

ST3-INDNZ-FELL-EPA2 – Review Māori community service

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| Area of practice | Indigenous – New Zealand | EPA identification | ST3-INDNZ-FELL-EPA2 | |
| Stage of training | Stage 3 – Advanced | Version | v0.3 (EC-approved 29/04/16) | |
| The following EPA will be entrusted when your supervisor is confident that you can be trusted to perform the activity described at the required standard without more than distant (reactive) supervision. Your supervisor feels confident that you know when to ask for additional help and that you can be trusted to appropriately seek assistance in a timely manner. | | | | |
| Title | Review a model of mental health service delivery in a Māori community service (including hospitals and community services attached to hospitals). | | | |
| Description Maximum 150 words | The role of a psychiatrist working in Māori mental health often goes beyond clinical work and involves service improvement or development. As such, the trainee needs to be able to evaluate mental health service delivery in a Māori population/community incorporating knowledge of other services and feedback from consumers and other stakeholders. The trainee can contextualise this information within an understanding of the culture and history of the Māori population/community and the respective socioeconomic circumstances. They can consider issues of resource availability, organisations involved, clinician skill sets and the barriers to consumer access. From this evaluation, the trainee can make recommendations for improvement and how this can be achieved. | | | |
| Fellowship competencies | ME | 7 | HA | 1, 2 |
| | COM | 1 | SCH | 2 |
| | COL | 1, 2, 3, 4 | PROF | 1, 2 |
| | MAN | 2, 3, 4 | | |
| Knowledge, skills and attitude required The following lists are neither exhaustive nor prescriptive. | Competence is demonstrated if the trainee has shown sufficient aspects of the knowledge, skills and attitude described below. Ability to apply an adequate knowledge base <ul style="list-style-type: none"> • Knowledge of the history and evolution of local services. • Understands the link between social determinants and mental illness/social and emotional wellbeing problems and has knowledge of services and resources addressing these factors. • Knowledge of different forms of health organisations from which Māori people access mental health services (eg. community controlled health organisations) and the barriers to healthcare delivery and consumer access for each form. | | | |

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| | <ul style="list-style-type: none"> • Knowledge of how Māori people access mental health services through other organisations that are not directly health related (eg. welfare and forensic services) and the challenges of access through these routes. • Knowledge and understanding of the impact of geographical constraints on rural communities. • Knowledge of cultural and alternative models to explain the Western concept of 'mental illness' and the importance of traditional perspective and approaches (eg. rongoa Māori [traditional medicine], tohunga [Māori healer], mate kite [an ability to speak with the spiritual world]) when designing a mental health service. • Knowledge of local, regional and national Māori mental health programs and initiatives that can provide additional resources. • Knowledge of The Treaty Of Waitangi (Te Tiriti O Waitangi), its core principles of participation, partnership and protection and how these should be integrated into mental health services. <p>Skills</p> <ul style="list-style-type: none"> • Ability to attain the necessary information to understand an existing model of service delivery. • Ability to survey broadly across healthcare providers, consumers and other stakeholders to develop a deeper understanding of the mental health care needs in a particular area. • Ability to work with Māori mental health workers, local elders (kaumatua) and iwi (tribes) to develop an understanding of culturally appropriate supports that exist locally or that could be introduced. • Ability to partake in interagency negotiations and achieve compromises that lead to productive partnerships. • Ability to develop a plan to safely implement any identified areas for improvement. <p>Attitude</p> <ul style="list-style-type: none"> • Focusing equally on the individual and the bigger picture. • Tolerance for frustration in accessing all relevant stakeholders to gather information and build collaborative partnerships. • Patience in the process of change. • Inquisitive and respectful, rather than assumptive, when reviewing the model of service delivery. |
| Assessment method | Progressively assessed during individual and clinical supervision, including three appropriate WBAs. |
| <p>Suggested assessment method details (These include, but are not limited to, WBAs)</p> | <ul style="list-style-type: none"> • Professional presentation. • Case-based discussion. • Mini-Clinical Evaluation Exercise. • Feedback from colleagues, Māori health staff and Māori participants. |
| References | |

DURIE M. *Whaiora: Māori health development*. 2nd edn. Melbourne: Oxford University Press, 1998.

DURIE M. *Ngā Kāhui Pou: Launching Māori futures*. Wellington: Huia Publishers, 2003.

DURIE M. *Ngā Tini Whetū: Navigating Māori futures*. Wellington: Huia Publishers, 2011.

SIGNAL L & RATIMA M, eds. *Promoting health in Aotearoa New Zealand*. Dunedin: Otago University Press, 2015.

WEPA D, ed. *Cultural safety in Aotearoa New Zealand*. 2nd edn. Melbourne: Cambridge University Press, 2015.

COL, Collaborator; COM, Communicator; HA, Health Advocate; MAN, Manager; ME, Medical Expert; PROF, Professional; SCH, Scholar