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Hua Oranga: Service Utility Pilot of a Mental Health Outcome Measurement for an Indigenous Population

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Abstract

The key areas of development in this study were the criteria for the use of the Hua Oranga, an Indigenous mental health outcome measurement tool for use with Māori, the Indigenous people of Aotearoa (New Zealand). The application of the Hua Oranga was expected to improve the care and treatment of tangata whaiora (consumers) in partnership with whānau (family) and clinicians. The Outcomes Recording Analysis (ORA) database (www.ORAdatabase.co.nz), which receives the Hua Oranga data and generates the Hua Oranga reports was essential to this improvement. This development contributes to the skill and expertise of clinicians in interpreting Māori health information that benefit Māori.

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In Aotearoa (New Zealand), a number of national health policies endorse the planning and delivery of effective and culturally relevant treatment practices that promote cultural and clinical competency in the delivery of services for Māori, the Indigenous people of Aotearoa. These directives also include the use of culturally relevant assessment tools and outcome measures (Minister of Health and Associate Minister of Health, 2002; Minister of Health, 2005, 2006, 2008). Outcome measures are critical to the development of quality mental health services and for their continuous improvements (Mellsop & Wilson, 2006). Assessment and outcome information collected, if fully utilised, can inform the construction and delivery of effective care and treatment plans thus ensuring high quality services.

Hua Oranga, a Māori mental health outcome measurement for use with Māori, incorporates a holistic method of outcome assessment founded on an existing model of Māori health, the *Whare tapa whā*,[1] which encompasses four dimensions: *taha wairua* (spiritual), *taha hinengaro* (cognitive and emotional), *taha tinana* (physical), and *taha whānau* (family and relationships) (Durie, 1994). From a Māori perspective, constructing a measure around the model involves assessment of these four dimensions and taking account of the perspectives of three key stakeholders: the *tangata whaiora* (consumer), *whānau* (family), and clinicians.

Both international (Stedman, Yellowlee, Mellsop, Clarke, & Drake, 1997) and national studies (Jenkins, 1996; Mason, 1996; McClintock, Moeke-Maxwell, & Mellsop, 2011) view the inclusion of both tangata whaiora and clinician opinions as useful and necessary because these contribute to a more accurate impression of an outcome. This plan for the Hua Oranga ensured that all perspectives were articulated in order to form a collaborative care plan (Kingi & Durie, 1999). Hua Oranga is not an absolute measure of outcomes, but rather a tool that quantifies health status. It has a five point Likert scale, which provides a comprehensive, general evaluation of aspects of health that are susceptible to measurement and focuses on cultural health perspectives relevant to Māori (Kingi & Durie, 1999).

The reliability and validity phase of the Hua Oranga tool was completed in 2010 (McClintock, Mellsop & Kingi, 2011) (see Appendix for Hua Oranga schedules). In that phase, two versions of the Hua Oranga were piloted and tested for inter-rater reliability between pairs of the three stakeholders on each of the four dimensions of mental health. For the ultimately chosen option, the correlations were generally and a greater number of coefficients achieved statistical significance. The qualitative findings also favoured this option for ease of application and understanding (McClintock, Mellsop, & Kingi, 2011).

Once the reliability and validity phase of the Hua Oranga tool was completed, a standardised and consistent application programme was needed to successfully implement the tool in clinical practice. This need led to the creation of the Hua Oranga Training and Implementation Pilot Project in 2012, which was commissioned by Waitemata District Health Board (DHB) and conducted by Te Rau Matatini (National Māori Health Workforce). The present article is concerned with the actions needed to implement the Hua Oranga across the mental health sector where the Whare tapa whā health model

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[1] The Whare tapa whā model utilises the four dimensions of taha wairua, taha hinengaro, taha tinana, and taha

is utilised in service delivery to Māori. Achieving consistency of the service application of Hua Oranga is imperative to the attainment of quality information and quality mental health care and treatment for Māori (McClintock, Mellsop, & Kingi, 2011).

The Hua Oranga Training and Implementation Pilot Project

This phase addressed the service application and the development of appropriate support for consistent implementation of Hua Oranga, which involved collecting data and entering it into the ORA database. The Outcomes Recording Analysis (ORA) database (www.ORAdatabase.co.nz) receives the Hua Oranga data and generates the Hua Oranga reports, which are essential to the care and treatment of tangata whaiora (consumers). Clinicians and services managers have access to this information. This development also contributes to the skill and expertise of clinicians and service managers in interpreting Māori health information that benefit Māori. This process was intended to enhance skill and provide Māori health information for the benefit of Māori.

The implementation and training in the Hua Oranga tool would further support clinicians to continue their practise of cultural competencies in regards to the Whare tapa whā and their positive engagement with tangata whaiora and their whānau. Understanding and applying the Hua Oranga was expected to be achieved through utilization of key resources developed in the validation phase, specifically the database website (http://www.oradatabase.co.nz/), and the documents, *Guidelines for the Use of Hua Oranga* (n.d.) and the *ORA Database Manual* (n.d.).

The contents of these documents are pivotal to the consistent implementation of criteria for measurement. The findings of the Hua Oranga training and implementation pilot were expected to form the basis for decisions about:

    a.   How best to apply the tool?

    b.   Who should use it?

    c.   In what settings?

    d.   How data is best managed and interpreted?

    e.   How the information might inform cultural and clinical service delivery?

This learning was to provide a guide on how Hua Oranga would best be used for tangata whaiora gain through quality health care and delivery and better health outcomes among Māori.

Methodology

The methodology for the Hua Oranga project relied on a Māori philosophy aligned to Māori development and aspirations (Durie, 1994; Smith, 1999; Walker, 1990). This project utilised *kaupapa Māori* protocols and practices directed by the *Pōwhiri* process of engagement and participation specifically the elements of *karanga* (consent), *mihimihi,* (clarify), *whaikōrero* (indepth discussion), and *koha* (reciprocity) (McClintock, Mellsop, Moeke-Maxwell & Merry, 2010). These are premised on the notion of connectedness, respect, and positive relationships between the *tangata whenua* (hosts,

participants) and *manuwhiri* (guests, investigators). In this context, the researchers are the manuwhiri and the participants of the community partner, MOKO[2], which provides Māori mental health services under the Waitemata District Health Board, are the tangata whenua (McClintock et al., 2010).

Study Design

The project aim was to investigate the support required to ensure the consistent collection of Hua Oranga data in order to:

a. Provide quality data through the completion of the Hua Oranga schedules and ORA database;

b. Allow the use of information to benefit tangata whaiora and whānau; and

c. Allow the use of information as a service quality improvement tool.

Procedure

The principal investigator consulted with key stakeholders (managers and clinicians) from Waitemata District Health Board to explain the Hua Oranga pilot. This stage, clarifying aims within this study and requirements for its completion, has alignment to the mihimihi stage of the Pōwhiri process. Details were provided during the training on the Hua Oranga tool about how its application can contribute to tangata whaiora gain, improving quality of care and delivery among providers, and support better health outcomes for Māori.

Recruitment

MOKO service management selected a purposive sample of five experienced clinicians (all of Māori descent and with more than 5 years in service). Five was the minimum number thought appropriate to test the support protocols and to accommodate service demand, clinicians' availability, and workload as agreed by management.

The clinicians included three *taura whiri* (cultural advisors), a nurse, and a social worker. In addition, five tangata whaiora were selected by the clinicians. Each tangata whaiora then selected one whānau member to participate. This process followed the protocols for the utilisation of the Hua Oranga confirmed in the development phase of the Hua Oranga (Kingi & Durie, 1999). The clinicians agreed that the Hua Oranga would be applied at the point of first contact as part of an initial assessment. Subsequent assessments would be made at review times of six weeks and three months. This aligned with their current practice protocols. This phase, which provided detail of the study, has alignment to the whaikōrero stage of the Pōwhiri process.

The referral to first assessment process for MOKO involved four distinct steps:

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[2] MOKO services provide clinical and cultural support for tangata whaiora who are referred to them. Their service protocols and values are founded on Māori approaches, which includes the Whare tapa whā and Pōwhiri process.

1. Among those referred into service, complex and acute referrals necessitated a different pathway and, therefore, the utilisation of Hua Oranga with tangata whaiora who presented in this state was not an option.

2. The taura whiri (cultural competent clinicians) were responsible for arranging the initial contact. At this stage, it was important to discuss the entry and allocation process and the various roles of support within the service. If the tangata whaiora agreed MOKO services could assist then the referral was processed and allocated. This was completed co-jointly with a registered nurse.

3. The allocated clinician set up the entry process into service with the tangata whaiora and whānau. The traditional Pōwhiri protocols of engagement and participation were an integral component of this stage. This reflected a shared commitment among the clinician, the tangata whaiora, and whānau. Taura whiri are vital to maintaining these cultural processes in MOKO.

4. Once the Pōwhiri process was completed, the first assessment was arranged and the three Hua Oranga schedules formed the foundation of the first assessment. The clinician negotiated with the tangata whaiora and whānau to participate in the Hua Organga process and completed the schedules in partnership.

Ethics and Consent Process

Ethical approval was gained from the Northern Y ethics committee, Ministry of Health (Ethics approval number NTY 12/04/027). The treating clinicians were responsible for explaining the study, gaining consent, and distributing, applying, and collecting the Hua Oranga schedules. This phase, in which a commitment to contribute to and complete the study is made, has alignment to the koha stage of the Pōwhiri process.

Evaluation Interviews

The principal investigator conducted focus group interviews to obtain views and perspectives on the application of the Hua Oranga tool and the ORA database collection and management process. Participants included the five clinicians and an observer (a nurse educator) who were encouraged to provide their experiences, successes, challenges, and their advice on the best ways to deliver the Hua Oranga in order to support data collection and interpretation, and improve service application. The focus groups occurred once all clinicians had completed Hua Oranga with their tangata whaiora and whānau. The investigator used digital recordings, which were then transcribed in preparation for thematic analysis. Semi structured questions were utilised to elicit this information, which included:

a. What has helped you apply the Hua Oranga measurement?

b. What has helped you utilise the ORA database?

c. Would you be confident educating your peers about the Hua Oranga measurement?

d. Would you be confident educating your peers about the ORA database?

The Training and Learning Tasks

The learning tasks included: (a) the development and completion of the Hua Oranga schedules, (b) the entry of data into the ORA database, (c) the generation of Hua Oranga reports, and (d) the interpretation of data reports in order to formulate a collaborative care plan. The principal investigator monitored the successful completion of the learning tasks by the participants through administrator access to the ORA database and direct feedback with and from participants. This oversight was to ensure that the integrity of the tool was maintained and correctly embedded in service delivery.

Analysis

Analysis of the qualitative data utilised a general inductive approach (Thomas, 2005). This method is framed as independent of theory and obtains explanations from raw data to develop themes and ideas through multiple readings and summarising of key themes. These themes were identified through a close reading of the text (Thomas, 2005). Thematic analysis has the potential to provide descriptive detail and depth to data. The data collection relied on the sharing of participants' experiences. The inductive analysis searched for meanings associated with the shared experiences and situations (Braun & Clarke, 2006).

Data Collection and Management

The clinician was responsible for entering the results of the schedules into the ORA database, printing out the report, and providing feedback about the process. The principal investigator, utilising the *Guidelines for the Use of Hua Oranga* and the *ORA Database Manual*, provided three half-days of training in these processes.

Findings

Qualitative Data

A face-to-face focus group with three of the five clinicians was conducted by the principal investigator. One of the clinicians completed an online interview, while the other was interviewed by telephone. A nurse educator was an observer and provided peer support in operating the new computer technology required to access the ORA database for two of the clinicians who indicated that they needed extra assistance. The following information represents the collective results.

Participation in the Hua Oranga

The administration of the Hua Oranga encouraged a partnership approach between clinicians, tangata whaiora, and whānau, which was the existing process for care and treatment at MOKO services. Goals were negotiated in the partnersip approach utilising the results from the completed Hua Oranga schedules. Discussing strengths was viewed as important to this process so the tangata whaiora does not feel *whakamā* (ashamed). The clinicians were adamant that respect for the tangata whaiora was essential for a successful partnership that would lead to positive health outcomes.

Benefits of the Hua Oranga

The Hua Oranga provided support and a starting point for developing Māori *tikanga* (values and beliefs) treatment plans based on *kawa* (protocols), and inclusion of *wairua* (spiritual dimensions), *te reo Māori* (Māori language), and *karakia* (prayers). The clinicians, tangata whaiora, and whānau viewed the Hua Oranga as a support designed to identify needs and areas of improvement. The engagement with tangata whaiora and whānau was viewed as essential by the clinicians because this ensured a collaborative, partnership approach to developing care plans. A review of the plan occurred at 6 weeks or 3 months or both depending on the needs identified as part of the collective treatment plan and assessments were expected to show progress as a result of the collaborative care plan. The reviews also allowed an opportunity to set new goals. Interpreting the data was easily achieved by all clinicians, resulting in the development of a relevant care plan. The completion of the schedules ensured the provision of quality data that would add to care and service delivery.

Feedback on the ORA Database

The ORA database was utilised to collect the Hua Oranga data and provided an opportunity for collective interpretation of the data by the clinician, tangata whaiora, and whānau. A Hua Oranga report printout provided a visual record of perspectives. The rating differences between the clinicians, tangata whaiora, and whānau were identified as areas on which to work. The disagreements were viewed as areas of negotiation. The clinician was responsible for facilitating a process that would allow this negotiation to occur and then to ensure that there was a positive outcome that addressed the disagreement. The provision of relevant support to address the differences would contribute to service improvement.

The use of the ORA database was a challenge for MOKO services. First, there was limited access to computers and printers, which was a barrier to accessing the ORA database to input the Hua Oranga data. There were also major technical issues around having an appropriate web browser, which would allow the clinicians access to the full functionality of the ORA database, setup through Waitemata District Health Board Information Technology (IT). As a result, Waitemata District Health Board installed Firefox, but this browser was not sufficient so there was continued reliance on Internet Explorer. The date on the ORA database from Waitemata's end also defaulted to the American standard and needed adjustment to New Zealand standard time. These issues have since been addressed. The ORA database can generate reports that can be saved, exported, or printed if needed.

Figure 1 provides an example of a Hua Oranga report that was produced at a first assessment session for a tangata whaiora. The completion of the Hua Oranga occurred after an initial discussion about the referral. The report displays similarities and differences in perspectives between the tangata whaiora, clinician, and whānau. The clinician believed that having the Hua Oranga report was a supportive way to start discussions about addressing issues. The conversation commenced with the dimension where there was the most agreement, which encouraged a strengths-based approach.
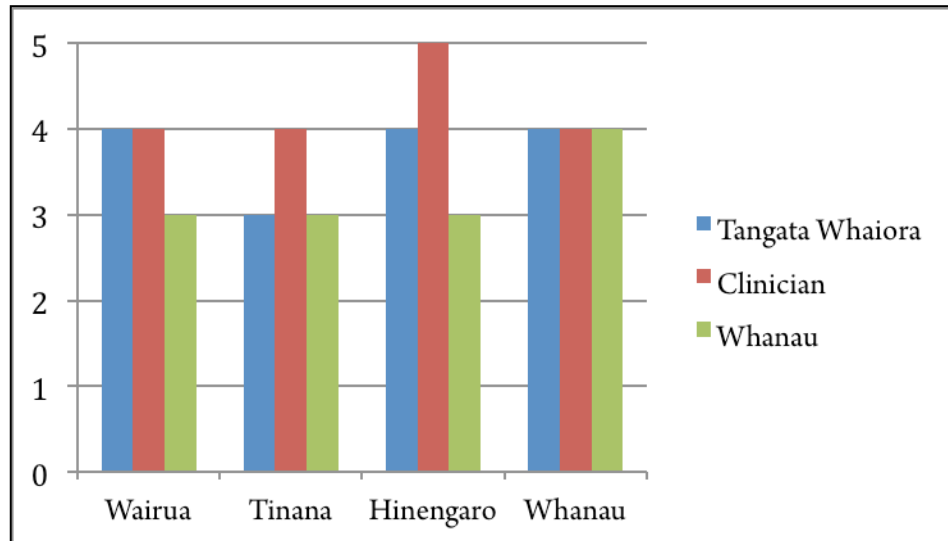
Figure 1. Example of a Hua Oranga report showing each stakeholder's rating of the four health dimensions. Ratings are on a Likert scale ranging from 1 (*very bad*) to 5 (*excellent*).

Wairua. The whānau member had some concern in regards to the spiritual state of the tangata whaiora. The specific issue was identified and the whānau member was referred to a community agency for support to enable her to better assist the tanga whaiora.

Tinana. The tangata whaiora and whānau member needed some guidance in terms of physical concerns and where to obtain appropriate assistance. It was agreed that a referral to the local general practice for the issues to be addressed was appropriate. The tangata whaiora agreed to arrange this appointment.

Hinengaro. The whānau member had some concern with the mental state of the tangata whaiora. All three participants agreed to monitor this situation. It was also agreed that addressing the physical issues may improve these concerns.

Whānau. Whānau relationships were confirmed as positive and available to provide support by all stakeholders.

Guidelines for the Use of Hua Oranga and the ORA Database Manual

Clinicians understood the Hua Oranga interview schedule and were able to easily discuss it with non-participating clinicians. The discussions focussed on the relevance of the Hua Oranga tool to working in a collaborative way to achieve positive outcomes for tangata whaiora and whānau. The nurse educator provided peer support for two of the clinicians in terms of loading the data into the ORA database using the instructions in the *ORA Database Manual*. It was also suggested that a visual reminder of the Hua Oranga framework and its four dimensions and three perspectives be inserted in the manual.

Discussion

The project aims were to investigate appropriate support to ensure the consistent collection of Hua Oranga data to improve service delivery and health outcomes for Māori. The training programme contributed to these aims. All five clinicians successfully used the partnership approach to complete the Hua Oranga schedule, entered the data into the ORA database, generated Hua Oranga reports for each client, and interpreted the data report in order to formulate a collaborative care plan.

Applicability

Clinicians accepted responsibility for the administrative processes associated with Hua Oranga as part of the MOKO services referral to first assessment process. The collected assessment and outcome information, if fully utilised, can inform the construction and delivery of effective care and treatment plans, thus ensuring high quality services.

The clinicians committed to explaining the process in a supportive environment with a collective and collaborative approach, which involved the tangata whaiora and a whānau member. The data from the Hua Oranga schedules were utilised to inform the agreed upon goals of care. Treatment was reviewed at six weeks, which can identify progress and this option will remain. There was also an opportunity for a three-month review. The clinicians expected they would continue with the Hua Oranga as part of their best practises of supporting tangata whaiora and whānau and service improvement.

The continual referral to the *Guidelines for the Use of Hua Oranga* and the *ORA Database Manual* was also deemed useful. This knowledge assisted clinicians in using the appropriate processes with tangata whaiora and whānau in order to understand and complete the Hua Oranga.

Implementation

There was a general agreement by the participants that all clinicians who worked with tangata whaiora and were culturally competent should have an opportunity to utilise the Hua Oranga as part of mental health service best practice. In MOKO services, the issue of understanding the Whare tapa whā had been addressed by the employment of culturally competent clinicians. It is important that the clinician needs to already have in-depth working knowledge of the Whare tapa whā and/or cultural competency. This is pivotal prior to the Hua Oranga training and was reinforced by MOKO services. This criterion is essential for all clinicians Māori or non-Māori who work with tangata whaiora.

The ORA database was developed to collate the data and provide table outputs for consideration by the service providers. This analysis of the collected data can provide feedback and be considered for continuous service improvement processes. The developed scoring system allows an outcome score for each respondent to be generated. However, the challenges with the IT system within Waitemata District Health Board caused disruptions in the access of computer generated reports. This serves to guide future training and implementation of the Hua oranga.

Conclusion

Outcome measures are most often used to gauge treatment effectiveness and to improve the clinical support of tangata whaiora. This project considered the application and transferability of the Hua Oranga, an Indigenous mental health outcome tool developed for use in Aotearoa. Three levels of support were found to be helpful: (i) three half-days of training, (ii) peer support, and (iii) continued support from the principal investigator.

This process, in turn, can ensure that mental health outcomes for Māori are adequately gauged and considered. By doing so, treatment and care is more likely to meet the needs and expectations of tangata whaiora and their whānau. The analysis and display of the outcomes data can provide an appropriate stimulus to discussions and treatment planning between clinician, tangata whaiora, and whanau.

Peer support, in-service training on the Hua Oranga measurement, and the continued advisory and technical support to enable clinicians to operate the ORA database are priorities to ensure successful implementation of the tool. The implementation of a foundational training programme based on the pilot that aims to create Hua Oranga trainers throughout the Māori health provider sector is also a useful component of this development. Continued in-service training on individual and service data interpretations will be required and this will be offered as in-service programmes at an advanced level. Te Rau Matatini, the host institution for this project, is committed to ensuring that the mental health sector is fully supported to accommodate and apply the Hua Oranga, and use the ORA database in this development.

The presence of cultural approaches in mental health service delivery increases the probability of positive health outcomes for Māori. The Hua Oranga as an Indigenous health outcome tool has a significant role in this development. This example can also provide impetus for other Indigenous populations to develop a similar tool to enhance the provision of culturally relevant mental health services that will ensure positive health outcomes for them.

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Appendix

Whānau Schedule

TE RAU MATATINI

Massey University

THE UNIVERSITY OF AUCKLAND
NEW ZEALAND

NHI number:
Gender: Male/Female
Date: _ _/ _ _/_ _

Circle the response under each category which best reflects the way you think your relative is feeling.

Wairua
1. I feel that the spiritual health of my relative is <u>extremely good</u> at present.
2. I feel that the spiritual health of my relative is <u>good</u> at present.
3. I feel that the spiritual health of my relative is <u>just okay</u> at present.
4. I feel that the spiritual health of my relative is <u>not good</u> at present.
5. I feel that the spiritual health of my relative is <u>very bad</u> at present.

Tinana
1. I feel that the physical health of my relative is <u>extremely good</u> at present.
2. I feel that the physical health of my relative is <u>good</u> at present.
3. I feel that the physical health of my relative is <u>just okay</u> at present.
4. I feel that the physical health of my relative is <u>not good</u> at present.
5. I feel that the physical health of my relative is <u>very bad</u> at present.

Hinengaro
1. I feel that the mental health of my relative is <u>extremely good</u> at present.
2. I feel that the mental health of my relative is <u>good</u> at present.
3. I feel that the mental health of my relative is <u>just okay</u> at present.
4. I feel that the mental health of my relative is <u>not good</u> at present.
5. I feel that the mental health of my relative is <u>very bad</u> at present.

Whānau
1. I feel that the relationships my relative has with our whānau are <u>extremely good</u> at present.
2. I feel that the relationships my relative has with our whānau are <u>good</u> at present.
3. I feel that the relationships my relative has with our whānau are <u>just okay</u> at present.
4. I feel that the relationships my relative has with our whānau are <u>not good</u> at present.
5. I feel that the relationships my relative has with our whānau are <u>very bad </u>at present.

Tangata Whaiora Schedule

NHI number:
Gender: Male/Female
Date: _ _/ _ _/ _ _

Circle the response under each category which best reflects the way you are feeling.

<u>Wairua</u>
1. I feel that my spiritual health is <u>extremely good</u> at present.
2. I feel that my spiritual health is <u>good</u> at present.
3. I feel that my spiritual health is <u>just okay</u> at present.
4. I feel that my spiritual health is <u>not good</u> at present.
5. I feel that my spiritual health is <u>very bad</u> at present.

<u>Tinana</u>
1. I feel that my physical health is <u>extremely good</u> at present.
2. I feel that my physical health is <u>good</u> at present.
3. I feel that my physical health is <u>just okay</u> at present.
4. I feel that my physical health is <u>not good</u> at present.
5. I feel that my physical health is <u>very bad</u> at present.

<u>Hinengaro</u>
1. I feel that my mental health is <u>extremely good</u> at present.
2. I feel that my mental health is <u>good</u> at present.
3. I feel that my mental health is <u>just okay</u> at present.
4. I feel that my mental health is <u>not good</u> at present.
5. I feel that my mental health is <u>very bad</u> at present.

<u>Whānau</u>
1. I feel that my relationships with my whānau are <u>extremely good</u> at present.
2. I feel that my relationships with my whānau are <u>good</u> at present.
3. I feel that my relationships with my whānau are <u>just okay</u> at present.
4. I feel that my relationships with my whānau are <u>not good</u> at present.
5. I feel that my relationships with my whānau are <u>very bad</u> at present.

Clinician Schedule

TE RAU MATATINI

Massey University

THE UNIVERSITY OF AUCKLAND
NEW ZEALAND

NHI number:

Gender: Male/Female

Date: _ _/ _ _/_ _

Circle the response under each category which best reflects the way you think the tangata whaiora is feeling.

Wairua

1. I feel that the spiritual health of the tangata whaiora is <u>extremely good</u> at present.
2. I feel that the spiritual health of the tangata whaiora is <u>good</u> at present.
3. I feel that the spiritual health of the tangata whaiora is <u>just okay</u> at present.
4. I feel that the spiritual health of the tangata whaiora is <u>not good</u> at present.
5. I feel that the spiritual health of the tangata whaiora is <u>very bad</u> at present.

Tinana

1. I feel that the physical health of the tangata whaiora is <u>extremely good</u> at present.
2. I feel that the physical health of the tangata whaiora is <u>good</u> at present.
3. I feel that the physical health of the tangata whaiora is <u>just okay</u> at present.
4. I feel that the physical health of the tangata whaiora is <u>not good</u> at present.
5. I feel that the physical health of the tangata whaiora is <u>very bad</u> at present.

Hinengaro

1. I feel that the mental health of the tangata whaiora is <u>extremely good</u> at present.
2. I feel that the mental health of the tangata whaiora is <u>good</u> at present.
3. I feel that the mental health of the tangata whaiora is <u>just okay</u> at present.
4. I feel that the mental health of the tangata whaiora is <u>not good</u> at present.
5. I feel that the mental health of the tangata whaiora is <u>very bad</u> at present.

Whānau

1. I feel that the relationships of the tangata whaiora with their whānau are <u>extremely good</u> at present.
2. I feel that the relationships of the tangata whaiora with their whānau are <u>good</u> at present.
3. I feel that the relationships of the tangata whaiora with their whānau are <u>just okay</u> at present.
4. I feel that the relationships of the tangata whaiora with their whānau are <u>not good</u> at present.
5. I feel that my relationships of the tangata whaiora with their whānau are <u>very bad</u> at present.