

The Popao Model: A Pacific Recovery and Strength Concept in Mental Health

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Introduction

The Popao or outrigger canoe has been used as a metaphorical model for mental health service users' and professionals' shared understanding of the treatment process as a 'journey' towards recovery and strength within a Pacific paradigm.

The popao model was developed collaboratively by the 'Popao Group' involving a number of key stakeholders in the Pacific mental health sector including service users, community support workers, Matua, clinicians and service providers, particularly Isa Lei - Pacific Mental Health and Addictions Services (based in West Auckland under the umbrella of the Auckland District Health Board). The popao model began its development in 2005 and was officially launched in August, 2007.

The popao is primarily designed for use within the lagoon, not for open sea. Traditionally, the popao was a means of travel and used for fishing and harvesting of shellfish. In the lagoon there are obstacles that may disrupt a journey. Thus, the need to be well prepared for the journey and being familiar with both the lagoon and the use of the popao will ensure a desired destination is reached. A developed awareness of the lagoon will assist the negotiation through, with and around obstacles that may arise in one's journey. Equally, it is important that one is aware of how each part of the popao is connected and understanding the strengths and weaknesses

of the vessel. Ignorance of the popao may result in the popao sinking. Knowing the popao develops a relationship of identification and relatedness.

Consumers utilise parts of the popao as a tool to help them identify support structures in a framework they can understand. Each consumer paddles their own popao towards their desired destination, mapping and personalising their journeys and identifying any obstacles in the lagoon.

Recovery can be both a destination and a journey. As a journey, recovery is the process of facing and living through the challenges that life brings, be it periods of the distress and confusion of mental illness or the ups and downs of the human condition.

The popao group meet weekly to share experiences of mental illness alongside community support workers, clinicians and service providers. It is not exclusive to Tongan consumers of Isa Lei but is also a part of a wider Auckland network (Auckland District Health Board and Counties Manukau District Health Board). Various skills and knowledge that have been lost through mental illness may be re-discovered with the support of the appropriate professionals and support.

The Recovery Concept

Recovery can be both a destination and a journey. As a journey, recovery is the process of facing and living through the challenges that life brings, be it periods of the distress and confusion of mental illness or the ups and downs of the human condition. It is the process of building one's confidence and developing the ability

to move on, and to work through or reclaiming the life one desires.

As a destination, recovery is a life worth living or, as described in the Mental Health Commission Blueprint, “living well in the presence or absence of one’s mental illness” (Mental Health Commission 1998:1). The hallmarks of such a life may include a job, a home, good relationships with family/’aiga/fanau and friends, strong links with one’s culture, community and a sustaining faith in a higher power. Whatever it may be, a life worth living is different for each individual; it cannot be prescribed. It must be of one’s own choosing.

The Strength Concept

Collaborative communication between support networks with regards to: goals, tasks and roles would develop a shared understanding of the treatment process. There is particular and explicit emphasis on consumer strengths (which include family) and the cultural aspects.

The strengths model as Charles Rapp conceptualises it is not simply an “add strengths and stir” attachment to existing pathology- or problem-focused paradigms (Rapp & Goscha, 2006). Rather, it is a paradigm shift to a strengths and resilience focus that “allows for new and creative ways to work with consumers that honor their skills, competencies, and talents as opposed to their deficits.” (Rapp & Goscha, 2006:35). Highlighting the positive aspects of consumers would enhance their resilience that result in developing or reclaiming the capacity to have good life – whatever that may be. This capacity can be described as self determination, having governance over one’s life or autonomy.

Aim of the Popao Model

The intended outcome of this recovery and strength model is for consumers to ultimately become independent and able to charter their own journey, with the reassurance that professionals can re-embark the Popao if and when the need arises. The objectives of the popao model are:

- To reconnect and strengthen consumers’ Tongan cultural heritage and identity by participating in Tongan specific activities and encouraging communication in the vernacular;
- To provide an encouraging environment where consumers may develop confidence, effective communication and acceptance within their identified roles, family unit and their wider Tongan community;
- To provide a safe environment to allow consumers to increase their self esteem and

develop or acquire skills when participating with others in the group through a variety of activities; and

It is hoped that the popao model provides a consistent, reproducible approach to assessing the key components of recovery and strength concepts highlighted by the Mental Health Commission (1998) which include:

- improve the partnership between the consumer and support networks
- collaboratively identifies problems and improves targets, interventions and support
- is a motivational process for consumers and their families and leads to sustained positive outcomes
- allows measurement over time and monitors change
- has a predictive ability, i.e. improvements in self-management behaviour as measured by the Popao Collaborative Assessment (PCA) scale and leads to improved outcomes.

Popao Collaborative Assessment (PCA) Scale

- has a predictive ability, i.e. improvements in self-management behaviour as measured by the Popao Cultural and Collaborative Assessment (PCCA) scale and leads to improved outcomes.

Popao Cultural and Collaborative Assessment (PCCA) Scale

The PCCA is a twelve part questionnaire was developed by Manu Fotu and the Popao group. The consumer completes the questionnaire by scoring their response against each question on a nine point scale with zero being the best response and eight being the worst. Table 1 illustrates questions which cover 12 areas:

Table 1: PCCA Scale**Knowledge of condition. *Mahino'i/ 'Ilo'i hoto tukunga.***

Understanding of your situation (eg. Sickness, loneliness, isolation)

Knowledge of treatment. *Mahino'i/'Ilo'i 'a e ngaahi tokoni / tauhi 'oku lolotonga fai kia au 'i he 'eku folau ki he Mo'ui Lelei.*

Understanding my "Journey to Wellness" (clinically, culturally, spiritually, socially, personally)

Ability to engage support. *Malava ke tali e ngaahi tokoni/poupou.*

(e.g. lotolelei ki he gnaahi faito'o, tali e ngaahi 'ofa e kainga - taking medication, accepting family support)

Ability to share in decisions. *Fofola e Fala ka e fai e Talanga.*

Able to be part of your Journey's decision making.

Ability to arrange and attend appointments. *Malava ke fakakaukau'i mo fakahoko ngaue*

Able to initiate (decide, organize) and implement (take action).

Understanding of monitoring and recording. *Mahino'i e founga tokanga'i(monita'i) mo e lekooti'***Ability to monitor and record. *Malava ke ke tokanga'i(monita) mo lekooti.***

Able to look after yourself

Understanding of symptom management. *Mahino'i e founga ke tokanga'i 'aki koe.*

(e.g. ngaahi faka'ilonga 'o e mahaki - How do you look after yourself? eg. What are the symptoms of illness)

Ability to manage symptoms. *Malava pe 'o tokanga'i koe?***Ability to manage the physical impact. *Malava ke matu'uaki 'a e ha'aha'a 'o natula***

(sino, famili, sosaieti, natula - Body, family, environment, society's impact).

Ability to manage the social, spiritual and emotional impact. *Malava ke matu'uaki e peau fakasosiale, fakalaumalie, mo e ongo.***Journey towards a healthy lifestyle. *Fakalakalaka ho'o mo'ui kakato. Fononga ki he Mo'ui Lelei.*****Cue and Response Interview (C&R)**

The Cue and Response (C&R) interview is an adjunct to the PCA scale and is based on the Flinders Model. The C&R process is a series of open-ended questions or cues to explore the consumer's responses to the PCA Scale in more depth. It enables the barriers or issues to be examined and helps clarify assumptions that either the clinician/support networks or the consumer may have. The clinician/support networks score their responses and compare this score with the scores of the consumer.

The C&R interview is a motivational process for the consumer and a prompt for behavioural change. It allows the individual the opportunity to look at the impact of their condition on their life, some time to reflect on cause and effect. The cue questions are not prescriptive and serve as examples of the types of questions that may be asked. Some examples of cue questions are to be found in Table 1.

Table 1: Examples of Cue Questions

<p>Knowledge of Treatment</p> <p>Tell me about the treatment you are having What can you tell me about your medication? What do you know about alternative treatment? Tell me about any other treatment that has helped you What are the things that stop you having, (or following) your treatment?</p>
<p>Sharing in Decisions</p> <p>How comfortable are you talking to your doctor or other support professionals? What are the problems? How are you included in decisions about your health?</p>
<p>Family Dynamics</p> <p>What kind of support you receive from your family? What support do you receive from the extended family?</p>
<p>Spirituality</p> <p>Do you attend church? What part does religion play in your life, is it important to you?</p>
<p>Healthy Lifestyle</p> <p>What are you doing to keep yourself healthy? What are the things that you are doing that don't help? What are the things you would like to change?</p>

Scores rated on the higher end of the scale, by either consumer and/or clinicians/support networks expose issues for further discussion. This allows for clarification of issues and a common set of problems to be identified by consumer and support networks. It also allows the clinician/support networks to recognise areas where the consumer is managing well. Collaborative problem identification has been found to be a key indicator in successful self-management programs (Wagner et al, 1996). Identification of issues allows relevant strategies and interventions to be discussed and agreed upon. This information is easily incorporated into a Recovery plan that involves support networks and the consumer.

The PCA scale and C&R assessment tools may be used concurrently or on their own. Both identify issues and help towards forming a recovery plan for the service user and also allows for consistent monitoring and reviewing.

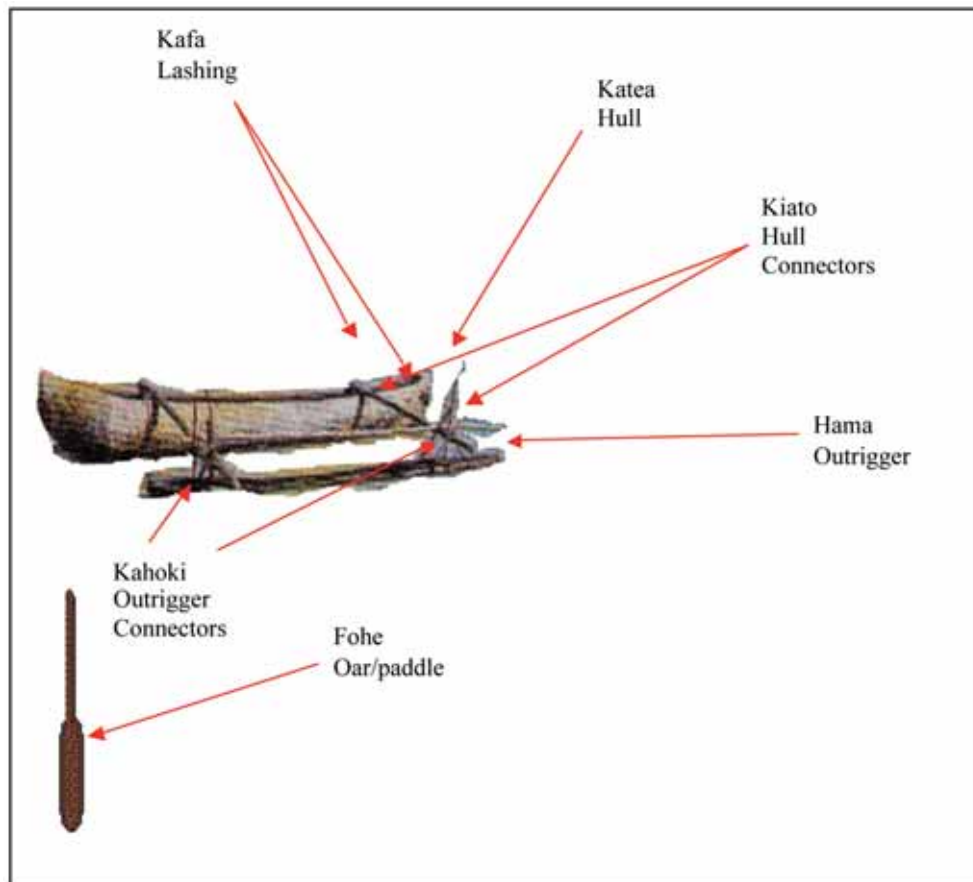
The Popao Model

The Popao or Outrigger Canoe is called by various names throughout the Pacific:

Tonga	Popao
Samoa	Va'a alo
Tuvalu, Tokelau	Paopao
Tahiti	Va'a
Hawaii	Va'a Kaukahi
Maori/Cook Islands	Waka Ama/Waka Noa

Although the name for the canoe differs throughout the Pacific, they all have a similar basic structure as illustrated in Figure 1.

Figure 1: The Popao



Representations:

The Katea (Hull): This is the main body of the Popao where people can sit and where equipment and sustenance for the trip are kept. It is important that the right type of wood is used to make the hull, as it needs to be light but strong. This component represents the Cultural aspects.

The Hama (outrigger): Although this structure appears relatively small in comparison to the hull, it functions to balance the whole structure. This component represents the Clinical aspects.

The Connectors: These are important in linking the outrigger to the hull. There is an 'ideal' distance

between the hull and the outrigger that need to be maintained so as to gain maximum effectiveness when the canoe travels through the water. The connectors assist in maintaining this ideal distance, and these connectors need to be strong. This component represents all Service Providers that attempt to bring the Cultural and Clinical aspects into a workable partnership. These Service Providers include: Isa Lei, Lotofale, Faleola, Vaka Tautua, District Health Boards, Non-Government Organisations, Public Health Organisations and any other service providers that would seek to include culturally appropriate services within their structures.

The space between the Hull and the Outrigger is known as “the negotiation space” where issues relevant/critical to cultural and clinical components are continually negotiated. Dialogue and discussions are carried out with the knowledge that the “negotiation space” is a safe and culturally appropriate environment to facilitate these activities.

The Kafa (Lashings): are made from fibres of coconut husks interwoven into strong robust lashings which are then use to bind all the components of the Popao together. The lashings represent communications. If the lashing (communication) is weak then it will lead to the whole structure being weak. It is imperative that communication between the cultural and clinical components is strong.

The Paddle/Oar: The paddles/oars need to be light but strong and functions to row, direct and determine the speed of the canoe. There is only one place on the canoe that one can steer, and that’s at the back of the vessel. This can only be occupied by one person. This component represents the Strength of individuals, whatever makes that individual a strong person. It could be: family/aiga/fanau, community, friends, spiritual aspects, and so forth.

The Sea: can be changeable and un-predictable. This component represents the sea of Life.

The Consumer

When consumers board the canoe they bring their paddle/oar, which symbolises their strength. They would occupy the place where they can both row and steer the canoe, and therefore direct the journey. They are in control of their destination.

The professionals

When professionals come on board, they bring their strength (oars) – which would include; knowledge, skills and experiences, so that they can contribute to the journey. To ensure that professionals contribute to the journey they must participate in outcome plans with the consumers. In the past professionals assume a paternalistic mentality when working with consumers. This created high level of dependencies on the services by consumers, which then makes it very difficult to empower them and be autonomous.

The partnership

It is important that professionals work in partnership with consumers to formulate goals and focusing on outcomes. When outcomes are established from the onset of the journey, there is an understanding that once these are achieved, professionals can then disembark the canoe with confidence and knowing that consumers have acquired knowledge, skills and information to continue and navigate their own

journey through the challenges that the environment poses.

When professionals disembark the canoe, the weight in the popao is lightened and subsequently making for a quicker journey. This means goals can be achieved quicker and decreases the risk of the popao sinking from an overload.

The environment

The environment consists of the physical nature of a lagoon, which may include:

- Reefs
- Sea weed
- Sand bars
- Fish traps
- Waves
- Wind
- Sun
- Sea current

Popao were purposely built to face the tougher and more challenging environments as if out in the high seas. However, the principle of engaging in a rehabilitation process by navigating around the lagoon is very much relevant to the Popao Model.

Anecdotally, for those working with consumers, it is believed that the popao model has been positive and produced profound results for consumers’ individual journeys towards strength and recovery. Results include consumers’ re-connection with, celebration of and strengthening of their Tongan identity, an increase in their confidence and a destigmatisation of mental illness within their circles (family, church, community). Consumers identified the importance of using their culture as a term of reference to frame their journeys, facilitating a renaissance with their journey of self discovery, enabling growth, awakening a sense of belonging, coming out from isolation and the solitudes of their homes and venturing out into the ‘open sea’, the community and further support. The following statements were recorded in a popao group session serving to reinforce the usefulness and effectiveness of this model for consumers, their families and professionals.

The Consumers

The model has a holistic view with regards to spirituality, culture, counselling and taking medication. It slowly integrates the family into the process. The supernatural stuff is also taken into account in this model.

The popao model educates our families and its Pacific focused. It is reassuring for me as a Pacific

woman and the professional support around me are familiar 'brown faces'.

New Zealand born and traditional Tongan views link well in this model.

As highlighted in the above views, the popao model is most relevant to Pacific as it adopts a holistic approach encompassing Pacific values, particularly with the inclusion of a spiritual component and is also inclusive of family. It is also reflective of the Tongan population in New Zealand catering to both the traditional and New Zealand born views.

The Families

Families are taught to recognise symptoms and warning signs so we can better support our family members who have a mental illness.

I'm aware of my husband's illness and there is no more denial within our family now that we know what he is going through.

Pertinent to working with Pacific communities is the importance of family involvement as is expressed in these excerpts. The popao model allows family inclusion in the process and is about educating families to help support their family member in his/her journey to recovery.

The Professionals

From a clinical viewpoint historically we work with clients to formulate plans and sometimes consumers don't feel like they're a part of it. The clinical side takes over. With the popao model it is driven by the consumer, they are engaged, they have a feeling of control and this demonstrates true partnership.

The model gives one hope and a destination whether it be employment or finding a companion and so forth. Group sessions are filled with fun, food and laughs, and all clients look forward to coming. We encourage them to believe in themselves, to believe in their journeys and that their illness should not be an excuse to hide their potential. It moves away from the traditional medical model - its Pacific focused.

Again, as demonstrated in these statements the popao model is appropriate for Pacific is consumer driven and enables consumers a sense of ownership in amongst other Pacific processes which are equally important *fun, food and laughs*.

Conclusion

It is believed that this model, a Tongan based framework towards a clients recovery plan, is useful in measuring client progress and most applicable. It is envisaged that the future of the popao model is to implement this amongst other mental health service providers throughout the country and to use it as a founding model for all other Pacific ethnic groups.

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References

- Mental Health Commission (1998). Blueprint for Mental health Services in New Zealand. How things need to be. Mental Health commission. Wellington.
- Rapp. C. & Gosch. R. (2006). The Strength Model. Case Management with people with Psychiatric Disabilities. Second Edition. University of Kansas.
- Flinders Human Behaviour & Research Unit (2005). The Flinders Model of chronic condition self management. Information Paper. Flinders Behaviour & Research Unit, Adelaide, Australia [cited 2008]. Available from <http://som.flinders.edu.au/FUSA/CCTU/Home.html>
- James, B. (2008). Understanding the conservation expectations of Aucklanders Department of Conservation, 2001 [cited 2008]. Available from <http://www.doc.govt.nz/upload/documents/science-and-technical/sfc172.pdf>.