁴ This Memorial Scholarship fund is administered by Te Ohu Rata, the Māori Doctors' association (Mauri Ora Associates Ltd, 2004).

CLINICAL PSYCHOLOGY

Over the 10 year period from 1991 to 2001, the discipline of psychology has experienced an 89% increase in the number of working professionals (Health Workforce Advisory Committee, 2002; Levy, 2002). Data from 2003 suggests that the current number of active registered psychologists within New Zealand totals 1642, with clinical psychologists comprising 30% (n=486) of this total (Ministry of Health, 2003). Despite a range of ongoing initiatives and attempts to attract and retain more Māori within the discipline of clinical psychology, the number of Māori professionals working within the clinical area continues to remain low.

Estimates from a 2002 report (Levy, 2002) indicate that of those registered psychologists working within the health, education, justice, welfare, and academic sectors, only 23 identified as Māori. More recent figures from the 2003 Health Workforce Annual Survey showed that of the 889 psychologists that chose to respond to the survey, Māori accounted for 4.7% (or n=42) (Ministry of Health, 2003), indicating a continual increase in the number of Māori working within the discipline. Although data regarding the exact number of Māori working as *clinical psychologists* is limited, a generous estimate based on the 2003 figures suggests that, despite the suggested overall increase of Māori working in psychology, the number of Māori clinical psychology professionals may be as low as 23.

Given the large number of tangata whaiora who access clinical psychological services and the highlighted importance of culture to effective mental health service delivery, strategies that are innovative and multi-faceted are required to comprehensively address the salient issue of recruiting more Māori into the clinical psychology profession (Evans, 2002; Herbert, 2002; McHolland, Lubin, Forbes, 1990). As highlighted in the Health Workforce Advisory Committee's stocktake, these issues are not unique to psychology and have shared relevance across the health and mental health disciplines.

Te Rau Matatini, a national Māori mental health workforce development organisation, was launched in March 2002 to strengthen the Māori mental health workforce. The Te Rau Matatini project theme of Workforce Expansion aims to increase the capacity of the Māori mental health workforce through recruitment and retention across all

disciplines, professions, and occupations. Te Rau Whakamaru, one of nine Te Rau Matatini projects, has the broad objective of promoting closer links between the education and health sectors. The focus for 2003 was the profession of psychology, more specifically clinical psychology placements or internships. It is the intent of this report that the experiences as shared in the consultation process and guided by the Working Party will benefit all Māori students pursuing a career in health disciplines such as nursing, social work, occupational therapy, as well as psychology.

The key aim of Te Rau Whakamaru is to develop closer alignment between education and health that will lead to strategies aimed at enhancing the quality and comprehensiveness of placements/internships for all Māori students, and the creation of positive and beneficial learning and practice experiences within clinical/professional training. It is envisaged that by creating positive, comprehensive placement experiences within mental health services, an increased number of Māori students will be better equipped to reconcile clinical and cultural expectations and learnings, and in doing so, actively encourage and foster the retention of Māori within mental health disciplines (Maxwell-Crawford, Hirini, & Durie, 2003). The presence of other Māori has been highlighted as a key indicator to Māori participation (Levy, 2002; Milne, 2001; Te Kahui Tautoko, 2001). It follows then that placement experiences which promote and foster the retention of Māori professionals may have the subsequent benefit of increasing Māori recruitment into mental health disciplines also.

To assist in achieving these aims, a Working Party (see Appendix A – members list) was formally established in March 2003, including representatives from:

- mental health service providers that can offer clinical placements/internships
- kaumatua (from a relevant service setting)
- training institutions offering clinical psychology training, and
- psychology professional bodies: New Zealand Psychological Society, New Zealand Psychological Board and The New Zealand College of Clinical Psychologists.

The Working Party assisted the Te Rau Matatini project team in tracking placements and internships of Māori clinical psychology students. The Working Party have worked together defining positive experiences that enhance students' experiences and

developing strategies to overcome issues raised by students during placement experiences (see Appendix B – Joint Working Party Terms of Reference).

A literature review and consultation exercise was undertaken early in 2003 with six practicing Māori clinical psychologists and current Māori clinical psychology students. A further consultation exercise was undertaken in the latter part of 2003 with Māori clinical psychology students on placement or internship. From the consultation exercises and experiences of clinical students on placement/internship during 2003, a number of common themes were identified. These were categorised into key issues pertaining to tertiary clinical/professional health training programmes, mental health services, and professional bodies, thereby forming the basis for development of the following Guidelines and meeting the objectives of the Te Rau Whakamaru project.

T E RAU WHAKAMARU PRINCIPLES

The Guidelines are based on the following principles. Such principles are consistent with those guiding principles Te Rau Matatini (see Appendix C) has developed for all its workforce development activities.

TREATY OF WAITANGI

Honouring the Treaty of Waitangi principles of partnership, participation and protection, to support the recruitment and retention of Māori in the development and implementation of training and placement programmes.

RELEVANCE

Quality and culturally relevant tertiary clinical/professional training and mental health placement programmes necessitates a well co-ordinated and integrated inter-sectoral effort to enhance access for Māori students.

TRANSFERABILITY

Issues and challenges in attracting and retaining Māori psychology students are not unique to psychology and are transferable across the health and social service study disciplines, evident in both workforce participation and graduation statistics.

ALIGNMENT

Tertiary health education and training programmes should be aligned to the workforce development needs of the health sector; prepare the current and future workforce to engage in extended mental health career pathways; contribute to the needs and values of health providers; and, reflect the aspirations and ideals of Māori communities, including tangata whaiora and whānau.

BEST PRACTICE

A workforce that is committed to best practice based on internationally recognised clinical and professional standards and underpinned by indigenous values and concepts of healing will contribute to best health outcomes for Māori. Dual competency benchmarks recognise the reality that Māori live in modern times.

PURPOSE OF GUIDELINES

The primary objective of the Te Rau Whakamaru consultation exercises was to identify particular aspects perceived as imperative to promoting useful and beneficial placement experiences for Māori students. Current research has taken account of Māori training experiences within clinical psychology (Levy, 2002; Merritt, 2003). By building on the identified key recommendations from such research findings, this report aims to provide practical direction for the enhancement of clinical/professional mental health placement processes and associated systems.

These Guidelines will assist tertiary education clinical/professional training programmes, mental health services and associated professional bodies to support and provide clinical/professional safety, cultural safety, and consistency for Māori students within their institutions. To do this, it is important that tertiary clinical/professional

health training programmes, mental health services, and associated professional bodies have:

- an understanding of the importance to Māori of cultural safety, an understanding of the importance of cultural identity and opportunities to advance knowledge and skills concerning the practice of Māori models of health, and te reo Māori me ōna tikanga⁵
- commitment to the type of environment that is indicated in this report to support Māori in achieving best outcomes in clinical/professional placement and associated experiences, and
- a commitment to collective responsibility and partnership for the effective implementation of these Guidelines.

CULTURAL SAFETY AND RELEVANCE

For over a decade, literature and research has highlighted the need for more appropriate training for Māori (Abbott & Durie, 1987; Brady, 1992; Lawson-Te Aho, 1994). Recruitment and retention initiatives for Māori students can be assisted by ensuring the tertiary clinical/professional placement programmes, mental health placement services and associated professional bodies are culturally safe, and meet Māori needs and expectations. The lead provided by Irihapeti Ramsden (1996) in the development of cultural safety guidelines for nurses could serve as a model for all tertiary health training programmes. Cultural safety, as highlighted by Ramsden is about the transfer of power from the provider to the consumer and the recognition:

...that each health care relationship between a professional and a consumer is unique and power-laden, and culturally dyadic. From this perspective, whenever two people meet in health care interactions, it inevitably involves the convergence of two cultures. This bicultural component not only involves unequal power and different statuses but also it often involves two cultures with different colonial histories, ethnicities or level of material advantage. (1996, p.23)

⁵ Te reo Māori me ōna tikanga is defined here as Māori language and Māori culture (Te Puni Kōkiri, 2004).

Cultural safety is further defined by Ramsden as: effective communication between professionals and consumers and according dignity and respect within that relationship; consumer rights and access to effective quality [mental health] services; no restriction on the rights of students to question, to express their own opinions and realities but the need for consideration of new information and different realities; and about the understanding of self, the rights of others, the legitimacy of difference, and acknowledgement that people have different realities and their cultural values and beliefs cannot be stereotyped or ritualised to become insignificant. Ramsden goes on to suggest that cultural safety should be part of the ongoing training and professional development programme of all students and teachers of nursing and all health professional groups.

For significant change to occur, cultural safety requires attitudinal and environmental adjustment processes. Recently, Levy (2002) concluded that the environments in which Māori are employed need to undergo substantial change to improve the training and employment status of Māori clinical psychologists. Specifically she states:

...increasing the support provided to Māori students without addressing the relevance of psychology for Māori or failing to understand the tensions between the development of Māori focused psychologies within Western paradigms and systems, will not result in increasing Māori participation in the profession of psychology.
(Levy, 2002, p.55)

Other researchers such as Milne (2001) and Te Kahui Tautoko (2001) have reiterated that the same must occur for Māori currently employed in mental health services and who are seeking to up-skill in a health related profession such as social work.

Key indicators of a safe environment in which Māori wish to participate are noted by Levy (2002), Milne (2001) and Te Kahui Tautoko (2001) as:

- presence of other Māori students in related disciplines (e.g., psychologists, social workers, nurses and occupational therapists)

- competency to work with Māori viewed as a core component or *best practice* within Western health training paradigms
- absence of the marginalisation of Māori into *cultural areas*
- provision of opportunities to contribute to the development of Māori focused psychologies/Māori models of practice
- meaningful participation and active valuing of the contributions made by Māori students and clinicians/professionals, and
- the provision of effective support for Māori students and clinicians/professionals.

CULTURAL IDENTITY

Recent findings (e.g., Bennett, 2001) have indicated that positive psychological and educational outcomes share significant and noteworthy relationships with cultural identity. This suggests that tertiary institutions, which value and proactively incorporate into the curriculum, opportunities for Māori students to continue to strengthen their cultural identity, are simultaneously enhancing retention, attainment, and graduation of Māori students. Appropriate processes and environments can ensure meaningful participation will be more likely if there is security of identity (Durie, 1999).

For Māori, that means having access to Te Ao Māori⁶ and the confidence to participate as Māori (Durie, 1999). Assisting and allowing Māori students the opportunity to strengthen their identity is in accordance with the Draft Declaration of the Rights of Indigenous Peoples (1993), which recognises the importance of culture to personal development: “Indigenous peoples have the right to have the dignity and diversity of their cultures, traditions, histories, and aspirations appropriately reflected in all forms of education and public information” (Te Puni Kōkiri, 1994).

COLLECTIVE RESPONSIBILITY

All organisations involved in clinical/professional health training and practice need to be receptive and responsive to Māori needs. This requires a coordinated and integrated

⁶ Te Ao Māori is defined here as the Māori world culture (Te Puni Kōkiri, 2004).

effort of human resource and workforce development, policy development, best practice development, and decision-making processes.

Collective responsibility means the onus rests with the relevant organisations (Levy, 2002), not with Māori who do not have the critical mass and should not be expected to progress a much-needed and overdue bicultural development. Organisations need to consider the issues, think about potential initiatives within their contexts and work to implement those initiatives. An example of such an initiative may be the utilisation of postgraduate Māori students as staff (i.e., graduate assistants) and/or official/unofficial mentors within tertiary institutions. Again, Levy's words as they apply to psychology, are as pertinent for all health professions/disciplines who wish to increase their Maori workforce number and competency:

All organisations who have an interest in increasing Māori participation in psychology, for example psychology departments, employers of psychologists, professional organisations and government policy making agencies must take responsibility for addressing and advancing the issues relevant to their own specific contexts. (2002, p.61)

Therefore implementation and application of the Guidelines are expected to:

- increase recruitment and retention of Māori students into clinical/professional health training and mental health placement programmes and postgraduate employment through improved communication and networking
- increase access to relevant quality placements
- improve the quality of graduates by ensuring they have the skills, knowledge and competencies required to work with Māori in mental health
- increase positive, professional exposure to Māori mental health professionals
- interest Māori in actively pursuing health professions such as clinical psychology as a career pathway
- integrate theory and practice in a coherent way (Maxwell-Crawford, Hirini, & Durie, 2003).

Te Rau Matatini acknowledges previous work undertaken by tertiary education providers, mental health services, associated professional bodies and Māori health professionals, students, and researchers in the development and implementation of strategies to improve recruitment and retention of Māori in mental health.

GUIDELINES

This section outlines concluding points resulting from the consultation processes and relevant literature, for tertiary education clinical/professional placement programmes; mental health services; associated professional bodies; and Māori students.

1. TERTIARY EDUCATION CLINICAL AND PROFESSIONAL TRAINING PROGRAMMES

A proactive commitment to Māori development by tertiary clinical/professional training programmes has been highlighted as essential for increasing retention and graduation of Māori students, increasing responsiveness of future Māori health professionals, and producing overall best health outcomes for tangata whaiora and whānau. Therefore, it was concluded that:

- a. specific information concerning the clinical/professional programmes of relevant institutions should consistently be available to students before submission of application for entry into the programme. Ideally, this information should be readily available to students from an undergraduate level, across all tertiary institutions that run a clinical/professional training programme, and
- b. information concerning the proposed changes to educational completion requirements within some postgraduate programmes such as clinical psychology programmes (e.g., the proposed DClinPsy⁷ qualification), should be readily available to ensure the change process is transparent and accessible.

Feedback from recent consultation hui highlighted issues around the cultural expectations and demands Māori students currently enrolled in postgraduate programmes experienced in addition to those issues that are common to both

⁷It has been proposed that the DClinPsy qualification become the entry-level qualification for admission into clinical programmes. The DClinPsy is similar to the current PhD, but will be a qualification specific to clinical psychology (much akin to the MD of doctors). This system is currently being implemented by some tertiary institutions and exists at The University of Auckland.

themselves and to their non-Māori peers. For example, Māori clinical psychology students recognise they require more than an introduction to taha Māori to be accepted as a useful Māori practitioner. Additionally, it was concluded that:

- b. training in Māori perspectives, models, and practices of mental health should be prioritised alongside Western models of practice to ensure students can engage in dual clinical and culturally-based best practice during placements and internship
- c. opportunities should exist for all Māori students to advance knowledge and skills concerning the practice of kaupapa Māori in a psychological setting. This should include, but not be limited to, *compulsory* training in kaupapa Māori competencies delivered at the undergraduate and postgraduate level
- d. if the school/department responsible for the implementation of the clinical/professional training programme does not have Māori staff skilled in the delivery of training in models of practice and kaupapa Māori, the school/department should sub-contract appropriate Māori expertise to design and deliver the relevant training
- e. students' be provided with safe opportunities to explore their cultural identity as Māori. This may be achieved, but not limited to, the implementation of such strategies as suggested above
- f. clinical/professional programme coordinators and staff should endeavour to strengthen collaborative relationships with Māori mental health services to enable all students on the clinical/professional programme to have the ability to experience at least one placement and/or internship at a kaupapa Māori mental health service
- g. clinical/professional programme coordinators should ensure all placement services are committed to providing culturally responsive placement environments for Māori students, with establishment/evaluation occurring *prior* to the placement commencing

- h. placement programmes should be well planned to give students opportunity to experience a variety of placement settings and to provide access to mainstream and kaupapa Māori environments
- i. all students should have access to a Māori supervisor or cultural advisors irrespective of the orientation of the placement service
- j. if a student competently performs practices such as whanaungatanga, mihimihi, karakia, and other Māori practices, this should be recognised and legitimised as appropriate models of practice in clinical/professional examinations, and when this occurs,
- k. appropriate arrangements are made to support this process (i.e., ensure a suitably qualified Māori practitioner with clinical/professional experience is the examiner) and whānau of interest are able to participate.

Retaining Māori in the clinical psychology discipline is largely dependent on the internal programme support structure available whilst engaged in the clinical training process (Levy, 2002). Given this, it was concluded that access to support for Māori clinical/professional students should:

- l. be continually accessible, and extend for the entire duration of the clinical/professional training experience, including periods of placement and internship if required
- m. provide access to cultural support based on the ratio of Māori students in the clinical/professional programme at any one time. It is suggested that the support roles be exclusive from and in addition to, the role of the clinical supervisor/s
- n. include more explicit information regarding processes that allow students to report or comment on the effectiveness of the supervisor in a confidential manner, and

- o. create a strong awareness of the expectations that students who choose to work in the area of Māori mental health, must have a commitment to dual competency in both kaupapa Māori and Western models of practice.

2. MENTAL HEALTH SERVICES

Orientation processes, such as pōwhiri and whakawhanaungatanga, provide an opportunity to acknowledge cultural difference and respect Māori as tangata whenua, according their right to Māori cultural traditions, such as a pōwhiri, the use of te reo Māori, and cultural self-determination.

A comprehensive orientation is essential in promoting pleasant and comfortable initial experiences within placements. Research suggests that orientation programmes that are relaxed and well-presented, while at the same time informative and relevant to the needs of new staff and the organisation, are well received (Maxwell-Crawford & Gibbs, 2003). Specifically, a comprehensive orientation programme can create an inclusive introduction to organisations, and provide the support and information required by new staff or interns, helping them to a successful start, and encouraging retention (Kleiman, 1999; Jones, 1996). Therefore, it was concluded that a comprehensive orientation process to placement services should be implemented for clinical/professional students, and include:

- a. an induction process, such as pōwhiri and whakawhanaungatanga, that is attended by all staff at the placement service as well as one member (minimum) from the clinical/professional training programme. For example, a pōwhiri⁸ or whakatau⁹ may be appropriate when placement is at kaupapa Māori services, and may be equally appropriate and informative in mainstream services
- b. a detailed outline of the organisation that includes: structures and policies; processes for dealing with consumers; observation guidelines; standard checklist for assessment; and, goal-setting and case management, and
- c. for those placements of short duration, some of this orientation information could be supplied prior to the commencement of the placement.

⁸ A pōwhiri is a formal process which usually involves a full party for the welcoming and the visiting sides (i.e., kaikōrero, kaikaranga, waiata on both sides) Therefore, to conduct a pōwhiri may require an appropriate building as well as the appropriate cultural support persons.

⁹ A whakatau is less formal and can be held within any type of building and does not necessarily require a karanga or a spoken response from the visiting party (Kaumatua, Waikato, Tainui, 2003)

Appropriate and effective supervision has been suggested as the most salient factor for achieving placement experiences that are both beneficial and positive for clinical students (Merritt, 2003). The selection of supervisors for Māori students has a huge impact on the outcome of their experiences while on placement in either mainstream or kaupapa Māori services. Therefore, it was concluded that mental health services should ensure:

- d. supervision is conducted in a structured manner with set times for meetings and feedback sessions
- e. supervisors are able to offer the following: positive, constructive feedback both verbal and written; goal setting; caseload monitoring; help with time management; empathy with issues faced as a Māori health practitioner; a willingness to up-skill when dealing with Māori issues; and, the provision to students of a diverse range of case experiences and practices
- f. placement services provide cultural training for staff who undertake supervisory responsibility/activities for Māori clinical/professional students, and
- g. access to Māori cultural supervision, to provide support and advice for cultural issues and competencies that arise in the placement setting and with tangata whaiora and whānau. If appropriate resources are not available within the mental health service, external resources should be sought to provide the relevant cultural support.

Continuation and enhancement of the commitment to Māori development as expressed by clinical/professional students should be encouraged during placements, and maybe achieved through execution of the following:

- h. placement services enquiring about students' level of competence and capability in Māori perspectives of clinical/professional practice, and the assignment of tangata whaiora and work roles on the basis of students' abilities. The aim of this would be to reduce the assumption that all Māori

are equipped to work with other Māori, or to be involved in all aspects of te taha Māori¹⁰ throughout their placement

- i. arrangement where desired by students, of placements that provide adequate access to tangata whaiora and whānau. To accomplish this, it is suggested that placement opportunities in kaupapa Māori mental health services or services dealing with large numbers of tangata whai ora, be made available
- j. practical opportunities to observe and participate in the implementation of Māori models of practice in the mental health setting, and
- k. cultural guidelines suggestive of relevant and appropriate times, places, and methods of implementing Māori practises within clinical practice (e.g., offering kai before or after a session with tangata whai ora). This is particularly important for placement services predominantly aligned to Western paradigms.

¹⁰ Te taha Māori is defined here as Māori issues (Herbert, 2002).

3. PROFESSIONAL BODIES

Active involvement by professional bodies is necessary to demonstrate to the discipline the critical importance of actively working to create environments in health and education in which Māori wish to participate, and to provide a mechanism by which attention is focused on these issues (Levy, 2002). It was concluded that those relevant bodies:

- a. continue to demonstrate a commitment to the Treaty of Waitangi through the development and promotion of an increased number of kaupapa Māori symposia, workshops, publications or other relevant events, with the aim of increasing Māori participation that is effective and meaningful
- b. upon entry to the clinical/professional programme provide orientation packages to tertiary institutions to distribute to students regarding relevant information about that specific body (i.e., membership details, conferences, symposiums, scholarships, job opportunities, etc.)
- c. upon entry to the clinical/professional programme communicate opportunities available for Māori students (e.g., scholarships, research, internships and placements)
- d. provide ongoing information about events and information that may be relevant to the students' training, placement, or future employment
- e. continue to provide funding opportunities to support access for students to participate in an associated professional body and associated sponsored activities (e.g., conferences and symposia)
- f. promote and increase (access to) funding opportunities that support appropriate and adequate funding for Māori students throughout their placement/internship experience – the purpose of which is to support the retention of Māori students within programmes and provide optimum opportunities for them to complete the qualification

- g. undertake a leadership role in communicating the importance of cultural competency as a core component of *best practise* within Western training paradigms, and ensuring that all health practitioners are culturally competent in practice, and
- h. develop and fund a tuakana/teina mentoring programme, whereby Māori health practitioners may choose to provide support and assistance to Māori students.

4. MĀORI STUDENTS

Given the commitment to Māori development expressed by clinical students, views were sought during the consultation process on helpful information regarding knowledge and expectancies of students when going into a clinical/professional programme, and into placement. Based on these, it was concluded that Māori students apply the following:

- a. when considering a clinical/professional programme, students should enquire about the experiences of other Māori students/interns/practitioners and seek information about the use and implementation of concrete clinical/professional skills and other skills that would be applicable
- b. attend a clinical/professional training programme that has a kaupapa Māori teaching clinician
- c. include whānau of interest (e.g., immediate and or extended family members, friends, other students, etc.) in significant stages of the programme, such as interviews, orientation, and panels
- d. embrace opportunities to acquire the appropriate skills and cultural competencies necessary to understand the dual clinical and cultural expectations of working in mental health as a Māori clinician/practitioner/professional with tangata whaiora and whānau
- e. develop relationships with other Māori students at all levels of study, to create informal sources of support and inspiration, and to share information
- f. look for placements in organisations that have an active bicultural practice
- g. before entering a placement, communicate the level of cultural support needed and ascertain what is able to be provided, and

- h. develop relationships with Māori clinicians/practitioners/professionals in the community to support networks and to provide opportunities to develop practical understandings of Māori models of practice within the mental health setting.

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APPENDIX A – Te Rau Whakamaru Project: Working Party Members

REFERENCE GROUP MEMBER	ROLE/AGENCY
Dr Catherine Love	Open Polytechnic of NZ New Zealand Psychologists Board
Richard Sawrey	National Standing Committee on Bicultural Issues (NSCBI) - NZPsS Counselling and Psychological Services Manager Workplace Support Central
Clive Banks	NZ College of Clinical Psychologists; Te Whare Marie
Associate Prof. Kevin Ronan	School of Psychology, Massey University (Turitea)
Paul Hirini	School of Psychology, Massey University (Turitea)
Moana Waitoki	New Zealand Psychologists Board Department of Psychology, Waikato University
Lisa Cherrington	Department of Psychology, Victoria University
Helen Lenihan	Department of Psychology, Victoria University
Dr Fred Seymour	Department of Psychology, University of Auckland
Dr John Read	Department of Psychology, University of Auckland
Erana Cooper	Department of Psychology, University of Auckland

1. Introduction

Te Rau Matatini is contracted by the Ministry of Health to focus on Māori mental health workforce development. One of the key initiatives of this organisation is the development of the Te Rau Whakamaru Working Party, which will be responsible for providing expertise, advice and guidance to the staff responsible for placement of Māori students of clinical psychology settings. Clinical psychology was selected as a pilot discipline to aid development of placement/internship training Guidelines for Māori, with the expectation that a pilot exercise will inform advances in other professional areas of the mental health sector. This document outlines the Terms of Reference for the Working Party.

2. Joint Working Party Membership

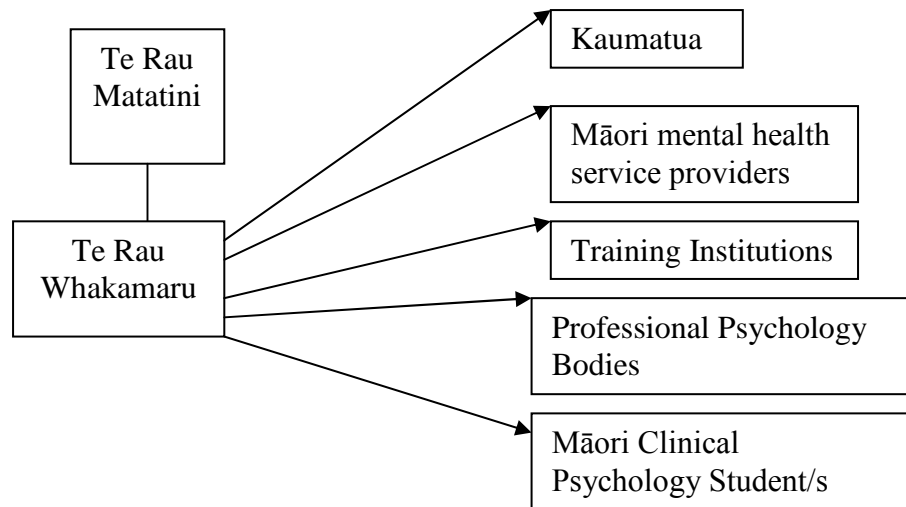
The joint working party will comprise of the following:

- Representatives from Māori mental health service providers that can offer clinical placements/internships
- Kaumatua (from a relevant service setting)
- Representatives from training institutions offering clinical psychology training
- Representatives from Psychology professional bodies: New Zealand Psychological Society, New Zealand Psychological Board and The New Zealand College of Clinical Psychologists.
- Māori clinical psychology student representative/s

Members will be appointed to the party for one year.

3. Organisational Structure

The joint working party will operate within the following structure:



4. Te Tiriti o Waitangi

The joint working party will recognise and acknowledge the implications of the Treaty of Waitangi and the importance and value of Māori perspectives on health and wellbeing. The party will conduct itself in accordance with the principles of the Treaty and have commitment to promoting tangata whenua as kaitiaki of Māori students in the pilot.

5. Key tasks and responsibilities of the Working Party

The joint working party will have the following responsibilities:

- To provide advice and support regarding the development of guidelines to assist in providing Māori clinical psychology students with comprehensive and positive placement/internship experiences.
- To improve coordination of training and placement experience of Māori students, and provide expertise and advice on each member's (organisation's) role, their expectations, support needs and requirements.
- To appropriately inform their relevant organisation of the Guidelines and initiatives of Te Rau Whakamaru and promote the use of these Guidelines/initiatives in practice.
- To give advice on any relevant issues that may arise from the project.

- To produce practical direction in the form of Guidelines that recommend strategies to improve the coordination and delivery of training of Māori studying clinical psychology, recognising both the clinical and cultural needs of such students.

Each member/organisation represented on the Working Party will be paid meeting fees for all meetings attended. These are \$270 per day for the Chair and \$200 per day for members. Rates for half-day meetings will be paid at half these amounts.

6. Meetings

Te Rau Matatini's director, Programme Manager and Training and Development Manager *or* their delegate will attend the Joint working party meetings. The party will meet a minimum of twice and a maximum of three times a year for approximately one year. Additional meetings may have to be convened when issues arise, where possible these may be conducted on a regional level or by video conferencing.

All expenses for attending meetings will be met by Te Rau Matatini. Te Rau Matatini staff will arrange meetings and will be responsible for the coordination, preparation and timely distribution of all papers and agendas for the working party. Reasonable and actual expenses relevant to meeting attendance supported by receipts will be reimbursed when claimed (e.g., airport parking, petrol and taxi charges etc).

Nominations for the chairperson of the working party will be called for and established before the first meeting. The Chairperson will be responsible for ensuring the rules and processes established by the party are fulfilled and carried out with integrity.

7. Standard Operating Procedures

The Joint Working Party meetings will be considered the focal point of work performed by members of the Party. It is expected that from time to time there will be requirements for Party members to review and comment on written material outside of the meeting times and contribute to discussions by phone/e-mail.

8. Code Of Conduct

Members of the Working Party will be expected to act in an ethical, professional and business-like way and will promote the best interests of the Māori students of clinical psychology in clinical placement.

Joint Working Party members must avoid conflict of interest:

- Joint working party members will be expected to disclose involvement with other organisations, vendors or any other associations that may produce a conflict of interest.

Joint Working Party members will respect the confidentiality of the Privacy Act rulings appropriate to issues of a sensitive nature. They will observe the confidentiality of non-public information acquired by them in their role as Joint Working Party members and not disclose to any other person such information as might be harmful to the Te Rau Whakamaru project or Te Rau Matatini.

Working Party members should:

- Conduct themselves at meetings in such a manner as to ensure fair and full participation of all members.
- Abide by decisions once reached

9. Communication Plan

The Joint Working Party will ensure that the work of the Party is transparent and inclusive:

- Minutes of the meetings will be recorded and circulated to all members.
- All members who are to make public presentations on the Te Rau Whakamaru project should have these presentations approved by the Director of Te Rau Matatini and the Training and Development Manager prior to their delivery. The Chairperson and Director have the right to correct and revise any errors of fact or personal opinions expressed in these documents.
- The Joint Working Party Chairperson is the only member authorised to make statements to the media on behalf of the Joint Working Party. Prior to making

any statement to the media on behalf of or regarding the Te Rau Whakamaru project, the Chairperson will consult with the Training and Development Manager of Te Rau Matatini. The Training and Development Manager will ensure that appropriate persons within Te Rau Matatini have been informed of the proposed statement.

APPENDIX C – INFORMATION ON TE RAU MATATINI

In 2002, the former Health Funding Authority released *Tuutahitia te wero: Meeting the Challenges, Mental Health Workforce Development Plan 2000 – 2005*. The plan contains eleven goals, the first of which is to “strengthen and develop the Māori mental health workforce...[by developing] strategies to achieve a strong Māori mental health workforce [and] specific training initiatives for the Māori mental health workforce” (Health Funding Authority, 2000, p.2). Te Rau Matatini was launched in March 2002 to help meet the objectives of *Tuutahitia te wero*.

Te Rau Matatini, an independent Charitable Trust, is governed by a Board of 16 members, broadly representative of the wider Māori mental health sector. An implementation team, under the directorship of Professor Mason Durie, is responsible for progressing the operational activities of Te Rau Matatini, and a Memorandum of Understanding (MoU) exists with Massey University as the host institution.

To achieve its primary focus, Te Rau Matatini incorporates four overriding project themes:

- **Workforce Expansion:** the primary aim is to increase the capacity of the Māori mental health workforce through recruitment and retention across all disciplines, professions, and occupations
- **Workforce Extension:** to extend the capacity of the Māori mental health workforce and strengthen the mental health expertise of workers in related fields
- **Workforce Excellence:** to promote dual clinical and cultural competency within the Māori mental health workforce so that comprehensive and relevant services are available to tangata whai ora. Training that recognises the attainment of both is essential, and
- **Workforce Navigation:** to contribute to the development of a co-ordinated approach to workforce development at national and regional levels. This includes strengthening links between training opportunities and service needs (Durie & Maxwell-Crawford, 2003).

Te Rau Matatini recognises the Government's obligations under the Treaty of Waitangi. The programme supports relevant government legislation and health policies that clearly identify as priorities both Māori health (e.g., Ministry of Health, 2002) and its objective of improving the health status of Māori to reduce the current disparities in mental health status between Māori and non-Māori (Ministry of Health, 1994: 1997).

Community Alignment

Te Rau Matatini aligns with the aspirations of Māori for strong and vibrant communities that have initiative, capacity and self-direction. The Māori mental health workforce is intended to reflect the aspirations and ideals of Māori communities, including tangata whai ora, whānau and the range of social services.

Integrated Development

Te Rau Matatini will encompass an integrative approach, ensuring it does not operate in isolation from other workforce development programmes, Māori mental health systems, Māori health initiatives, or Māori development aspirations and goals. Te Rau Matatini will also promote mental health in other relevant sectors including justice, education, social services and sport and recreation, in order to enhance inter-sectoral responsiveness. Similarly, within the health sector, the promotion of mental health in primary health care, midwifery and child health will complement efforts in the traditional mental health service arena.

Best Practice

To contribute to best health outcomes for Māori, Te Rau Matatini aims to strengthen the Maori mental health workforce by encouraging a workforce that is committed to best practice based on the highest international clinical standards and underpinned by indigenous values and concepts of healing. The dual benchmarks recognise the reality within Māori live in modern times.

Sector Congruence

As a workforce development organisation, the fourth guiding principle encompasses the notion of congruence. This is the aspiration of a good 'person to job fit' that ultimately contributes to increased retention, job satisfaction and organisational efficiency, because the values, skills, knowledge and competencies of the worker are synonymous

with the needs and values of the organisation. To attain congruence at the sector level, this principle must be consistent with the principle of Community Alignment.