

## Bridging two worlds in the interview process —the psychiatric assessment and Maori in primary care

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**M**ental health is an area of particular concern for Maori. Professor Mason Durie has stated that mental health is the greatest health problem facing Maori in the first two decades of this century.<sup>1</sup>

The assessment of mental health issues across cultures is recognised as being fraught with difficulty. Psychiatry is unlike other medical disciplines in that the diagnosis of functional psychiatric disorders is based entirely on the clinical interaction. The DSM-IV acknowledges difficulties may be encountered when applying DSM-IV diagnostic criteria across cultures, and has produced an outline for cultural formulations in psychiatric assessment.<sup>2</sup>

This paper aims to assist the primary care clinician to (i) develop empathic therapeutic relationships with their Maori patients and whanau through acknowledging difference and building

the notion of cultural difference into the clinical assessment process, and (ii) make diagnostic and management decisions based on their clinical knowledge, enhanced by such therapeutic relationships.

To achieve these aims I use a fictional case history, based on my own clinical experience, and a modified version of the DSM-IV outline for cultural formulation.<sup>3</sup>

### Case history

Matiu, a tall handsome 17-year-old, comes into your office with his Aunt Estelle and older brother Manu. Matiu sits down in the chair the furthest away and looks at the ground. He obviously is not happy and says nothing. Auntie introduces herself and her two nephews. She is a retired social worker who worked in a large city hospital. She asks if the other whanau members outside may come in so the meeting can begin with karakia. An older man stands and prays in Maori. Whanau members then introduce themselves. You introduce yourself from a professional perspective—‘I am Dr McDonald. I have been working as a general practitioner in this practice for six years. I spent three years working down south in Hokitika.’

Auntie begins Matiu’s story. Matiu lives with his mother and older brother in

a large city. His parents divorced years ago. Mother never remarried. Two elder sisters are married and live elsewhere. Matiu is in his last year of secondary school, excels in rugby, dreams of being an All Black. He has many friends and was ‘going steady’ with Ara. Brother Manu is doing well at university after a year overseas, on a scholarship. Manu explains Matiu began to withdraw into himself about nine months ago (stayed in his bedroom, stopped football, broke with Ara, refused to speak to anyone). He was suspicious of everyone (mother, sisters, football coach, friends). He believed ‘everyone was against him’. Matiu told Manu that he was hearing voices talking about him, arguing about him and telling him he was no good. The voices were telling him that he might as well kill himself. Sometimes Matiu thought it was the neighbours outside his window, but he was never able to catch them, and the same voices were giving him the same messages through music so he had stopped listening. He was very distressed. Mother said Matiu had stopped eating and had been pacing the floor most nights, mumbling to himself. She says he is a very good boy and had never acted like this before.

Until this stage in the proceedings you have been encouraging the family to tell their story and listening.

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## Pounamu

**MAORI PRIMARY HEALTH CARE TREASURES**  
Pounamu (greenstone) is the most precious of stone to Maori.

**‘Ahakoa he iti, he pounamu’**  
(Although it is small, it is valuable)

On direct questioning Matiu just looks away. At one stage he mutters something unintelligible, looking sharply upwards and the older man who is his grandfather, puts an arm on his shoulder soothing him.

You enquire if anyone else in the family has had difficulty like this. A distant cousin was in a psychiatric hospital years ago, no one knows why. She has passed away now.

Matiu's family are certain there is no drug involvement. He has been at home with no visitors. Manu has been to check with their mutual friends.

The diagnosis is clearly of a psychosis. However there are many unanswered questions:

- Is the psychosis functional (e.g. schizophreniform), organic (e.g. drug induced) or affective (e.g. depression, with mood congruent hallucinations and delusions)?
- What role do cultural beliefs play in this presentation?
- If hospitalisation and medication are required, as seems likely, how should this be managed?
- What are the long-term needs of this patient and his whanau likely to include and how should they be planned for and managed?

### Key factors in the assessment and management of mental health problems amongst Maori

The following are key factors in the assessment and management of mental health problems amongst Maori necessary for the development of a management plan which is safe, useful and acceptable to the patient, clinician and whanau:

#### (a) **Ascertain the self-defined cultural identity of your patient from the**

**outset.** Cultural identity cannot be determined from appearance. Matiu looks Maori, but how does he identify? Matiu is almost silent during the consultation; however he should be asked how he identifies, culturally, as should his whanau.

#### (b) **Patient and whanau views of the illness.** Maori views of well-being and illness may differ from those of Western medicine. Listening to the views of patient and whanau about the illness will both assist you in the assessment process and enhance the therapeutic relationship. Keep in mind and bring up as appropriate:

- What do they think is wrong?
- Is there a name for it?
- What may have caused it?
- What, in their view, should be done now?
- What do they think will be the outcome?

It is important to know if the whanau believes the illness to be a Maori illness (mate Maori). If this the case, a Tohunga probably will have already been consulted. Sensitivity is required when speaking of such issues. However, once you have established the whanau view, you can clearly explain your view as a Western clinician. Mate Maori and a functional psychosis may co-exist. Importantly they can be treated together safely and successfully.

#### (c) **Support and safety**—Matiu has support from his whanau. When Maori present to the consultation alone they should be asked if they would like to have another Maori present at the interview. Whanau and cultural consultants not only support the patient, but also can help the clinician and the patient understand each other. In Matiu's case, the presence of kaumatua and kuia who performed karakia at the beginning and the end of the

interview ensured that everyone involved was kept spiritually safe in a culturally sanctioned manner. Safety is of paramount importance. If the whanau feel the patient is not safe then mutually agreed steps have to be taken to ensure their safety. This may involve invoking the Mental Health Act. Matiu is experiencing command hallucinations telling him to kill himself. No one in such circumstances can be assumed to be safe with respect to themselves or others. The clinician may have to explain this to the patient and whanau.

#### (d) **The impact of culture** (of patient and clinician) on the encounter between the physician and the patient: In order to establish a relationship with another person, Maori need to 'get to know' the other person and be known by that person. It is important to know who the person is, where they come from and who their family is. Thus time needs to be set aside for the clinician, the patient and whanau/support person to get to know each other. This can be difficult, with increasing time pressure on all clinicians. However it can be the difference between a positive outcome and treatment failure. Clinicians should feel comfortable about what they reveal about themselves. There is no need to tell your life story. A 'chat' before getting onto the presenting problem is helpful. It is important that the patient is given time to tell his story in his own way and time.

#### (e) **Language:** Do not take it for granted that words and expressions in English mean the same thing for you and your patient. Ways to avoid such misunderstanding include:

- Cultural consultant/interpreter at meetings;
- Develop a therapeutic relationship in which the patient feels comfort-

able asking what you mean, e.g. 'what does anxious mean?'

- Be a good listener;
- Always be respectful;
- Explain your understanding of the problem and your management plan until sure patient and whanau understand.

### In summary

'Te whare e kitea, te kokonga ngakau e kore e kitea' is a Maori proverb, which literally translated means that we can see the corners of a house, but the corners of the heart are not visible. Its metaphorical meaning is that things are not always as they seem at first glance. I hope this paper goes some way to illustrating the relevance of the active acknowledgement of culture and difference in the practice of psychiatry amongst Maori; of ways to avoid misunderstanding and misinterpretation and to achieve a positive outcome for the patient, the family and the clinician.

### References

1. Durie M. 'Mauri Ora'. Auckland: Oxford University Press; 2001.
2. American Psychiatric Association. 'Diagnostic and Statistical Manual of Mental Disorders: Fourth Edition Text Revision.' Washington DC: American Psychiatric Association; 2000.
3. McKendrick J and Bennett P Te Ara (2006). Indigenous issues in GP psychiatry. In: Blashki, Judd, Piterman, editors. General practice psychiatry. Sydney: McGraw Hill Medical. p 72-85.

# St John's wort

## (Hypericum perforatum)

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**PREPARATIONS:** Extract of St John's wort flowers or leaves is available in many forms, including capsules, tablets and tinctures, as well as topical preparations. Chopped or powdered forms of the dried herb are also available.

**ACTIVE CONSTITUENTS:** Probably hypericin, hyperforin and/or flavonoid constituents.

**MAIN USES:** Symptomatic relief in mild to moderately severe depression.

**EVIDENCE FOR EFFICACY:** Systematic review and meta-analysis of 30 RCTs show that certain St John's wort extracts are more effective than placebo (NNT=42) and as effective as certain conventional antidepressants (including selective serotonin reuptake inhibitors (SSRIs).

**ADVERSE EFFECTS:** Adverse effects reported in clinical studies are typically mild and most commonly gastrointestinal symptoms.

**DRUG INTERACTIONS:** Extracts of St John's wort interacts with certain prescription medicines through inducing several cytochrome P450 drug metabolising enzymes, resulting in reduced plasma concentrations of medicines metabolised by these enzymes, including certain anticonvulsants, ciclosporin,

### Summary Message

St John's wort is about as effective as some conventional antidepressants (NNT=42) including certain SSRIs for treating mild to moderate depression and has a favourable adverse effect profile, at least with short-term use. However, it interacts with several other medicines, including digoxin, theophylline, warfarin and oral contraceptives. As with all herbal medicines, different St John's wort products differ in their pharmaceutical quality, and the implications of this for efficacy and safety should be considered.

warfarin, digoxin, theophylline and oral contraceptives. There is also a risk of increased serotonergic effects where St John's wort is taken concomitantly with triptans or SSRIs.

### Key references

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- Izzo AA & Ernst E. Interactions between herbal medicines and prescribed drugs: a systematic review. *Drugs* 2001;15:2163-2175.
- Mills E, Montori VM, Wu P, et al. Interaction of St John's wort with conventional drugs: systematic review of clinical trials. *BMJ* 2005;329:27-30.

Herbal medicines are a popular health care choice, but few have been tested to contemporary standards. **CHARMS & HARMS** summarises the evidence for the potential benefits and possible harms of well-known herbal medicines.