

# Eliminating barriers to mental health services for Maori

Do barriers to accessing Primary Health Care Services have higher impact on Māori mental health illnesses compared with non-Māori?

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## Introduction:

To contribute to the health and well-being of New Zealanders it is important to continue to adapt and work to challenging issues within New Zealand, one of which is the growing concern of mental health conditions within our population. Furthermore, although there is a New Zealand wide issue for mental health problems for the whole population, statistics show that the Māori population has higher disparities and unmet needs concerning mental health conditions.

As health professionals, we need to be aware of what is contributing to this growing issue in New Zealand which is the apparent barriers of accessing Primary Health Care Services – the first point of contact.

## Literature review:

Literature reveals that there is a correlation of barriers with access to primary health care having a higher impact on Maori mental health illnesses.

- The national mental health prevalence study, Te Rau Hinengaro, shows that Māori experience the highest level of mental health disorder overall.
- Barriers such as **cultural incompetence** from a health care provider contribute to the disparities seen in Maori mental health. This is highlighted by a study showing prescribing rates are lower among the Māori population, yet they have a higher prevalence of having a mental health condition.
- Barriers such as **cost** inhibits the accessibility of seeking Primary Health Care Services (PHCS). Statistics from Te Rau Hinengaro: The New Zealand Mental Health Survey show that 56.8 percent of Māori reported that it cost was a barrier to accessing PHCS (Browne, Wells & Scott, 2006).

## Recommendations:

1. To increase effective communication through cultural education for health professionals to help understand and recognise culturally safe practise.
2. For health professionals understand and recognise culturally safe practise resulting in increasing Maori participation by developing whānau (family), hapu (sub-tribe), iwi (tribe) and Māori communities.

## Rationale:

Developing cultural competence and increasing Māori participation through whānau, hapu and Māori communities upholds the partnership with the Crown and the Te Tiriti o Waitangi. All health providers are expected to work in partnership with iwi and Māori communities to ensure that decision-making leads to whānau ora improvement and supports the achievement of Māori health aspirations.

## Summary:

Undoubtedly research has indicated that barriers such as cultural incompetence of health professionals and cost of Primary Health Care Services has a higher and lasting impact on Maori mental health illness compared with non-Maori. Therefore, as health professionals it is important to recognise the limitations and implications our practise can have on health consumers.

## References:

- Arroll, B., Arlidge, B., Elder, H., & Thomas, D. 2010. General practitioners' views about diagnosing and treating depression in Māori and non-Māori patients. *Journal of Primary Health Care*, 2(3), 208-216.
- Browne, M., Wells, J., Scott, K. (2006). Te Rau Hinengaro: The New Zealand Mental Health Survey. Wellington: Ministry of Health.
- Ministry of Health. (2012). The Health of New Zealand Adults 2011/12. Wellington, New Zealand: Ministry of Health.



Research Question: Do barriers to accessing primary health care services have higher impact on Māori mental health illnesses compared with non-Māori?

PECOT category	Information relating to question	Explanation
Population	Male and Female Māori health consumers aged over 16 years of age who have a mental health condition of any severity.	Māori health consumers tend to be exposed to lower health outcomes and health disparities. The age is an acceptable age to investigate mental health conditions that can be conducted in surveys or interviews. It also is an age where the consumer would more likely access primary health services on their own.
Exposure (intervention)	Access and barriers to accessing primary health care providers.	I will be reviewing literature that used qualitative and quantitative data to review access barriers for health consumers to gain appropriate health care in terms of primary mental health care.
Comparison/control	Non-Māori health consumers	I am interested to see if the health disparities continue in terms of access to primary mental health providers
Outcome	Information towards if there are barriers to access of health care for the Māori population.	It is important to gain knowledge towards knowing if the two populations gain equal access of care, or if this continues to complement the disparities in health care.
Time	N/A	It is important to recognise and include the history and data gathered previously to gain an understanding towards this question.

#### Rationale:

I have chosen to present the information from my literature review in a poster as they are an effective way to communicate ideas and results from my research findings (Hardicre, Devitt & Coad, 2007). As posters are readily available to present in a number of ways such as conferences, educational teaching environments, or even displayed in a location for the general public they are a very available and accessible resource. By creating a poster this provides an opportunity to facilitate interaction and discussion towards those that can benefit from the information portrayed or those it may interest.

When designing my poster, I pursued the guidelines by (Christenbery & Latham, 2013) to emphasize a consistent message with a clear message, logical format and a design that benefits the reader. I thought it was important to put my information into a poster to make it clear but concise for the reader and understand the important information that may be missed if it was lengthier. The specific information such as highlighting the exact barriers for Maori patients (cultural competence of the health professional and cost of the Primary Health Care Service) is important knowledge.

In relation to my clinical setting, I believe that if the Primary Health Care provider was more aware of Maori culture and identify and implemented culturally safe practise this situation could have been avoided where the consumer pursued tertiary health care services. Moreover, the cultural incompetence of health professionals can be readily adapted and changed as a result of learning and engaging the information on this poster. This is my main reason for choosing to present my chosen topic in a poster.

#### References:

Christenbery, TL., Latham, TG. (2013). Creating effective scholarly posters: a guide for Doctorate of Nursing Practice students. *J Am Assoc Nurse Pract.* 2013 Jan;25(1):16-23. doi: 10.1111/j.1745-7599.2012.00790.

Hardicre, J., Devitt, P., & Coad, J. (2007). Education and development. Ten steps to successful poster presentation. *British Journal of Nursing*, 16(7), 398-401.

Williams, J & Penchansky, R. (1981). The Concept of Access: Definition and Relationship to Consumer Satisfaction. *Medical care*, 19(2) 127-140.