

Trauma Exchange: interview with Sharon Pihema

Transcript

Carl Shuker:

Kia ora and welcome to Trauma Exchange, a series of conversations which explore the world of serious injury in New Zealand. My name is Carl Shuker and it's a privilege to host these discussions on behalf of the National Trauma Network and its partner organisation, Te Tāhū Hauora Health Quality & Safety Commission.

Māori experience major trauma more often than non-Māori, across all age and gender groups younger than 65 years. And once out of hospital, Māori are also less likely to access rehabilitation services. And when these services are accessed, Māori spend much less time there receiving the care they need.

In this episode I talk with Sharon Pihema to discuss the findings and recommendations from a 2022 report describing the experiences of major trauma care and rehabilitation for Māori. We'll also be talking about some really practical tips for health care providers to improve the care and outcomes for their Māori patients.

Sharon is currently a consultant and Māori health advisor to Asthma New Zealand and is studying digital media with a specific focus on public health.

Tēnā koe, Sharon. Thanks for being here today.

Sharon Pihema:

Tēnā koe. Thank you for having me.

Carl:

Sharon, can you give us a bit of an overview of the report? How did you identify that access to rehabilitation for Māori was an area of concern?

Sharon:

We knew that from a lot of the research that Māori were experiencing much more major trauma compared to non-Māori. We knew that when we looked at gender, tāne Māori were experiencing much higher major trauma rates than non-Māori males, and similarly for wāhine Māori as well.

When we also looked at disability outcomes, we could see that Māori were experiencing much higher rates of disability from all different types of injury. And then as they moved into services such as ACC, we could see that Māori were having much lower rates of access, taking longer to access services and having fewer interactions with the support services that they needed.

So, all of that evidence and data and information showed us that we needed to get a more detailed understanding about the whānau journey with major trauma rehabilitation. And the way to do that was to go out and kōrero and meet with whānau that had gone through this to get an understanding of how their experience was, what parts of the journey worked well, what didn't, and where we needed to make improvements.

Carl:

That's fantastic. So, we hear this term culturally responsive care. Can you tell us about how you feel trauma services could provide more culturally responsive care and why that's important?

Sharon:

Culturally responsive care was really important and something that came through a lot of the interviews that we had with whānau. Whānau who had a really challenging, difficult experience with their recovery and rehabilitation, there were examples in there that we could see where cultural competency played a really major part in that.

And one of the ones that stood out the most for us was around whakawhanaungatanga, and clinicians taking the time to get to know the person, to build that relationship, to find that connection, to engage with the person and their whānau. That was a really key part that when it was present in a lot of the journeys that we spoke about, people had a much more positive rehabilitation experience.

When something like whanaungatanga wasn't there and was absent, it was much harder for whānau to engage in their journey, to engage with the people that were looking after them. and it made the whole experience much more difficult for them to cope with.

Carl:

And does that mean we lose Māori to rehabilitation services when that doesn't happen?

Sharon:

I think that it definitely has an impact. I think that if you are a clinician or a support worker or anyone that's working with whānau in this space, that ensuring that you are practicing whanaungatanga, that you are listening to the person and including them and their whānau... all of those aspects of whanaungatanga and manaakitanga really make a difference. And when you're in a journey like trauma rehabilitation for weeks, months, years and you are coming across dozens of different people, everybody has a role to play in ensuring that whānau, the person that's going through recovery, is feeling supported, feeling included.

And that relationship that you get, and that mutual respect is critical to the outcome that people have with their rehabilitation.

Carl:

Sharon, what does manaakitanga look like and feel like in a trauma space?

Sharon:

So manaakitanga is around looking after others and taking care of others and being kind and showing kindness and respect. And clinicians can play a key role in practicing manaakitanga when they are interacting with us as whānau.

So right from the outset with those first conversations, when we're first meeting you... take the time to introduce yourself, share a little bit about where you're from, about your whānau, about your background, and we'll do the same. And by doing that, we create that connection and that common ground for us to build our relationship together.

And then moving forward, we know that we can trust you. We know that you're going to include us in the discussions and in the decisions, and we have that respect with each other that's really important when we're in such a long journey like major trauma rehabilitation.

Manaakitanga can look like lots of things. So, it can be not just learning how to say our names correctly and how to pronounce te reo Māori correctly, because that should happen regardless. But also looking at things like karakia. For a lot of whānau, that's really important, and they lean on that when they're in such challenging times like rehabilitation and spending time in hospital. So, if that's something that's important for whānau, allow that to happen. You may want to participate in that, learn more about it. That's fantastic.

Learn about what's important to us as whānau, and we'll let you know. If something like what our mokopuna are up to, or what school they go to, or if it's kapa haka season, or if there's really significant things happening in our lives, an example being like Matariki, take the time to learn about that. Ask us questions, have those conversations. All of that really helps to build that relationship and that connection with us moving forward.

Carl:

That's fantastic, Sharon. So, can you tell us a little bit more about how you got that information, how you engaged with people, and what that process was like?

Sharon:

We took a very whānau-led process throughout this whole project. So, once we had identified whānau that were eligible to be included in our project, we contacted them and let them decide how they wanted to share their kōrero with us. So, whether that was having a conversation kānohi ki te kānohi face to face, whether it was over the phone, whether it was on Zoom, we left it up to whānau to decide what would work best for them.

We also let them decide who they wanted to have in the interview with them, whether they wanted to be by themselves, whether they wanted other whānau members there, whether they wanted a support worker or a friend. We let them decide that as well.

And then... same with the discussion and the questions that we were going to ask. We didn't go in there with a list of questions. We left it very much open for whānau to decide what parts of their journey they wanted to share with us, how much information they wanted to share with us. And when we took that approach, the kōrero that they shared with us just had a natural flow about it. And we were able to get some really good kōrero, some really good whakaaro, some feedback that helped us put this report together to come up with these recommendations and findings.

Carl:

So, what can we do in the health system to make experiences of care better for Māori? I mean, you talk about in the study these processes that sound like they're some of the similar processes that you want to see in the health system itself.

Sharon:

When we interviewed whānau, there were some key themes that came through really strongly. One was whanaungatanga and how important that is. There were other aspects such as needing to consider the mental health impacts of trauma, of trauma rehabilitation on the person and their whānau. We had a number of whānau talking about just how hard that mental health challenge was for them. In terms of they knew they had really serious injuries,

but the impact on their mental health was what they struggled with the most. So we need to make sure that we have that flagged and as a priority throughout the whole journey, not just while they're in hospital, but at other parts throughout their journey – post discharge two, three years down the track, they still need to be able to access that support for their mental health.

We know that we need better coordination of support services. The whānau that we interviewed, a lot of them, there was no central one point of coordination. So, it was very fragmented. They were very confused about who was doing what, who they were meant to approach for help with different things. We need better coordination of that.

We need better support and recognition for the whole whānau unit, because they are the key support for that person as they're going through rehabilitation. So often whānau are having to carry a lot of the burden in terms of finances, in terms of... other whānau members, other children that might be needing to be looked after. We need to support whānau so that they can support their loved one going through rehabilitation.

We also need to make sure that we're looking after our rangatahi that are going through major trauma rehabilitation as well, because they have unique needs that are different from us as adults, and having to go through something as significant as major trauma can be really struggling for this age group. And by rangatahi, I mean kind of the 24 years and younger. We need to have appropriate support and services to help them. And we need the workforce to be trained up so that they can effectively work and engage with our rangatahi.

Carl:

Look, your report was published in April 2022. What's been done and what have you seen since then to encourage more culturally appropriate care?

Sharon:

Since the report was released, there has been work happening at a regional level with different trauma networks. So, using this report to provide that starting point for reflection on what each network is doing in their locations in terms of things like whanaungatanga, mental health support, supporting rangatahi. That activity is happening at a regional level.

There's also examples such as with ABI Rehabilitation, where they have used the report to inform the development of their Māori health development plan as an organisation. And then they've gone so far as to set up a mātauranga Māori advisory group for the organisation. So, it's a collective group of people with different areas of expertise and experience within mātauranga Māori to help... provide that guidance and that support and that insight to ABI, so that they can then filter down that development plan throughout the different levels of their organisation.

So, there are some really promising areas of work happening in this space which is great to see.

Carl:

That is great to see. Sharon, any last thoughts that you wanted to share with us about your deep knowledge of this space?

Sharon:

This was a really... humbling experience to be a part of, to be able to go out and talk with and meet with 21 different whānau about their experience with major trauma. It really highlighted how much of an impact something like this has on the person and their whole whānau.

A lot of these whānau were just doing, you know, some of them were doing everyday activities, some of them were at work when their accidents happened, some of them were just travelling home after a whānau event and then these major trauma events happen, and it really changes their trajectory.

And so, I guess it's about us as a workforce coming together, working together, creating this cohesive collaborative experience for whānau so that they can get closer to where they were wanting to be before their accident happened.

It's really important because a lot of whānau hadn't had a positive experience with their rehabilitation and you know one year, two years post injury when I came to speak with them, they were still really struggling by themselves. And when you hear their journeys, you can see exact points where there was an opportunity to engage with them, to change that path that they're now on.

And I think it's really important that the workforce all come together to awahi and support our whānau through this.

Carl:

Kia ora Sharon, it's been a pleasure to hear your kōrero today. Thank you for your time.

Māori who experience major trauma have a right to better care and to equitable outcomes. Offering culturally responsive care is a step in the right direction to positively impact experiences and outcomes of care.

If you'd like to read more about some of the things Sharon's talked about today, you can find information about the incidence of major trauma among Māori in the National Trauma Registry Annual Reports on the National Trauma Network website. Information about the longer-term outcomes from injury, including for Māori, can be found on the University of Otago website by searching for the prospective outcomes of injury study.

If you'd like to learn more about the National Trauma Network or read Sharon's report in full you can find more information at the National Trauma Network and Te Tāhū Hauora Health Quality & Safety Commission websites. That's www.majortrauma.nz or www.hqsc.govt.nz.

Thanks again for joining us.

Mā te wā.