Does a bicultural approach work?

Outcome Measures in Maori and Non Maori clients

Ed Craig, Higher Ground, Auckland, New Zealand
Higher Ground

18 week residential therapeutic community in Auckland

12 step AA / NA, abstinence based model

Clients are over 20, with dependence to alcohol / drugs, mainly from Auckland and Waikato regions

Charitable trust, overseen by board of trustees
Treaty of Waitangi

Signed by Maori and the Crown in 1840

Three key themes

- Partnership between Maori and the Crown
- Participation of Maori in governance
- Protection of Maori treasures
Bi Cultural Approach

- Maori representation on Board of Trustees
- Maori Cultural Advisor
- Support and advice from Kaumatua (Tribal Elders)
- Embraces principles of Treaty of Waitangi – partnership, participation and protection
Maori Components of program

- Powhiri
- Te Reo
- Paua
- Whanau
- Wairua
- Marae Noho
- Maori Common Needs NA

Group is open to Maori and non Maori
Client Population

Ethnicity

- European / Pakeha: 72%
- Maori: 21%
- Pacific Islander: 6%
- Other: 1%
Client Population

Gender

- Male: 57.8%
- Female: 41.8%
- Transgender: 0.4%
Client Population

Drug of Choice

- Methamphetamine: 45%
- Alcohol: 39%
- Cannabis: 10%
- Other: 6%
3 Months After Treatment

**Graduated**
- Abstinent: 76%
- No Contact: 16%
- Relapse: 5%
- Declined: 3%

**Discharged / Left**
- Abstinent: 25%
- No Contact: 52%
- Relapse: 11%
- Declined: 12%
3 Months After Treatment

Maori

- Abstinent: 49%
- Declined: 7%
- No Contact: 39%
- Relapse: 5%

Non Maori

- Abstinent: 48%
- Declined: 8%
- No Contact: 34%
- Relapse: 10%
Research Method

Clients complete a series of self assessment questionnaires at start, during and after treatment:

- Beck Depression Inventory - Beck, A. 1961
- Maudsley Addiction Profile - Maudsley Hospital, 1998
- Higher Power Relationship Scale – Rowan, N. 2006
Te Whare Tapa Wha

This is a holistic model of Maori health, based on the four walls of a building – all are required for clients to be well. (Durie M. 1985)

- **Te Tinana** physical well-being
- **Te Hinengaro** mental well-being
- **Te Wairua** spiritual well-being
- **Te Whanau** family well-being
Te Tinana Physical well-being

Clients with moderate / severe physical symptoms

- European
- Maori
Te Hinengaro Mental well-being

Clients with moderate / severe psychological symptoms

- Admission
- 42 Days
- 90 Days
- Exit
- 3 Months
- 6 Months

European
Maori
Te Hinengaro  Mental well-being

Clients with depressive symptoms

- European
- Maori

Admission 42 Days 90 Days Exit 3 Months 6 Months
Te Wairua  Spiritual well-being

Clients with strong connection to a Higher Power

- Maori
- European
Te Whanau  Family well-being

Client contact with relatives often or always beneficial to well-being

<table>
<thead>
<tr>
<th>Admission</th>
<th>42 Days</th>
<th>90 Days</th>
<th>Exit</th>
<th>3 Months</th>
<th>6 Months</th>
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<tbody>
<tr>
<td>Maori</td>
<td>European</td>
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65%  70%  75%  80%  85%  90%  95%  100%
Summary

In the four areas of Te Whare Tapa Wha

- Te tinana   physical well-being
- Te hinengaro  mental well-being
- Te wairua  spiritual well-being
- Te whanau  family well-being

Higher Ground serves Maori at least as well as non Maori.

Maori have less psychological symptoms and less depression than non Maori.

Maori are more spiritually connected than non Maori.
Conclusion

A bicultural approach which is inclusive of both non Maori and Maori appears to serve Maori well.

Addition of culturally specific treatment modalities complements and supports Maori.

Outcomes for Maori are at least as good as those for non Maori.
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References


