



# Guidelines for the use of Hua Oranga



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## INTRODUCTION AND OVERVIEW

*Hua Oranga* is a standardised method of assessing mental health status for Māori. If used more than once on an individual then change or “outcome” can be measured. The instrument considers domains and outcome preference which are important to Maori and which are culturally aligned.

*Hua Oranga* consists of three paper-based schedules reflecting the different perspectives of the involved people. On each occasion of use questionnaires should ideally be completed by a Clinician, the Tangata Whaiora (Client/Consumer), and a Whānau (Family) member. All three questionnaires are similar and contain four sections or domains. These domains consider health status in four specific areas – Wairua (spiritual well-being), Hinengaro (mental health), Tinana (physical health), and Whānau (family and relationships). A simple five point rating scale is used to rank each of the domains.

<i>Stakeholders</i>	<i>Domains of Outcome</i>
Tangata Whaiora/Consumer	Taha Wairua
Clinician	Taha Hinengaro
Whānau/ Family member	Taha Tinana
	Taha Whānau

Once all three schedules ([www.ORAdatabase.co.nz](http://www.ORAdatabase.co.nz) – Download - Hua Oranga Schedules) are completed, the information is transcribed into a purpose built database. With this information the *ORA* (Outcome Recording and Analysis) database is able to generate a number of reports. These include – the Tangata Whaiora’s overall health outcome across the four domains as well as dissonance (differences) and resonance (similarities) between the three questionnaires. The database also stores and catalogues the outcome assessment for each Tangata Whaiora. This enables progress over time to be monitored and outcomes compared. This information should be used to monitor the health outcome status of the Tangata Whaiora and to assist with treatment planning.

## BEFORE APPLYING THE TOOL

### Information Management

Given that three separate questionnaires are used to assess outcome and that four domains are considered it is important arrangements for the collection, storage, and analysis of information are made prior to any assessment. This can be facilitated by registering on the ORA Database <http://oradatabase.co.nz/register.php>.

## **Ethical Considerations**

Mental Health services need to set their own protocols before the outcome assessment process is initiated. Information must be provided to both the Tangata Whaiora and Whānau. Both should be made aware of how the tool is applied, who will be involved, and what the information will be used for. Whānau should not be approached to participate without agreement from Tangata Whaiora.

## **APPLICATION OF THE TOOL**

### **Schedule Preparation**

It is fundamentally the responsibility of the Clinician to manage the distribution and collection of questionnaires as well as the management of data. Three schedules – one for the Clinician, one for the Tangata Whaiora, and one for Whānau should be prepared for each assessment.

The measure is dependent on all three questionnaires being completed, collected, and entered into the ORA Database. Copies of the schedules can be obtained from this location <http://oradatabase.co.nz/downloads.php>

### **Who Should Complete the Three Questionnaires**

The definitions below should be used when determining the most appropriate individuals to complete the questionnaires. The definitions for Clinicians and Whānau are broad in scope. However, it is important that care is taken here and to ensure that informed perspectives are gathered.

- Tangata Whaiora: The individual receiving care, consumer, client or patient
- Clinician: Any person employed by the service provider that is formally responsible for the treatment and care of the Tangata Whaiora and has a skill in applying Te Whare Tapa Whā.
- Whānau: Any person that is able to offer an informed opinion on the health status of the Tangata Whaiora. This person cannot be another Tangata Whaiora or someone that is employed by the health service provider to keep processes clear. They can be related to the Tangata Whaiora but this is not a necessary criteria. For example, they could be a close friend, an associate, or work colleague. It will be important that whoever is selected to provide comment is endorsed by the Tangata Whaiora.
- Ideally all three respondents should remain constant for each subsequent applications of *Hua Oranga*. That is, the same three respondents for each successive assessment. This may not always be possible and it is likely that over time the Clinician and nominated Whanau respondent will change. This is permissible but should be made in reference to the two points above.

### **When Should the Tool be Applied**

Ideally, the tool should be applied at the point of first contact or as part of an initial assessment. If this is not possible then at the earliest time possible. Subsequent assessments can be made periodically. Six week, three month intervals are recommended, however this may vary according to service type and capacity. The tool should be applied at least twice for every Tangata Whaiora involved in the assessment process.

### **Schedule Distribution**

The Tangata Whaiora will need to agree to the assessment taking place as well as the individual identified as providing the Whānau perspective. All three schedules are designed to be completed independently. However, the Clinician may be required to assist both the Tangata Whaiora and Whānau with completing their respective schedules. Care should be taken so as to not influence their responses.

Each of the schedules, while considering an identical range of domains are specific to each respondent group. It is therefore important that the Clinician only completes the schedule labelled “Clinician”; the Tangata Whaiora the questionnaire labelled “Tangata Whaiora” and the Whānau member the schedule labelled “Whānau”.

### **Timing**

It is important that all three schedules are completed within 7 days of each other. This will give confidence that all three views are considered over a similar time-period.

### **RATING OF QUESTIONS**

Five rating options are provided for each question. When identifying an appropriate response the following guidelines should be used:

#### **On Initial Assessment (when the tool is first applied):**

Extremely Good: **Currently at optimal status**

Good: **Currently positive but capacity for improvement**

Just Okay: **Neither good nor bad**

Not Good: **The current situation is not positive but could be worse.**

Very Bad: **The current situation is as bad as it could be.**

#### **Subsequent Assessments:**

Extremely Good: **Optimal outcomes have been achieved.**

Good: **Progress has been made and positive (though not optimal) outcomes achieved.**

Just Okay: **No significant gains have been detected but the situation is no worse.**

Not Good: **Progress has been negative, though could be worse.**

Very Bad: **Progress has been negative and as poor as it could be.**

### **Schedule Completion and Collection**

All three schedules contain brief instructions on how they should be completed. Each question should be read and an appropriate response selected. Only one response for each question should be circled. When all three schedules have been completed the Clinician should collect them .

Due to the multiple domains and perspective gathered as part of the outcome assessment it is recommended that the data is inputted and analysed through the ORA database. The paper schedules (once completed and collected) should be inputted into the database for analysis and cataloguing. Registration will be required first in order to access this function of the database. The database also contains instructions on how the schedules can be inputted, organised, analysed, catalogued, retrieved, and interpreted.

As noted, it is possible to generate multiple reports. Each assessment can be examined according to the three perspectives, the four domains, or any combination of each. Longer-term, it is possible to map progress or changes in any of the three perspectives or outcome domains. It is likely that views will not always resonate and that dissonant views will emerge. This can create a complex picture, but should not reduce the utility of the information collected.

To this end, *Hua Oranga* is not an absolute measure of mental health outcome but rather a tool through which insights into health status and health perspectives can be collected. Ultimately (whether dissonant or resonant views are detected or outcomes improve or decline) the information should be used to inform treatment planning and to encourage optimal health gains.