



MANU AO  
Academy

**Do Western Systems of Diagnosis  
and classification cater adequately  
for cultural imperatives?**

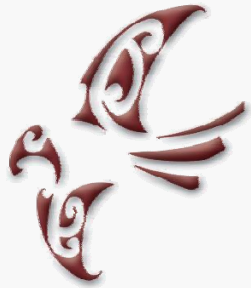
***Dr Rees Tapsell***



# Outline



- Introduction and Background
- Assessment-diagnosis-treatment planning
- Diagnosis and classification-why?
- Māori mental health status: The evidence
- Cultural imperatives: why are they important
- Conclusions



# Early Experiences



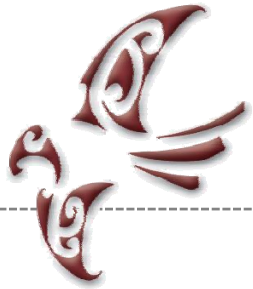
- 20 years clinical experience
- Early research reports 70's (Bridgeman, Dyll)
  - Māori disproportionately represented in:
    - (re) presentations to acute mental health units
    - Poor engagement
      - » Mental health act use
      - » seclusion statistics
      - » Coercive care
    - Diagnosis of psychosis/schizophrenia and substance misuse
    - Fall out from follow-up and early re-admission



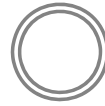
# Questions Arising?



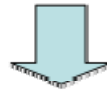
- Access to and experiences of primary care services
- Diagnostic errors-process and content
  - Were these important for:
    - » Engagement with, admission to secondary care services
    - » Cultural biases in provision of care



# The Treatment Pathway

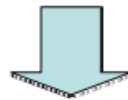


**Assessment**

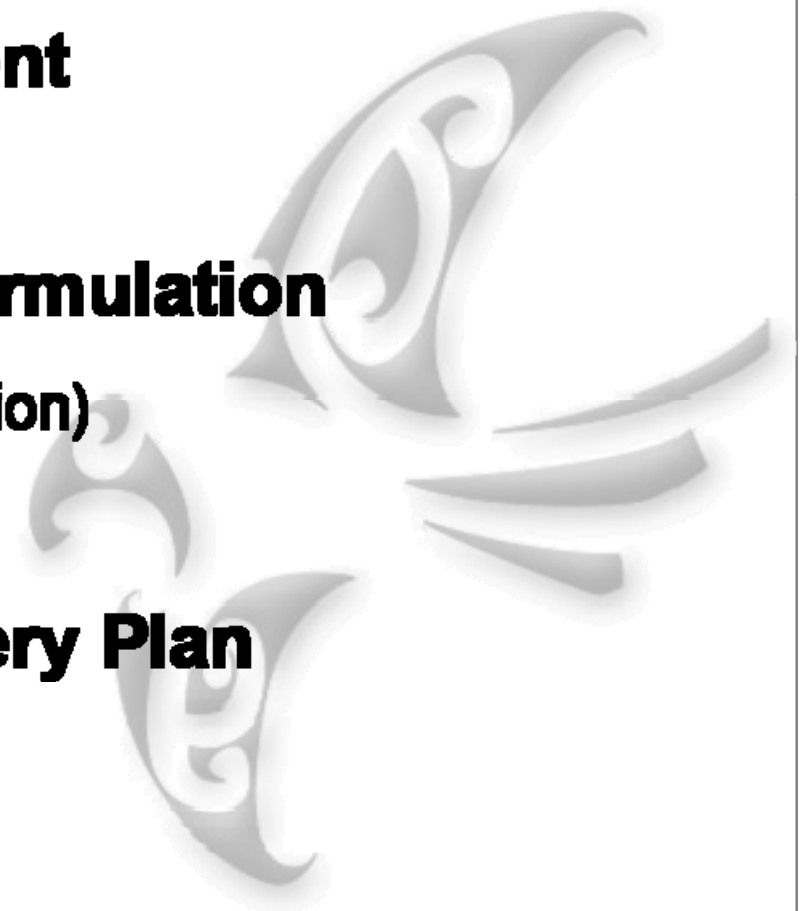


**Diagnosis & Formulation**

**(Classification)**



**Patient Recovery Plan**





# The Treatment Pathway



- **Assessment:**
  - Engagement, information sharing, a shared discourse, trust, partnership
- **Diagnosis and (vs) 'formulation'**
- **Treatment planning and recovery**
  - Collaborative in nature
  - Encompasses specific interventions



# Diagnosis and Classification: Why?

- Many purposes:
  - Public health imperatives
  - Epidemiology of disorder
  - Shared language/discourse
    - Aetiology/presentation/course/treatment/prognosis
- Two main systems of classification in psychiatry
  - DSM IV (APA)
  - ICD (WHO)



# Diagnosis and Classification: Current Issues



- ICD/DSM both in use, for different reasons
- Both systems currently due for revision (DSM V, ICD 11)
- Huge debate about whether major reform is required vs ‘tinkering’
- Major concerns/debate about whether systems of diagnosis and classification should consider unintended consequences of the development of these tools





# Current Issues



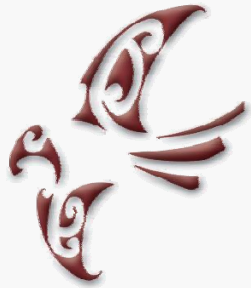
- Diagnostic systems have taken on major determinative importance:
  - Basis for clinical research
  - Increasing medico-legal importance
  - Funding for/access to services (eg. ACC)
- Major concerns expressed internationally about:
  - Validity/reliability and utility of diagnoses and diagnostic instruments used in research
  - Loss of contextual information critical for service treatment planning-universalism vs relativism



# Māori mental health status



- Traditional Māori Idioms for psychological distress/transgressions of customary lore (and appropriate interventions)
  - Significance experiential evidence, little literature
    - Māori prefer Māori providers (of any service) – (Jansen et al, 2008)
    - Māori Idioms are variably understood, funded or supported in clinical practice
    - Little integration with western psychiatric approaches



# Epidemiology of mental disorder in Māori

(Baxter et al, Te Rau Hinengaro, 2008)



- Disorder defined by DSM IV
- 1/3 Maori experienced mental disorder in last year
- Median age of onset age 16
- Co-morbidity was common
- Majority of those with disorder suffer moderate to severe disorder
- Minority seek help



# Epidemiology cont...



- CHCH health and development study (Fergusson, Baxter al 2008)
  - Ages 16-18 54% suffered some form of mental disorder-higher rates among Maori males (57%) cf females
  - NHDS
    - 2.2% suffer chronic mental disorder (similar to TRH)
  - NZPS (Simpson et al 2000) (50% Māori)-high rates of mental disorder
  - MaGPIE study (Bushnell 2005)
    - Māori prevalence of mental disorder higher than non Maori



# Diagnostic Picture



- Significant burden of mental disorder (all disorders) with significantly higher alcohol and drug disorders- (Baxter et al 2008)
- Less access to services (Baxter 2008, Bushnell 2006)
- Disproportionate identification of psychosis, aggression (as perpetrator and victim)-CAOS-Edgar, Mellsop 2008, Mellsop, Tapsell 2008
- Higher doses of ant-psychotics, higher use of depot anti-psychotics - Humberstone et al 2006



# Treatment Experience



- Despite disproportionate disorder-less access to services (TRH, MaGPIE)
- Despite identical severity less access to specific treatments- Arrol et al 2006
- More coercive care in inpatient settings (seclusion etc)-CAOS 2008



# Clinical Research



- Good empirical data suggesting ongoing discrepancies-yet minimal energy/resource available for further study/understanding
- Difficult to get such research published in peer reviewed journals
- Research dependant on diagnostic descriptor-drives service development



# Cultural Imperatives



- Important in the process of making a diagnosis (clinician-patient-process and content)
- Important in the validity/reliability/utility of the diagnosis (and therefore research)
- Important in contextualising the diagnosis
- Important in informing the treatment plan (process and content)





# Summary



- Many of early impressions seem valid-require further exploration
- Diagnosis and classification are increasingly important
  - Research/service development and delivery
- Context (cultural imperatives) paid little inherent attention (either in process or content)
- Need to accommodate better for cultural imperatives
  - Diagnostic systems and training of diagnosticians