

"RADICALS, RACISM AND REVOLUTION?"

The Development of Services
for Maori people
at
Carrington Hospital

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The development of Services for Maori people at Carrington Hospital

I was appointed as Principal Nurse to Carrington/Oakley Hospitals in July 1985. This hospital serves as a catchment area for over 500,000 population as well as providing an acute service to Northland. The Maori population is approximately 15% over the total area served. It is well documented that the indigenous people of New Zealand have morbidity and mortality rates that are much higher than the general population.

The number of Maori admitted to psychiatric hospitals over the past 10 years has increased. Maori are grossly over-represented in prisons and in the secure unit Oakley Hospital (approximately 60%).

When I took up my position as Principal Nurse I discussed the issue of mental health services to Maori people with the Chief Nurse, Auckland Hospital Board who agreed that some solution to the problem should be sought.

During my first year I tried a variety of approaches including-

- a) supporting a committee organised by Maori nurses at Carrington and Oakley and interested community people.
- b) attending a Hui on Maori Mental Health and supporting Maori involved in providing hostel and after care support.
- c) supporting a pilot scheme to involve a Maori nurse in all Maori admissions to hospital.

I also listened to a number of Maori groups who came to me with proposals - this listening led to my confusion as I was unable to decide which group should be supported.

In June 1986 the management group at Carrington Hospital, Fraser McDonald (Medical Superintendent) Chris Chadwick, Hospital Manager and myself met to discuss the growing pressure to provide a functional service to Maori people. We decided that the first step would be to invite all the Maori people who had made contact with the hospital and also representatives from the Maori community and service groups.

Two Hui were held presided over by Honi Ture, Kamatua to the Maori nurses. From these Hui a Maori Advisory Group was proposed. The response from the Maori people was that an advisory group would need a paid Liaison Worker as well as a permanent nurse position to be available to Carrington/Oakley Hospitals and the community so that the projects might be planned and developed.

It is fitting that this be achieved but it does not mean that we as Pakeha can now turn away and believe our role is finished. It is a partnership and must remain so, with each contribution according to need and resource so that the provision of services to Maori can continue to grow and develop.

On paper and in brief form it would appear that the process of developing a Maori Unit at Carrington was fairly straightforward and acceptable to the existing establishment. It was not.

Bringing about changes that produce services with a very different philosophy and way of functioning is revolutionary and requires radical change. It is important that the existing establishment responds to the need for radical change in the way services are delivered and how they are resourced. To effect that kind of impact headlines are necessary, not small print that can be ignored. Dialogue and education is necessary to increase awareness of cultural needs and to challenge the existing value system. A group of very committed and prepared people are necessary to weather the storms and maintain a clarity of vision. The situation at Carrington Hospital provided a very tenuous balance between the advocates of change and a reactionary stance.

Some of the situations that worked against the developments were:-

- The changes in the membership of the Hospital Management Group from one of full commitment to the development of Maori Services guided by the Maori Advisory Group to a commitment by myself only.
- The industrial unrest around the closure of Oakley.
- The opportunity for attending Institutional Racism Workshops were closed to all staff other than nursing staff.
- The change in work opportunities in society which led to a protection of jobs and conditions of work as well as an increase of admissions to hospital.
- The poor conditions for all patients in Carrington which encouraged established institutions to reject any competition for resources.
- The tight 'professional' attitudes that resisted the possibility that Maori people could meet the mental health needs of their own people, in their own way.
- The very few Maori people that felt sufficiently empowered to confront the resistance and move steadily forward.

Finally I would like to describe in brief how my involvement in the development has affected me both personally and in my professional work. I have been labelled a radical, I have addressed my own racism and I believe I have participated in the beginning of a revolution in the relationship and distribution of power between Pakeha and Maori.

The first task after agreement was reached was to appoint a Liaison Worker. Because of the limited salary that could be made available, a decision was made with the Maori Advisory Group and Carrington Hospital to offer a temporary position until pay scales could be negotiated with the Auckland Hospital Board executive group. (Appendix II.)

Through the Maori Advisory Group Titewhai Harawira was given a temporary appointment as Maori Liaison Officer. The position of Charge Nurse was negotiated with the Chief Nurse, Auckland Hospital Board and Nellie Hippolite was appointed according to Hospital Board procedures. At the beginning of 1986 two Community Worker positions were transferred from the nursing budget to the Maori Unit. This was the beginning of the Whare Hui assessment and outpatient treatment unit to provide consultation and Maori assessments to the Carrington wards and a service to the community.

The Maori Unit has developed in response to:-

The needs of Maori people in crises.

The enthusiasm and vision of the Maori Liaison Worker (later called Co-ordinator).

The energy and strength of members of the Anti-Racism Group who challenge the institution and support the Maori workers.

The plight of many Maori in prison and in Oakley, especially as the closure of Oakley became a reality.

The growing awareness of the Executive Group, Auckland Hospital Board that the Maori developments would provide a better alternative to services that were inappropriate and culturally insensitive to Maori.

The awareness created amongst staff particularly nursing staff through Institutional Racism Workshops and Treaty of Waitangi Study Days. (Appendix III).

The Maori Co-ordinator position was made permanent in 1986. Because it was an appealable position it was advertised and interviews took place.

This was highly offensive to the Maori as the Advisory Group had already used the Maori process to choose the person most suitable. However the regulations were respected and interviews took place. Mrs. Titewhai Harawira was appointed to the position of Maori Co-ordinator. She continues to play a leadership role in the Development of a Maori kaupapa and Maori services.

Whare Hui

This is an assessment, resource and family unit established in 1985. It is open on a Monday to Friday basis and sometimes groups and families meet on the weekends to address special issues affecting themselves or the Maori people in general.

The staff at the Whare Hui assess all Maori patients who are to be or are admitted to Carrington Hospital and also those in the community who are in need of help and support, to cope with mental health problems. The staff at the Whare Hui are accountable for their work in the Maori dimension to the Co-ordinator and the Maori Advisory Group and to the Assistant Principal Nurse for administrative functions.

At present one Charge Nurse and three Community Workers and one Cultural Officer are employed at the Whare Hui.

Kohanga Reo

This unit is mainly for children of patients either resident in Carrington or attending from the community. The main goal of the unit is to work with the children and parents to establish an identity as a Maori. This will increase their sense of personal worth and equip them with skills to cope with their difficulties.

Whare Paia

This is an inpatient unit for long term patients who have lost contact with their whanau and are unclear of where they belong as well as having fairly severe symptoms of mental illness. An activities unit is a part of this development. The unit is run as a bicultural unit with a small group of professionals, a large group of Maori Health Workers, plus a Senior Psychologist, a Consultant Psychiatrist, a Nursing Supervisor and 3 Cultural Programme Workers. The unit is run as a therapeutic community with decisions made by and with the whole community. The basis for the function of this unit is the Maori kaupapa.

Maori Hostel

This unit is to be opened in April and will accommodate 18 residents plus a flat for 2 staff members. It is envisaged that this will be the first step to independent living for Maori people who have been institutionalised or who have never learnt to cope independently from institutional support and control.

Perhaps a comment needs to be added. The aim of the total Maori service is to meet the needs of the Maori population under extreme stress and who have either become mentally ill or who are showing symptoms that lead to mental illness. However, all the units will work with cultures other than Maoris if the people requesting help wish to be treated in a Maori way.

The Maori Mental Health Service at Carrington Hospital is now well developed. The establishment of a separate budget for Maori Services is almost complete. This will mean that the management of the Maori resources will be culturally in line with the services provided.

I commenced in my position as Principal Nurse with members of the Hospital Management Team with a commitment to developing services that would be responsive to the needs and cultural values of the Maori.

This commitment has stayed with me through many traumatic events. I now know that we as Pakeha need to feel the pain of confusion, rejection and loss of identity before we can truly stand in the shoes and see with the eyes of the indigenous people. I believe that bi-culturalism is possible. I also believe that we Pakeha must keep questioning our own assumptions about what is right, what is truth and what is just habit.

I cannot explain the process I have undergone in keeping my original commitment. I only know that I can accept a Maori alternative to the treatment of people who are mentally ill. I can trust Maori intuition and I can acknowledge the painful experiences that many Maori people have had- of alienation and humiliation and physical hurt. I can also accept their anger.

Through all my experiences I have retained my own integrity and identity, I am not Maori but respect their right to equal partnership in the future of New Zealand.

I acknowledge the spirit and fortitude of the people who have worked closely together in the Whare Paia to bring about a bi-cultural reality, based on the Treaty of Waitangi against many negative pressures. I especially acknowledge the leadership and strength of spirit of Titewhai Harawira who has shown me how much she could fight for the life and spirit of the Maori.

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