

**DHB Board Office** 

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Re: OIA request - Ethnicity of psychiatrists and allied clinical staff caring for Māori tangata whai ora

Thank you for your Official Information Act request transferred from the Ministry of Health on 21 April seeking information from Waitematā District Health Board (DHB) about the ethnicity of psychiatrists and allied clinical staff working in our psychiatric inpatients units, as well as protocols for ensuring Māori clinical staff care for Māori tangata whai ora.

Before responding to your specific questions, it may be useful to provide some context about our services.

Waitematā is the largest and one of the most rapidly growing DHBs in the country, serving a population of around 650,000 across the North Shore, Waitakere and Rodney areas. We are the largest employer in the district, employing around 8,600 people across more than 80 locations.

In addition to providing care to our own resident population, we are the Northern Region provider of forensic mental health services and child rehabilitation services, plus the metro Auckland provider of child community dental services and community alcohol and drug services.

In response to your request, we are able to provide the following information:

## 1. Ethnicity of psychiatrists and allied clinical staff working in the Waitematā DHB psychiatric inpatient units

The table below summarises the ethnicity of psychiatrists\* and allied clinical staff working within the inpatient units. Please note this data has been sourced from our Human Resources system and ethnicity of staff is self-reported.

The numbers provided include the following:

- Adult inpatient units:
  - o Waiatarau located on the Waitakere Hospital campus
  - He Puna Waiora, located on the North Shore Hospital
- Regional Forensic Psychiatric Services located at the Mason Clinic campus
- Kinsgley Mortimer Unit at North Shore Hospital for service-users aged 65 years and over

Regional Community Alcohol and Drug Services (CADS) at Pitman House have been excluded as the unit is a detoxification service, not a psychiatric inpatient unit.

<sup>\*</sup>For the purpose of this response, this includes all senior medical staff, whether employed as psychiatrists or medical officers.

Table 1: Ethnicity of psychiatrists and allied health staff working in the Waitematā DHB psychiatric inpatient units

Values	Group	Asian	European	Māori	MELAA*	Other	Pacific	Total
Count	Medical	10.0	18.0	0.0	2.0	1.0	1.0	32.0
	Allied Health	28.0	49.0	15.0	4.0	0.0	7.0	103.0
%	Medical	31.3%	56.3%	0.0%	6.3%	3.1%	3.1%	100%
	Allied Health	27.2%	47.6%	14.6%	3.9%	0.0%	6.8%	100%

<sup>\*</sup>Middle Eastern, Latin American and African

## 2. What DHB protocols are there for ensuring Māori clinical staff care for Māori tangata whai ora?

Waitematā DHB provides a dedicated Māori mental health and addictions service (Whītiki Maurea), which is committed to delivering holistic services to tangata whai i te ora. This is achieved by weaving together Mātauranga Māori (Māori knowledge) and Western clinical practice.

Whītiki Maurea has three distinct services which work together to support tangata whai i te ora and their whānau to achieve the best possible health outcomes. While each of the three teams of Whītiki Maurea have a specific focus (cultural, addictions, clinical), staff are also employed who have dual competencies, i.e. cultural and clinical.

The three services are as follows:

Te Ātea Marino — a Māori kaupapa-based addiction service that supports the recovery of people aged 13 years and over who live in any of the metro Auckland DHB districts (Waitematā, Auckland and Counties Manukau). The team offers a mix of options including one-on-one sessions, groups and whānau work which are all tikanga-aligned. All staff are registered counsellors or addiction practitioners and receive Māori cultural supervision and training. This service is based at sites in Henderson, Takapuna, Kingsland and Manukau and also provides services in other community locations to meet the needs of tangata whai i te ora.

MOKO Services – provides Māori kaupapa-based specialist mental health services working towards recovery for adults aged 18-to-65 years of age and residing in the Waitematā DHB area. The multidisciplinary team includes psychiatry, psychology, nursing, social work, cultural advisors and occupational therapy staff who work together to provide assessment and intervention. This service is based at our sites in Henderson and Takapuna and also provides outreach and delivers services in our other community locations to meet the needs of tangata whai i te ora.

**Te Pae Ahurea** - provides the specialist Māori cultural elements that stem from a Māori worldview that makes Whītiki Maurea a distinctive service within the Specialist Mental Health and Addictions Service. Those cultural elements include:

- fulfilling cultural protocols
- · completing cultural assessments on tangata whai i te ora
- cultural interventions.

Te Pae Ahurea staff work across MOKO Services (mental health) and Te Ātea Marino (addictions service) as well as providing specialist Māori cultural input in the inpatient units and throughout all teams within Specialist Mental Health and Addictions Services.

While many of the staff working in Whītiki Maurea identify as Māori, not all of the clinicians employed are of Māori descent. The services operate under a tripartite model for mental health where tangata whai i te ora who are allocated a care team which consists of a case manager, doctor and taurawhiri (cultural worker).

In addition, we have kaumātua, who set the overarching tikanga for service-delivery and also support the cultural development of our staff, both Māori and non-Māori.

A similar model is operated in Te Ātea Marino (addictions) where clients are provided high-quality clinical/cultural interventions in one-on-one and/or group settings. Although taurawhiri are not allocated to each tangata whai i te ora, they support the development and delivery of interventions, as well as enhance the cultural capacity of the team, with oversight by kaumatua.

I trust that this information is helpful.

Waitematā DHB supports the open disclosure of information to assist community understanding of how we are delivering publicly funded healthcare. This includes the proactive publication of anonymised Official Information Act responses on our website from 10 working days after they have been released.

If you consider there are good reasons why this response should not be made publicly available, we will be happy to consider your views.

Yours sincerely



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