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Social work formulation: Principles and strategies for mental health social workers in Aotearoa New Zealand

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ABSTRACT

INTRODUCTION: Social workers are important members of multidisciplinary mental health teams and formulation is a core skill in mental health practice. However, there is little published guidance about what strong social work formulation looks like. As a group of mental health social workers, including Māori and tauiwi (non-Māori), experienced and recent graduates, we identified a discrepancy between the importance of a social work perspective on formulation and the lack of guidance available to us. We propose some key principles for social work formulation in Aotearoa New Zealand. This theoretical article is designed to encourage our mental health social work colleagues, new *and* experienced, to engage in formulation that is informed by social work values and knowledge.

APPROACH: As a group of mental health social workers, we approached this task with a mix of theory and practice. We conducted a literature review of both social work formulation and Māori formulation, then discussed how these approaches align with the social work knowledge base in Aotearoa New Zealand, social work core competencies, and our experience of mental health practice. From this approach, we identified six key principles for social work formulation in Aotearoa New Zealand.

CONCLUSIONS: Strong social work formulation has a tangata whenua or bicultural lens, is collaborative, strengths-based, ecological, has a social justice lens and is whānau-inclusive.

Keywords: Formulation; mental health; clinical social work

As mental health social workers, we wrestle with the tensions of bringing our social work values into services embedded within medical models. A social work lens on formulation is one way that we resist dominant deficit-based paradigms and promote a social understanding of mental health difficulties. In this article we present key principles for strong social work formulation in Aotearoa New Zealand. Our purpose is to strengthen the social work professional identity within mental health practice through the discussion of principles and practical application of social work formulation.

The idea for this article came through our experiences of learning and teaching social work formulation and realising that there are few published guidelines for social work formulation. We have reflected on how important formulation skills are and how

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difficult it can be to bring a social work lens to formulation in practice. Social workers can easily be co-opted into the dominant medical model, including the lens on formulation.

Formulation is a core component of mental health practice. It is a way of conceptualising why a tangata whaiora (service user) is presenting in this way (Bagster et al., 2021). While assessment can be used for diagnostic classification and identification of needs and strengths (Macneil et al., 2012), formulation goes beyond diagnostic categories to understand a person's unique context. It is the distinct skill of capturing the essence of what is going on for someone within an explanatory model. Good information-gathering during an assessment is a prerequisite to formulation. Ideally, formulation is co-created with tāngata whaiora (plural of service user), with a shared understanding of current problems and resources to inform intervention planning (Crowe et al., 2008).

Formulation is a skill that requires both adequate training and practice (Bagster et al., 2021; Selzer & Allen, 2014). All formulation is informed by theory, including discipline perspectives (Crowe et al., 2008; Johnson & Boyle, 2018). Therefore, there can be many ways of formulating an issue. Social workers are important members of multi-disciplinary mental health teams and are responsible for bringing a social work perspective to formulation.

Our process for identifying the key principles for strong social work formulation involved a team approach. All the authors are mental health social workers. We looked at the existing literature on social work formulation and Māori assessment frameworks, reflected on our social work training and mental health practice, and collaboratively identified the principles for strong social work formulation. Following our overview of the literature, each principle is discussed with practice considerations and examples.

Social work formulation literature

The existing literature about formulation includes a variety of discipline perspectives. These are helpful to understand how to structure formulation using the commonly used 5P model. There is also general agreement in the literature that formulation should be a collaborative process that evolves with new information, and that formulation is informed by theory. There are social justice models of social work formulation and local literature about the process of assessment with Māori, focusing on relationships between people, time, and place within the socio-political history of Aotearoa New Zealand.

5P model

Formulation often follows the 5P model, examining how a person is presenting, along with their predisposing, precipitating, perpetuating and protective factors across various biopsychosocial domains (Macneil et al., 2012). Selzer and Ellen (2014) offer an example of how to use the 5P formulation matrix to gather and organise information about someone, using a matrix to identify biological, psychological, social, and cultural factors across the five 'Ps'. That information is then reorganised into a narrative summary to answer the question of how a person arrived at that point, and what factors have been influential and continue to be important.

Formulation is tentative and collaborative

Formulations are tentative hypotheses, evolving with further information and changing circumstances (Dean & Poorvu, 2008; Selzer & Ellen, 2014). Ideally, formulation is co-created between the clinician and the tangata whaiora (Macneil et al., 2012). Social workers Dean and Poorvu (2008) reminded clinicians of the power we hold, "therefore, we must choose the words we use in a formulation very carefully, and hold them lightly, always ready to be

changed" (p. 598). However, tāngata whaiora input is often lacking in the formulation process and clinicians have been critiqued for using formulation to communicate jargon with other clinicians, rather than as a collaborative process done alongside tāngata whaiora for their benefit (Bagster et al., 2021). Collaboration should be between clinician and tangata whaiora, but instead is more often between clinicians without meaningful input from tāngata whaiora.

Application of theory to formulation

Formulation is theoretically flexible. Multiple theoretical perspectives can be used for formulation based on the clinician's theoretical frameworks and the needs of the tangata whaiora (Bagster, 2021; Dean & Poorvu, 2008; Johnstone & Boyle, 2018; Selzer & Ellen, 2014). Examples of theoretical perspectives include feminist, biological, social justice, cognitive, behavioural, psychodynamic, systemic and cultural. Social workers may use multiple lenses in formulation. Crowe et al. (2008) presented how different theoretical orientations can be applied in formulating from the same case study information. They made the point that the theoretical lens influences both formulation and intervention planning, highlighting the importance of the theoretical lens. In the *Power Threat Meaning Framework,* Johnstone and Boyle (2018) encouraged clinicians to move from the deficit-based question of 'what is wrong with you?' to asking, 'what has happened to you, how did it affect you, what sense did you make of it, and what did you do to survive?' This demonstrates how the theoretical lens of the clinician affects the questions they ask and how the formulation is created.

Social work lens

There does not appear to be any literature from Aotearoa New Zealand about social work formulation, as distinct from assessment. However, in the United States, Corcoran and Nichols-Casebolt (2004) suggested that social workers look at both risk and resilience across all levels of an ecological framework, from the micro- to the macro-system. This is an ecological approach that focuses on problems and strengths, understanding a person in their environment. It flows on to interventions aimed at bolstering strengths within each system.

Dean and Poorvu (2008) suggested that social workers begin formulation with a social justice perspective, examining how social forces impact on tāngata whaiora. "These forces include the devastating effects of poverty and violence along with prejudices enacted in relation to gender, race, age, class, ability, sexual orientation, and other differences" (Dean & Poorvu, 2008, p. 599). They presented a constructivist approach to formulation, with multiple ways of knowing (ecological, cultural, psychodynamic, systemic, biological, and spiritual components), where the tangata whaiora voice is privileged in a collaborative process of formulation. They also challenged social workers to identify our own social identities and power in relation to clients, alongside our assumptions and limited ability to understand others' experiences.

Canadian social workers have discussed how power is understood and used by mental health social workers. Lee (2022) invited social workers to "deeply consider how they are positioned to knowingly and unknowingly exercise professional power whilst constructing clienthood to align with professional and institutional agendas in assessment" (p. 4378). They discussed the importance of centring the experience of tāngata whaiora, to listen to and believe their story whilst resisting institutional agendas to formulate in ways that are distinct from how people experience their own lives. McLaughlin et al. (2022) discussed the challenges of integrating social justice and clinical practice into a critical clinical practice that is both people-helping and society-changing. Mental health social workers have struggled to retain a focus on social justice within medical models

that focus on the individual. Brown (2021) explained, "social workers are trained to attend to the social context of people's lives, but despite this … mainstream service delivery and practice remain strongly rooted in individualizing biomedical approach and demand social workers compliance to this hegemony" (p. 645). Brown (2021) suggested that a narrative approach is helpful in examining dominant discourses and unpacking power. A social justice perspective in clinical practice includes an analysis of the historical factors perpetuating inequity, paying attention to power, advocacy for social change, clinician reflexivity, and social work values (McLaughlin et al., 2022).

Aotearoa context

Māori theory and models of assessment can inform formulation in Aotearoa New Zealand. A Māori approach to relational care recognises the embeddedness of tāngata Māori within their whānau, hapū and iwi (Hollis-English, 2017; Pōhatu, 2013; Wilson et al., 2021). Māori models of assessment emphasise a collaborative approach between tangata whaiora and clinician, underpinned by whanaungatanga, wairuatanga, and aroha (Hollis-English, 2017) and mana-enhancing practice (Ruwhiu, 2001; Wi-Kaitaia et al., 2021). While there are several Māori assessment models, four are briefly presented here: *Te Tapatoru, Meihana Model, Te Ara Waiora a Tāne,* and *Dynamics of Whanaungatanga*.

Te Tapatoru model is a Māori model of understanding a person's overall wellbeing through examining their connections to people (ko wai), time and place (he wā pai) and to genuine and meaningful activities (he kaupapa pai), highlighting the importance of connection for tāngata Māori when engaging with mental health services (Hamley et al., 2023). The Meihana model is a collaborative and holistic approach to assessment using the steps of a hui process, in which clinicians consider ngā hau e whā (the four winds of Tawhirimātea)—how colonisation, racism, migration and marginalisation impact Māori. These four factors are integrated into formulation, alongside individual and whānau factors (Pitama et al., 2017).

Bush et al. (2019) have discussed the implementation of the Te Ara Waiora a Tāne model, a kaupapa Māori approach to mental health assessment. This is based on the *Mahi-a-Atua* model of mental health engagement, assessment and intervention based on Māori creation stories, looking at the three baskets of knowledge that Tāne brought back from the heavens. Clinicians use conversation and a whiteboard to visually represent the journey of Tāne, using this metaphor to gather information about challenges, strengths and supports. This is an example of using culturally meaningful stories and visual modes of communication to collaboratively create a formulation.

Grown around the seed of the foundational *Te Whare Tapa Whā* (Durie, 1994), the *Dynamics of Whanaungatanga* (Tate, 2010) model expands from the four critical pou (pillars) that form hauora (wellbeing) to also consider how other internal, external, and relational factors impact tangata whaiora. A person's connection to land (whenua), people (tāngata), and spirituality (ātua); their goals and aspirations; and the potential or real restrictions needed in their life to reach wellbeing (tapu and noa), are assessed through a lens of tika (what is right), pono (what is true) and aroha (love) co-created by the tangata whaiora, clinicians and whānau. When used in its entirety, this formulation is then carried through to the intervention and healing (hohou i te rongo) phases of the model.

Each of these assessment models encourage clinicians to engage in formulation that is relationally co-constructed, informed by the socio-political context, and based on Māori worldviews on the interconnectedness of people, wairua, and whenua.

Social work formulation in Aotearoa New Zealand

We have identified six key principles of social work formulation in Aotearoa New Zealand, from the existing literature and our own reflections on practice. Strong social work formulation is:

- framed from a tangata whenua or bicultural approach
- collaborative
- strengths-based
- ecological
- has a social justice lens
- is whānau-inclusive.

These principles are aligned with the global definition of social work (International Federation of Social Workers, 2023) and with the core competence standards for social workers in Aotearoa New Zealand (SWRB, 2023).

We present three case studies to illustrate how these principles can be used in social work formulation. Each of these case studies is hypothetical and written from our collective practice experienced, based on common presentations. However, these are not the stories of real tāngata whaiora. Each formulation follows the 5P process of discussing the presenting, predisposing, precipitating, perpetuating and protective factors, although not necessarily using that language. They each look at these factors across multiple systems.

Charlotte

Charlotte is a 14-year-old Pākehā girl who was referred to youth mental health services for panic attacks. Charlotte lives with her parents and 12-year-old sister. She attends a private school, in a wealthy neighbourhood, that has a high focus on academic achievement. She also has many extra-curricular activities. Charlotte began to experience panic attacks when studying for school exams. She felt intense pressure from herself, her parents and her school to achieve well.

Charlotte has grown up in an environment with high standards. Her parents both work in demanding jobs and have high expectations of themselves and their children to achieve financial, academic and career success. Charlotte's parents both came from working-class families and want the best for Charlotte. Charlotte's family fondly remembered relaxed beach days when the children were younger but had little unscheduled relaxation time recently.

In meeting with Charlotte and her family, her parents realised that they had been fearful of financial struggles for their children, so had pushed them hard to achieve at school and in extracurricular activities. Additionally, Charlotte's mother had experienced physical abuse as a child (from her own mother) and had connected that abuse experience to the financial stresses her mother experienced. She wanted to protect her children by ensuring that they were financially supported. Upon reflection, Charlotte and her family recognise the negative impact of this pressure for the children. They would like to have more balance but are unsure how to change entrenched habits. Charlotte's family are influenced by the values of their social group, supported by societal values that connect a person's value to their achievements and wealth.

Sam

Sam is a 28-year-old Māori man who was referred to forensic services following violence towards his wife. Sam grew up in a small town with few community resources and high unemployment following the closure of the main factory where many of the families worked. As a result of the factory closure and ensuing poverty, many of the men in the community joined gangs and were involved in drug distribution. Sam grew up in an environment where poverty and violence were common. As a child he

was subjected to significant physical and sexual abuse by people known to him. He was close with his mother, aunt and grandmother. His grandmother died when he was 10 years old, and since then Sam has heard the voice of his grandmother talking to him and supporting him.

Sam is a skilled sportsman. There were few opportunities for sports in his community, so his mother and aunty supported him to get a sports scholarship to go to boarding school in a city a few hours from home. Sam excelled in sports there but was socially excluded by his peers. He experienced racism from the students, their families, and some teachers. He also experienced physical abuse from older boys at school. Sam experienced nightmares from the childhood abuse and was worried about his safety from the other students. He would ensure he was the last to get to sleep each night and slept poorly.

Sam's mother and aunt have always been supportive of Sam. They moved to the same city to be closer to him, and they have all been attending a local church. Sam has been married for 7 years to a woman he met at church and together they have two children. He works as a physiotherapist and coaches his 5-year-old son's soccer team.

Sam was recently violent towards his wife in the context of PTSD triggers. He was experiencing flashbacks of the childhood abuse and lashed out at his wife. He is deeply remorseful about this and has no history of using violence. He believes he is becoming like the men he grew up with and worries that he will lose control again and become increasingly violent, despite this being a solo occurrence. He worries that he is not fit to coach the soccer team and is concerned about what his colleagues and church family might think of him if they find out he hit his wife.

Sam's PTSD and anxiety can be understood within the context of his childhood trauma, both in the family home and at boarding school. He has developed a heightened threat response and has used sport to help him manage these physical symptoms. Sam has the support of strong women but worries that he may reproduce the violence he experienced from men. This level of worry reflects his strong commitments to his family, his faith and his community, and the incompatibility of his use of violence with his values.

Tane

Tane is a 70-year-old Māori man who was referred to mental health services with physical symptoms of depression. His wife died 2 years ago, and Tane has been increasingly socially isolated since her death and his retirement. Additionally, recent health issues have impacted his ability to drive, and he is not yet confident in using public transport. Tane spends a lot of time working in his shed and is a skilled carpenter. He likes to make wooden toys for his grandchildren, who live in another city.

Tane spent his first few years with his parents, grandparents, and siblings in a rural area. He spoke te reo Māori at home. After his mother died when he was 6 years old, Tane was removed from his whānau by the state. He was adopted into a Pākehā family and did not see his whānau again. He was punished for speaking te reo Māori and was brought up without any facilitated connection to te ao Māori. For many years Tane felt ashamed of his Māori heritage and often pretended that he was not Māori. However, recently Tane has expressed interest in reconnecting with his whānau and learning more about his iwi and Māoritanga.

His depression can be understood within the context of his disconnection—socially, physically through his lack of transport, and disconnection from whānau and culture. As he has begun to face some of the impacts of his disconnection from whānau, he is grieving the way of life that was taken from him and going through an identity crisis

in trying to understand more of his Māori culture.

Principles of formulation

We propose that strong social work formulation is based on six key principles. Drawing on the case studies presented above, we discuss how the principles of biculturalism, collaboration, strengths-based, ecological, social justice and whānau-inclusive practice can be applied in formulation.

Tangata whenua or bicultural approach

A tangata whenua, or bicultural perspective, that is grown from the foundations of te ao Māori is critical to social work formulation in the Aotearoa context and aligns with the first core competency of social work practice (Social Work Registration Board, 2023). The term *bicultural* is applied to social workers who value Māori knowledge, recognise the impact of colonisation, understand Māori concepts of wellbeing, and who practise with self-awareness (Wi-Kaitaia et al., 2021). For Māori social workers, a tangata whenua approach incorporates all of these aspects within an embodied Māori worldview informed by Mātauranga Māori (Eruera et al., 2021).

Māori perspectives of hauora are varied, however the importance of relationality—whether this is whakapapa and whanaungatanga or the interdependence of the elements that influence an individual's state of hauora—is central. The concept of whakapapa, the iterative genealogical links that stretch from the deepest void of Te Kore through to the farthest mokopuna yet to be welcomed into Te Ao Marama, is the primary explanatory force in te ao Māori (Marsden & Royal, 2003). Whakapapa connects us to our tūpuna and mokopuna living, passed, and yet to be; to land and water; to environments physical and metaphysical; to history and the future. Whakapapa can be used to explain everything from natural phenomena (Marsden & Royal, 2003), the impact of colonisation on research and education (Tuhiwai Smith, 2012), to social issues such as family violence and mental health (Sadler, 2007). In a recent example of whakapapa being used to explain how historic events impact contemporary individuals, Pihama et al. (2022) argued that both perpetrators and survivors of sexual violence are inheritors of a whakapapa of imported gendered violence and harm, including the attempted destruction of land, culture, and language that created—and uphold—social issues that disproportionately impact Māori.

If whakapapa is the thread connecting every individual to their past and future, then whanaungatanga can be considered the net that connects each individual to their wider whānau, their networks, and communities. For Māori, the relational ties to hapū, iwi, waka and the whenua, awa or moana that connect to these communities, are crucial elements of hauora, identity and mana.

The significance of wairua, very broadly defined as spirituality or the spiritual world and a person's connection to it, is an aspect often missing from tauiwi conceptions of mental health. Wairua, however, is a core element in Māori perspectives of hauora, and should help form the basis of a bicultural social work formulation. Traditional Māori concepts that are illustrative of mental distress, such as pōrangi (a state of being often translated as "mad") and kahupō (a state of desperation and pain caused by wairua being divorced from the body), have an inherent link to te ao wairua (Lawson & Liu, 2010). Mooney et al. (2020) encouraged clinicians to consider cultural explanations for how tangata Māori may present to avoid misdiagnosis of depression. Similarly, for Māori the concepts of matakite and mākutu may carry a heavy importance that bears the added weight of inherited or otherwise historic gifts or troubles.

For Sam, both his strengths as an individual and as part of a whānau, as well as his trauma and trauma responses (including violence towards his wife), can be formulated by understanding whakapapa. Sam has been loved and supported by close women in his whānau since very young, including his grandmother whose voice he continues to hear. The whakapapa of harm in Sam's home community and the racism and violence he experienced at school continues to impact him today—as does the history of love, support, and protection from close women in his whānau. These threads can be traced further back to the economic deprivation and limited opportunities and support available to whānau and unemployed people in his hometown. The whakapapa of gendered violence, racism, and inequality stretches further back, to the imposition of Western colonial ideology and economic relations that introduced different norms about the social position and worth of different groups in society. At the same time, Sam's determination to resist the gendered violence he witnessed as a child also has a deep history, as family violence was considered so contemptible in pre-colonial Māori societies, and as it was punished so severely at individual, whānau, and hapū levels, societies, it was virtually non-existent (Mikaere, 2017). Sam's connection to his faith, the value he places in his church community, and his spiritual connection to his grandmother are critical aspects of understanding Sam's life, and present significant opportunities in supporting his recovery from trauma and in abstaining from violence.

Applying a tangata whenua or bicultural lens to formulation for Tane would consider his disconnection from his whānau and whakapapa as a central aspect of his distress, and as a focus for support and potential recovery. Tane's struggles with identity, given his removal from whānau as a child, and his forcibly fractured connection to his whakapapa and web of wider whanaunga relationships. Similarly, his exposure to racism and lack of support in maintaining his culture, reo, and relationships with his whānau, hapū, and iwi with his adoptive family have impacted his understanding of self and his wairua as a tāne Māori.

Collaborative social work formulation

The significance of collaborative mental health practice has been well established (Bagster et al., 2021; Macneil et al., 2012). At the heart of collaborative practice there is a call for tāngata whaiora and whānau to be active participants in their recovery journey and for mental health clinicians to welcome and value the skills, knowledge and experience that tāngata whaiora and whānau bring with them. Social work as a profession is well positioned to take a collaborative approach to practice. Values such as citizenship, empowerment and collective responsibility underpin social work practice and inform social work's collaborative approach. Collaborative practice can be thought of as a coming together between the social worker and tangata whaiora in a joint decision-making process to define goals and work towards these shared goals.

Collaborative social work formulation involves the tangata whaiora and the social worker having a therapeutic conversation to construct meaning or make sense of the distressing experiences. The practice of collaborative formulation is premised on the understanding that formulation is an ongoing process that develops over time. Collaborative formulation involves the social worker inviting the tangata whaiora and their whānau to share their explanation of the situation and to explore the meaning they attach to these experiences. The social worker also shares their clinical knowledge and practice wisdom to offer tentative wonderings or hypotheses to the tangata whaiora. Following these conversations, the formulation can be changed or adapted to suit the new understanding. In other words, the social worker and tangata whaiora

engage in a constructivist process in which a shared understanding of the nature of the challenges is co-constructed.

There may be times when a tangata whaiora, their whānau or the social worker have different views on formulation. A collaborative approach is still available in this instance, with the social worker engaging in a transparent conversation about the different views, partnering with the tangata whaiora to identify commonalities across interpretations, as well as areas of difference. All views are then included in the formulation. For example, an initial formulation of Charlotte's difficulties may include the parents' views that the pressure they place on Charlotte for academic achievement helps to protect her against future disadvantage, while also noting the social worker's view that the same pressure is a precipitating factor for the panic attacks. A collaborative approach is not just about having a shared understanding of the issues, it is about the process that the social worker engages in with the tangata whaiora and their whānau.

For social workers engaging in collaborative formulation, it is important to remember that this process provides a narrative explanation that seeks to answer the question of why this person is presenting in this way at this time. This stands in direct contrast to psychiatric diagnosis which limits a person's experience to a cluster of symptoms. When done as part of a collaborative process, formulation can be an empowering experience for tāngata whaiora that helps contextualise, and therefore normalise human experiences. A collaborative approach to formulation can occur even when a diagnosis is not supported by the tangata whaiora and their whānau.

Strengths-based

Social work values and the strengths approach are aligned in the belief that every person has strengths, aspirations, and resources to bring about positive change (McCashen, 2017). Strengths-based practice is intertwined with a collaborative approach and with social justice. It avoids framing people as the problem, instead recognising the wider structural context of people's lives, aligning with an ecological perspective. A strengths-based approach is both a philosophical belief about people and a way of practising. Strengths-based social workers believe that hope is possible for tāngata whaiora and that tāngata whaiora are experts in their own lives. Social workers use strengths-based practice through asking the tangata whaiora questions to understand how they have managed difficulties previously, what internal and environmental resources are available, and their ideas for what a hopeful future looks like (McCashen, 2017). This is in direct contrast to a biomedical approach that focuses on disease and deficits.

A strengths-based approach to formulation applies to both the process and outcome of formulation. In the process of formulating, the social worker asks questions to elicit the strengths of the tangata whaiora, and in doing so encourages their active participation in co-creating a formulation. The result is a formulation that includes discussion of the problem, but also includes discussion of their resources and strengths. It is more than just adding on a sentence about protective factors; a strengths-based approach integrates protective factors throughout the story of a person's journey.

For Charlotte, her parents' willingness to understand her and improve family functioning are a strength and will be the primary focus of an intervention. Sam is also well supported by family, including his deceased grandmother who continues to comfort him. This family support, along with his family values and skills in sport are all strengths that facilitate recovery from trauma. Tane is a skilled carpenter, and this skill connects him with his mokopuna and gives him a sense of purpose and mastery.

Ecological

Social workers bring an ecological perspective to our work, seeing people in the context of their environments. Generally, it is common in mental health practice to include consideration of Bronfenbrenner's (1979) microsystem in formulation, which involves looking at a person's interactions with the people closest to them. However, an ecological perspective also involves consideration of wider systems, including how a person is impacted by their education or employment, their local community, media influences and involvement with other services. At the macrosystem, cultural beliefs, societal values, and the economic and political environment all impact on tāngata whaiora. Within the Aotearoa New Zealand context this includes recognition by the Human Rights Commission (2022) of the impacts of white supremacy, racism, and colonisation for Māori. It also includes societal values about mental health, gender, parenting, aging, productivity, sexuality, religion, and disability. An ecological approach to formulation recognises that tāngata whaiora are embedded within multiple systems of influence and considers each of these in the formulation.

Social workers seem to primarily focus on the microsystem in ecological formulation as many mental health interventions are located within that same system. However, through looking at wider systems of influence, social workers may be prompted to consider interventions at those wider levels. This may include work in the community, aligned with the Ministry of Health's (2023) strategic vision for recovery-oriented services. It may also include advocacy within the macrosystem level, aligned with social justice values inherent in social work.

An ecological lens has been applied to Charlotte's formulation, looking at the impact of macrosystem beliefs about achievement and how these have perpetuated her anxiety. For Sam, an ecological lens has highlighted the impact of factory closures on his hometown, and the flow-on effects for the community, including an increase in gang activity and the lack of sporting opportunities for Sam. An ecological approach also highlights the impact of Sam's schooling environment on him, and the experiences of abuse and racism. Ecologically, Tane has been impacted by retirement and the loss of workplace social connection, and historically was impacted by legislation facilitating the removal of Māori children from their families and the suppression of te reo Māori. Applying an ecological approach to formulation helps to put these challenges in context, and for Charlotte, Sam and Tane to recognise the structural impacts on them. This is an alternative to locating the cause of their distress within them personally and helps to counter self-blame and self-stigma.

Social justice lens

Social justice is a central tenet of social work practice. The commitment to social justice has been codified through local and international guiding frameworks. The Aotearoa New Zealand Association of Social Workers (2023) *Code of Ethics* and the International Federation of Social Workers (2018) *Ethical Principles* cement social justice as a core value for the profession. While there is no singular definition of social justice, it is often broadly thought of as being concerned with equality, tolerance, compassion, fairness, and participation (Friesen, 2007). Following this definition, it is easy to see how social work practice and issues of social justice are often entwined. After all, it is social workers' systemic perspective that allows us to see and hear the implications of colonisation, institutional racism, inequality, poverty, marginalisation, violence, and trauma in the stories of tāngata whaiora every day. Within mental health services, it is social workers' commitment to social justice that informs so much of our practice and is a defining feature of the profession. Given this commitment and the importance of social justice, how does this

inform social work formulation and what are the barriers to incorporating this?

A barrier for including a social justice lens to formulation is the predominance of the medical model perspective within mental health services. This perspective sees mental illness as a biological illness and takes an individual focus in treatment. For social workers working in multi-disciplinary teams, this can be challenging. The social worker role can be subsumed under the generic umbrella of mental health clinician. This sees social workers spending much of their time in other roles and duties that focus on individual treatment outcomes, leaving little time for social justice advocacy.

Formulation can be a useful tool in moving away from the biomedical focus of diagnosis and creates space for personal narrative to shape presentation. Part of this narrative can incorporate social justice issues if pertinent to the presentation. Examples could include thinking about the impacts of colonisation, economic inequality, racism, gender inequality, stigma, and discrimination as examples of social justice issues that could be linked to a person's experience of mental unwellness and therefore their presentation.

Economic inequality was a driving force in Charlotte's parents' concern about her future. Their own experience of financial stress clouded their ability to recognise the impact of their behaviour on Charlotte's mental health. Economic inequality and racism are features of Sam's story. He was impacted by poverty as a child, and then went on to experience racism at boarding school. Tane was significantly affected by colonisation and his forced removal from whānau, te reo Māori and whenua.

A framework that incorporates a social justice perspective that could be utilised in formulation is the Power Threat Meaning Framework (Johnstone & Boyle, 2018). This framework encourages conversations that shift the focus away from "what's wrong with you" to "what happened to you" as a way of acknowledging the social aspect of mental health. In taking this approach to formulation, social workers are open to learning from the experience of the tangata whaiora and exploring social justice issues and how they have impacted upon the person. There may be some tensions within multi-disciplinary teams about social justice versus pathology approaches. However, we argue that it is the role of mental health social workers to remind colleagues about social justice issues and to bring a trauma-informed and recovery-oriented approach to practice.

Whānau inclusive practice

The Māori philosophy of Whānau Ora is built on the recognition that people are embedded within whānau. Whānau Ora is about being whānau-centred to empower whānau to achieve their dreams and aspirations (Cherrington, 2020). This collaborative approach may be particularly beneficial for whānau Māori, many of whom may not have felt empowered whilst engaging with mental health services (Bush et al., 2019). When social workers collaborate with whānau to co-create the formulation, they recognise the expertise of whānau, who often know their loved one in a way that a social worker simply cannot.

Echoing the social work core competency to promote social change, collaborating with the whānau concerning formulation can be also effective in minimising the power imbalance between the social worker and whānau. Family members may provide insights concerning underlying world views which influence the person's approach to life. This may be especially important with those who come from a different background to the social worker. This focus on collaboration may subsequently allow interventions to be put in place that are responsive to the whānau as a whole, rather than to the individual (Pitama et al., 2017). An example of this could be linking older siblings of

a referred young person with a mentor. Similarly, whānau are empowered to see potential steps or interventions that they personally could put in place to support their loved one within their recovery journey.

There are potential challenges to implement whānau-led formulation. Whānau may not wish to engage with this process or the tangata whaiora may not wish their whānau to be involved, especially if there are issues of power and control. There may also be cultural considerations about how decisions are made in families. Families from collectivist cultures are more likely to make decisions based on what is best for the whole family or community, and there may be a senior member of the family who makes decisions on behalf of the tangata whaiora (Hofstede, 2001). This is important to remember, especially for Pākehā social workers who come from more individualist cultures with different understandings of the role of family in decision-making. In these situations the social worker must engage in reflexive practice, recognising their own assumptions about family and carefully balancing the competing demands of autonomy versus whānau inclusion, and safety versus inclusion. Instead of accepting initial expressed preferences from tāngata whaiora and whānau as immutable fact, social workers can continue to revisit this, especially as trust develops between the social worker and tangata whaiora.

It may become evident that challenges experienced within the family system—or trauma experienced within the formative years of life—are important factors in the formulation. The whānau may not be aware of the impact of these situations on their loved one. Alternatively, the whānau may be reluctant to share about challenging experiences or historical trauma. This may be due to a lack of trust in mental health services, or a sense of shame related to the incident. Furthermore, whānau may carry a sense of blame concerning the fact that their loved one is accessing mental health services, especially if the tangata whaiora is a child or young person. Parents may believe that their own personal life challenges or mental health journey may be the sole contributor to their child's presentation. It is important that social workers discuss these factors in a non-judgemental manner with deep humility and sensitivity, whereby the focus is on listening closely to the whānau, along with validating their thoughts and concerns (Crowe et al., 2008).

Using the example of Charlotte and her family, support could initially begin through engaging the whānau in a developmental assessment, where the historical context concerning her presentation could be explored, such as unpacking what the initial years looked like and their experience of managing the transition to school. Alongside this, this time could be used to begin to build a therapeutic alliance and discuss the current circumstances together with the whānau. Here, Charlotte's mother may talk about her own early years and the impact of her own experiences upon her approach to parenting. In addition, the social worker and whānau could together identify key protective factors, such as the bonds between each family member and their previous enjoyment of time at the beach.

Whānau-inclusive practice can also be used with adult tāngata whaiora. Sam's wife, mother and aunty are all important members of his whānau, and with Sam's consent, could be included in assessment and treatment planning. A whānau-inclusive approach to formulation could include the views of each of these family members. Even if Tane's children and grandchildren may not participate in the assessment process, a whānau-inclusive approach involves considering the impact of whānau in the formulation. The recent loss of his wife is a significant precipitating event for depression. His long period of disconnection from whānau, hapū and iwi has impacted on his wairua, identity, internalised racism, and his sense of belonging within his whakapapa.

His renewed interest in reconnecting to his Māoritanga is a protective factor, alongside his strong bond with his mokopuna.

The Government Inquiry into Mental Health and Addiction (2018) recommended that mental health services partner with whānau. Even when this is challenging, social workers have a responsibility to include whānau as much as possible within formulation. This incorporates many of the previously discussed principles of bicultural practice, collaboration and taking an ecological approach to understand people's mental health in the context of their whānau and wider social determinants.

Conclusion

As mental health social workers, we bring a social lens to formulation that is informed by social work values. While it is easy to be co-opted into the dominant biomedical paradigm within mental health services, we have a responsibility to resist deficit-based framing of people's distress. We resist through using our social work knowledge to bring a critical lens that unpacks the systemic influences on personal distress and recognises people's strengths and resources. Our bicultural approach to formulation includes Māori explanatory models of mental health, including the centrality of relationships, connection of all things through whakapapa, the impact of intergenerational trauma, and consideration of te ao wairua. We engage collaboratively with tāngata whaiora, mindful of our power as clinicians, and seeking to reduce that power differential through co-creation of formulation narratives with tāngata whaiora. We have presented the key principles of strong social work formulation; tangata whenua or bicultural lens, collaborative, strengths-based, ecological, social justice, and whānau-based practice. Mental health social workers bring these approaches to our everyday clinical practice. We argue that these approaches are also needed in the specific skill of social work formulation, sharing our social work lens with tāngata whaiora and with our multidisciplinary colleagues.

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References

Aotearoa New Zealand Association of Social Workers. (2023). *Ngā Tikanga Matatika code of ethics.* https://www.anzasw.nz/code-of-ethics/

Bagster, M., Myles, H., & Large, M. (2021). Instructions for Australian and New Zealand trainees in developing skills in formulation: A systematic review of local evidence. *Australian Psychiatry, 29*(5), 546–549. https://doi.org/10.1177/1039856221992633

Bronfenbrenner, U. (1979). *The ecology of human development: Experiments by design and nature.* Harvard University Press.

Brown, C. (2021). Critical clinical social work and the neoliberal constraints on social justice in mental health. *Research on Social Work Practice, 31*(6), 644–652. https://doi.org/10.1177/1049731520984531

Bush, A., Campbell, W., & Ransfield, M. (2019). Te Ara Waiora a Tāne: A kaupapa Māori mental-health assessment and intervention planning approach. *Australasian Psychiatry, 27*(4), 337–340. https://doi.org/10.1177/1039856219829225

Cherrington, J. M. (2020). *Te ara whānau ora (a pathway to whānau wellbeing): Exploring the practice of kaiwhakaaraara/whānau ora navigators* [Unpublished master's thesis]. Massey University.

Corcoran, J., & Nichols-Casebolt, A. (2004). Risk and resilience ecological framework for assessment and goal formulation. *Child and Adolescent Social Work Journal, 21*(3), 211–235.

Crowe, M., Carlyle, D., & Farmar, R. (2008). Clinical formulation for mental health nursing practice. *Journal of Psychiatric and Mental Health Nursing, 15*, 800–807.

Dean, R. G., & Poorvu, N. L. (2018). Assessment and formulation: a contemporary social work perspective. *Families in Society: The Journal of Contemporary Social Services, 89*(4), 596–604. https://doi.org/10.1606/1044-3894.3822

Durie, M. (1994). *Whaiora Māori health development.* Oxford University Press.

Eruera, M., Ruwhiu, L., & Wi-Kaitaia, M. (2021). *Te toka tūmoana: Tangata whenua and bicultural principled wellbeing framework for working with Māori.* Oranga Tamariki. https://www.orangatamariki.govt.nz/assets/Uploads/About-us/Research/Latest-research/Te-Toka-Tumoana/Te-Toka-Tumoana.pdf

Friesen, M. (2007). Perceptions of social justice in New Zealand in R. Porter (Ed.), *Pursuing social justice in New Zealand.* Maxim Institute.

Government Inquiry into Mental Health and Addiction. (2018). *He Ara Oranga: Report of the Government Inquiry into Mental Health and Addiction.* www.mentalhealth.inquiry.govt.nz/inquiry-report/

Hamley, L., Le Grice, J., Greaves, L., Groot, S., Latimer, C.L., Renfrew, L., Parkison, H., Gillon, A. & Clark, T.C. (2023). Te Tapatoru: A model of whanaungatanga to support rangatahi wellbeing. *Kōtuitui: New Zealand Journal of Social Sciences Online, 18*(2), 171–194. https://doi.org/10.1080/1177083X.2022.2109492

Hofstede, G. (2001). *Culture's consequences: Comparing values, behaviors, institutions and organizations across nations*. Sage.

Hollis-English, A. (2017). Theories in Māori social work: Indigenous approaches to working with and for indigenous people. *Aotearoa New Zealand Social Work*, *27*(4), 5–15. https://doi.org/10.11157/anzswj-vol27iss4id432

Human Rights Commission. (2022). *Maranga Mai!* https://tikatangata.org.nz/our-work/maranga-mai

International Federation of Social Workers. (2018). *Global social work statement of ethical principles*. https://www.ifsw.org/global-social-work-statement-of-ethical-principles/

International Federation of Social Workers. (2023). *Global definition of social work.* https://www.ifsw.org/what-is-social-work/global-definition-of-social-work

Johnstone, L., & Boyle, M. (with Cromby, J., Dillon, J., Harper, D., Kinderman, P., Longden, E., Pilgrim, D. & Read, J.) (2018). *The power threat meaning framework: Towards the identification of patterns in emotional distress, unusual experiences and troubled or troubling behaviour, as an alternative to functional psychiatric diagnosis*. British Psychological Society.

Lawson, K., & Liu, J. (2010). Indigenous suicide and colonization: The legacy of violence and the necessity for self determination. *International Journal of Conflict and Violence, 4*(1), 124–133.

Lee, E. (2022). Assessment as a site of anti/oppressive social work practice: Negotiating with power and the de/professionalisation of social work. *British Journal of Social Work, 52*, 4378–4400. https://doi.org/10.1093/bjsw/bcac038

Macneil, C. A., Hasty, M. K., Conus, P. ,& Berk, M. (2012). Is diagnosis enough to guide interventions in mental health? Using case formulation in clinical practice. *BMC Medicine, 10,* 111. https://doi.org./1741-7015/10/111

Marsden, M., & Royal, C. T. A. (2003). *The woven universe: Selected writings of Rev. Māori Marsden*. Estate of Rev. Māori Marsden.

McCashen, W. (2017). *The strengths approach: Sharing power, building hope, creating change* (2nd ed.). St Luke's Innovative Resources.

McLaughlin, A. M., Enns, R., Gallagher, S., & Henton, J. (2022). Supporting youth leaving care in rural Canada clinical practice and social justice. In C. Cox & T. Maschi (Eds.), *Human rights and social justice: key issues and vulnerable populations* (1st ed., pp. 143–161). Routledge. https://doi.org/10.4324/9781003111269-11

Mikaere, A. (2017). *The balance destroyed*. Te Wānanga o Raukawa.

Ministry of Health. (2023). *Oranga Hinengaro System and Service Framework*. https://www.health.govt.nz/system/files/documents/publications/oranga-hinengaro-system-and-service-framework-apr23.pdf

Mooney, H., Watson, A., Ruwhiu, P., & Hollis-English, A. (2020). Māori social work and Māori mental health in Aotearoa New Zealand. In R. Ow & A. Poon (Eds.) *Mental health and social work*. Springer. https://doi.org/10.1007/978-981-13-6975-9_9

Pihama, L., Cameron, N., Pitman, M., & Te Nana, R. (2022). *Whāia te ara ora: Understanding and healing the impact of historical trauma and sexual violence for Māori*. Māori and Indigenous Analysis.

Pitama, S. G., Bennett, S. T., Waitoki, W., Haitana, T. N., Valentine, H., Pahina, J., Taylor, J. E., Tassell-Matamua, N., Rowe, L., Beckert, L., Palmer, S. C., Huria, T. M., Lacey, C. J., & McLachlan, A. (2017). A proposed hauora Māori clinical guide for psychologist using the hui process and meihana model in clinical assessment and formulation. *New Zealand Journal of Psychology, 46*(3), 7–19.

Pōhatu, T. W. (2013). Āta: Growing respectful relationships. *Ata: Journal of Psychotherapy Aotearoa New Zealand, 17*(1), 13–26. https://doi.org/10.9791/ajpanz.2013.02

Ruwhiu, L. (2001). Bicultural issues in Aotearoa New Zealand social work. In M. Connolly (Ed.), *Social work in New Zealand: Context and practice* (pp. 54–71). Oxford University Press.

Sadler, H. (2007). Mātauranga Māori (Māori epistemology). *International Journal of the Humanities, 4*(1), 33–45.

Selzer, R., & Ellen, S. (2014). Formulation for beginners. *Australasian Psychiatry, 22*(4), 397–401. https://doi.org/10.1177/1039856214536240

Smith, L. T. (2012). *Decolonizing methodologies: Research and indigenous peoples* (2nd Ed) Zed Books.

Social Workers Registration Board. (2023). *Ngā Paerewa Kaiakatanga Matua core competence standards*. https://swrb.govt.nz/practice/core-competence-standards/

Tate, H. A. (2010). *Towards some foundations of a systematic Māori theology: He tirohanga anganui ki ētahi kaupapa hōhonu mō te whakapono Māori* [Unpublished doctoral thesis]. Melbourne College of Divinity.

Wi-Kaitaia, M., Ruwhiu, L., & Eruera, M. (2021). *Development of the mana-enhancing paradigm for practice.* Oranga Tamariki, Ministry for Children.

Wilson, D., Moloney, E., Parr, J. M, Aspinall, C., & Slark, J. (2021). Creating an Indigenous Māori-centred model of relational health: A literature review of Māori models of health. *Journal of Clinical Nursing, 30*(23), 3539–3555. https://doi.org/10.1111/jocn.15859