Mental health among Tongan migrants

SIALE FOLIAKI*

Introduction

Nineteenth century theory held that mental disorder was rare in stable, rural traditional society. A view echoed by such notable names as Maudsley in Britain, Jarvis in the U.S.A and Griesinger in Germany during that century. Bound up in this notion is the idea that a simple, traditional bound life can have a protective role against mental illness. [1,2]

Up until the early nineteen seventies migration in and out of the country had been small, but over the last two decades migration has increased dramatically. To the extent that there are now reasonably large groups of Tongans living on the West Coast of America (mainly San Francisco), Sydney, Australia and New Zealand. This paper draws on the experience of migrants now resident in New Zealand.

The New Zealand census in 1991 reported approximately 23,000 Tongan people living in New Zealand, mostly living in Auckland. In addition there is known to be another 5,000 to 7,000 Tongan people in New Zealand living illegally. By examining the commonly used indicators of mental health status, the theory of the less complex society providing a protective role against mental illness can be revisited.

Admissions to psychiatric hospitals

Over the last five years in Tonga the average number of first admissions are base hospital on Tongatapu was twenty-one. The two main diagnoses in 1995 were schizophrenia (37.5%) and mood disturbances (25%). The other diagnoses were the functional psychoses, drugs and organic disturbances (the absolute numbers are small, seven, two and two respectively in 1995).[40] Over the same five year period the average number of re-admissions was seventy-five per year. It must be noted that there are no community based follow up services. Once discharged from hospital individual patients in the majority of cases are lost to follow-up. Precipitating early relapse and return to hospital.

In New Zealand the collection and publication of statistical health data is not broken down into the various Pacific ethnic groups. The migrant Tongan population makes up approximately 14% of the total Pacific population in New Zealand.[22] Data taken from the previous ten years show an average first admission rate of 115 admissions per year of Pacific people. This is 56% lower than the European first admission rates and approximately 50% lower than the Maori first admission rate.

Alcohol and drug dependence or abuse accounted for just over a quarter of all male admissions (26%) followed by affective psychoses/paranoid states/other psychoses (21%) and schizophrenic disorders (12%). The illnesses of about 12% of all males admitted were not diagnosed.

Alcohol and drug dependence or abuse accounted for just over a quarter of all male admissions (26%) followed by affective psychoses/paranoid states/ other psychoses (21%) and schizophrenic disorders (12%).

In the case of females, 38% were diagnosed to have affective psychoses/paranoid states/other psychoses, (21%) to have schizophrenic disorders, and 14% to have alcohol and drug dependence or abuse problems.

If the Tongan community makes up 14% of all Pacific peoples, in absolute numbers there would be an average of sixteen Tongan first admissions per year. It appears that the number of first admissions into hospital is higher in the migrant population.

Looking at the admission rates over the same period the Pacific rates show an increase of 7% while the European rates shows a slight drop. This raises issues of possible non-compliance of treatment strategies, non-attendance with community follow-up, socio-economic and cultural factors contributing to more frequent relapse.

* *P.O. Box 23226, Papatoetoe, Auckland, New Zealand. E-mail. sfoliaki@middlemore.co.nz*

Mental illness and traditional healing

Mental illness is viewed in traditional Tongan terms as resulting from the breaking of tapu (taboo). This usually involves offences against family, superiors, sacred symbols and places. Illness arrives via supernatural agencies and the more severe the offence the more serious the illness.[7] The effects of migration to some extent has diluted these beliefs among the young but there remains strong faith in traditional beliefs in the forty and over age groups. [8]

There is also, as in most societies, severe stigma associated with mental illness. Although generally, individuals with mental illness are well tolerated within the Tongan community, Tongan families will attempt to conceal members who may be afflicted.

In the majority of cases the traditional Tongan healer is the first person consulted when a person becomes mentally unwell. The technique of the traditional healer can vary. The illness is conceptualised in a concrete way as an external object which has intruded into the body and thus the healing procedure consists of removal of the offending substances, from the suffer's body - to exorcism - which involves the transfer of an invisible illness from the subject to an external animate or inanimate object. In these cases the illness is ascribed to harmful spirits who have to be lured from the suffer's body.[37]

Delays in accessing Western mental health services may result in a more severe illness which probably accounts for the higher percentage of first admissions (37%) detained under compulsory assessment and treatment (compared with 28% of Maori and 20% of all other people admitted).[38] It also may contribute towards the substantial over representation of Pacific people within forensic services.[5] They make up 17% of the first admission to regional forensic services while they are only 5% of the population. [6]

This must be associated with profound psychological trauma to the families and individuals affected. This raises an important concern of the Tongan community, that statistics do not adequately represent or acknowledge the level of stress and trauma faced by the community.

These figures represent high levels of criminal and violent behaviour in Pacific people when they are mentally disturbed. This must be associated with profound psychological trauma to the families and individuals affected. This raises an important concern of the Tongan community, that statistics do not adequately represent or acknowledge the level of stress and trauma faced by the community.

There appears to be evidence also for different Pacific groups having greater tendency for violent behaviour. One theory that proposes "cult warfare with its tales or heroism and the aggrandisement of aggression. Blood sacrifice, human sacrifice and cannibalism are not found in the atolls of the Pacific but on the high islands, (Samoa, Tonga, Fiji), almost all had such traditions prior to the arrival of Christianity". From this background one would expect to find low rates of violence in recent immigrant groups from atoll cultures such as the Northern Cook Islands, Tokelau, Niue, compared to the immigrant Tongan group[34].

Alcohol and drug abuse

Concern about the potential for increased violence, alcoholism, drug addition and mental illness amongst the Tongan community has been present for over a decade.[9] In a World Health Organisation (WHO) mission report in Tonga in 1992 it states that, "from all levels of society drinking (alcohol) is almost exclusively a male phenomenon with resulting troublesome family effects. Financial drain, domestic violence, fights with injuries and attendant loss of work time lead the list. As one professional woman said, "Tongan women are too busy with kids and homework to drink much".

Alcohol abuse remains the preserve of the Tongan male. In Tonga itself alcohol use and related problems is increasing, particularly with the wider availability and lower cost of locally brewed beer since 1987. [10] This is reflected by the reports of 27 fatal crashes from 1988 to 1990 - over half, alcohol was a contributing factor. Dental surgeons at Vaiola Hospital in Tonga report that virtually all jaw fractures requiring surgical attention are a result of alcohol precipitated fights at clubs or domestic incidents seem to be the case.[10]

Although alcohol and drug problems are the biggest reason for admission in to psychiatric hospitals, the absolute numbers remain small. Also alcohol and drug admission rates are still much lower than European and New Zealand Maori rates (less than a half and a third respectively). The overall rate of first admission of Pacific peoples has also been decreasing over the last five years for alcohol and drug related problems. [3]

The influence of the church and their attitude towards alcohol consumption may be a critical factor in keeping alcohol abuse amongst Tongans low. "It still remains a problem, however, in so much as alcohol abuse and violence frequently occur together in the Tongan context". [9]

The other major drug used is "Kava". Kava is a complex mixture of pyrones and other compounds extracted from

the root of Piper Methysticum, which enhance socialising actions but not its result in violent behaviour.[2] Its use does not appear to be associated with major social problems despite its frequent use by both migrant and native populations.

Drug abuse by the inhabitants of Tonga appear to be at negligible levels [10] and in the New Zealand context this also appears to be the case. Pacific peoples involvement in drug offences is only a small percentage of the total (2.3%).[12]

It would be of interest to have available data from America as it appears from observers who have visited family and friends there that the use of alcohol and drugs is substantially greater than that observed in New Zealand.

Suicide

Within Tongan society suicide is viewed as one of the most traumatic life events that could possibly occur. It is the ultimate rejection of ones family who are left, the stigma that Tongan society confers upon their failure to adequately care and support the victim.

Before the 1980's suicide appeared to have been very rare in the Kingdom. [2] Since then, suicide has begun to be more frequent, with a peak in 1988 of seven suicides in the one year. [13] By world standards the overall rate is still low but the important issue is the increasing trend over the last decade (although it has not worsened in the nineteen nineties, only two in 1995 and none so far in 1996).[32] It has been argued that the key factor in the increase of suicide is the disintegration of the traditional social structures.[14]

There is no doubt that migration has fragmented extended family units and released common Tongans from the rigidly controlling feudal hierarchy of the Kingdom, so has suicide been an increasing problem for migrant Tongans.

Traditional Tongan society is highly stratified. Both social and political structures were based on units linked loosely together though elaborate kinship networks. The basic social unit of Tongan society is the "famili" or extended family made up of grandparents, parents, children, and aunts, unmarried cousins from both sides of the family. The nuclear family had no equivalent in the Tongan world. It is believed that this social organisation provides numerous important and meaningful relationships, which form protective support against suicide. [15]

In a review of suicide it was suggested that 'urbanisation and the resultant isolation contribute to the loss of traditional support mechanisms and important interpersonal relationships. Therefore, the high rates of suicide among expatriates and urban dwellers in this study may illustrate the gradient of social dislocation from migration."[16]

If movement from the villages into the towns caused loss of traditional support mechanisms, what then of Tongans who leave the country? There is no doubt that migration has fragmented extended family units and released common Tongans from the rigidly controlling feudal hierarchy of the Kingdom, so has suicide been an increasing problem for migrant Tongans.

For those who have settled in New Zealand, they live in a country that has the highest teenage suicide rates in the world.[41] Between the years 1989-1994 in the 15-19 years old cohort there were 975 suicides in Auckland by European New Zealanders, 302 suicides by Maori and 158 by Pacific peoples, 10.6% of total suicides. The suicide rates between different Pacific peoples is known to vary markedly[16]. The suggestion from these figures however point toward higher rates of suicide in the adolescent migrant Tongan population.

Abortion

The people of Tonga are almost exclusively Christian by religion. The first missionaries arrived in 1797 and were members of the London Missionary Society, the Wesleyan Missionaries followed in 1822 with the Catholic Missionaries. The influence of Christianity in Tonga's constitution includes abortion, which is illegal.[17] As a result termination of pregnancies occur only very rarely in the Kingdom for only exceptional circumstances.

It seems reasonable to assume that migrants would take this mindset with them. Tongan women grouped together with other Pacific women have the highest rates of abortion amongst any ethnic group in New Zealand.[18] They were more than twice as likely to have an abortion as European and Maori women and in 1992 exceeded 1.0 abortions per woman which is higher than United States rate of 0.8 abortions per woman and about equal to women in Eastern Europe.[18] This high rate of abortion among Tongans may be due to

- parents regarding sex as tapu or sacred leading to lack of discussion
- the opposition to contraception for religious reasons
- preference for traditional methods of contraception
- contraceptives are relatively costly
- Pacific women using abortion as a means of contraception. [20]

Socio-economic factors

The Tongan economy is based on subsistence farming and the main exports are copra (coconut flesh), bananas

Table 1. Pacific Islands labour force unemployed at the last three censuses, 1981 - 1991*

Census year	Male	Female
1981	10.2%	10.0%
1986	6.9%	7.0%
1991	21.5%	20.0%

* *See Ref. 23*

and in recent years pumpkin. The main sources of overseas revenue however come from international aid and remittances from Tongans living abroad.[21] Although only approximately a third of the adult population (aged 16-64) is seriously involved in the cash economy, there is no equivalent of unemployment as seen in the developed world. Tongans not gainfully employed still perform meaningful work for their families and communities. There is enough established housing to meet the needs of the populace with Tongan *fales* (traditional homes made up of readily available materials) making up any short-falls. The populace cannot be considered anything but poor but there are no areas of abject poverty. With all Tongans able to meet their essential needs of food, clothing, shelter, clean water with access to free education and health care.

Migration had been confined to relatively small numbers until in the early 1970's when thousands of Tongans emigrated to New Zealand. The New Zealand economy began to contract in the mid 1970's onwards, the Pacific migrants who provided needed labour were then defined as "overstayers" and "law breakers". Some were deported and some were granted amnesty and given permanent residence. This population has grown through its high fertility rates [22] and an episode of mass immigration into New Zealand in 1986 when immigration policies were changed (approximately five to six thousand Tongans arrived within a month). Firmly established as a part of New Zealand society, this immigrant Tongan community has had to adapt to a profoundly different environment to the simple communal lifestyle they left behind.

Unemployment and income

In the early; 1970's there existed in New Zealand a period of almost full employment. There was huge demand for unskilled labour, which was largely met by Pacific peoples. This period enabled early Tongan immigrants to enjoy a financial buoyancy and prosperity that attracted other members of their families to immigrate to New Zealand.

In a Tongan context however, extended family, village and church placed heavy demands on the individual. Marriages, weddings, funerals, birthdays, new church buildings all require contributing to, and a failure to do so means social embarrassment. To quote a unique Tongan definition of mental illness, "the feeling one gets when one does not meet ones social obligations" gives an appreciation of a Tongan's sense of social responsibility and thus the need to build up social capital. The new found wealth of the early immigrants enabled them to meet these many and varied demands. The result was a deep sense of fulfilment and strengthened ties with Tonga Island.

To quote a unique Tongan definition of mental illness, "the feeling one gets when one does not meet ones social obligations" gives an appreciation of a Tongan's sense of social responsibility and thus the need to build up social capital.

Over the following decades, the New Zealand economy has contracted. There were job losses occurring in the manufacturing sector in particular. Because of their dependence on unskilled jobs in the processing industries, Tongans (as were all Pacific peoples) were especially hard hit by unemployment. See Table 1. This compared with only 9.5% unemployment for the total New Zealand labour force 1991. [23]

Unemployment and mental health

There have been numerous studies on the effects of unemployment and mental health. In the 1930's during the Great Depression loss of self esteem and decline in important social contacts are described.[24] Strong correlation between increased admissions to psychiatric institutions and employment levels.[25] Reduction in social position and status with a component of humiliation and frustration associated with job seeking and rejection are well documented.[26]

To a certain extent all the above apply to unemployed Tongan migrants but a certain protective element in the social organisation and attitudes buffer them from the worst effects of unemployment. Due to the strong social bonding within the extended family set-up (86% of Tongans live in family units compared to 73% for the rest of the

population [21]) and strong religious affiliation (88% identify religious affiliation compared to 73% for the rest of the population) the majority of important social contacts are not lost with loss of a job. The Tongan psyche also is not endowed with the same sense of humiliation and failure associated with unemployment that harboured by their European counterparts, and they also continue to play meaningful roles within the community.

Poverty and its associated problems resulting from unemployment are causing severe stress and hardship for the Tongan community. Compounding this problem is the profound sense of social obligation discussed above. This results in Tongan families going without essential items like food, clothing, not meeting bills like phone, electricity and rent.

The major stress for Tongan individuals and families then is not unemployment persay but the resulting financial inability to meet social obligations, which numerous families view as so important that they compromise the essentials. Assistance from income earners does not adequately re-address the problem as Tongans and all the Pacific communities in New Zealand have the highest percentage of income earners in the lowest income bracket.[27]

In a quality of life survey conducted in a region with high density of Tongan migrants the degree of economic compromise is as follows [28]

- 68% of Pacific households could not afford "necessary things" compared to 16 of European households. 66% of Pacific people put off visits to the doctor because of financial difficulties compared to 35% of European households.
- 62% of Pacific households had to give up buying certain foods because of financial problems compared to 27% of European families.

The majority of Tongan families have insufficient disposable income for a deposit to own their own homes. They require large houses due to their large families, which are not often available at the lower end of the housing market. Those that do enter into home ownership usually end up acquiring small houses that do not meet living space requirements. This results in dependence on rental housing and in particular public sector rental housing. Thus families are more likely to live in high density housing situations, poorer quality homes and overcrowding. [29] A vicious cycle, difficult to break, as there is evidence of many families unable to handle bureaucratic procedures that may see them into better homes. [30]

Close examination of the problem reveals overcrowding to be the most frequently quoted problem by Pacific households, followed by cold/damp, cost and poor condition of their homes.[30] The 1991 New Zealand census confirm this, finding households with six or more members was confined to 11% of the national population but the proportion of the Tongan population in such households was a staggering 48%.[23]

Many commentators have suggested that overcrowding asked whether this is a cultural practice or preference. The majority Tongan families want to live in large extended family set-ups in adequately large houses. The problem lies in the inadequacy of the available housing to comfortably accommodate this desire. Overcrowding is a serious health risk with the following mental health problems frequently mentioned "High stress, depression, apathy, resignation and low self-esteem.[31]

Youth offending

The association between poverty and crime is well established. In traditional Tongan society, very conservative by nature, rates of juvenile delinquency are very low. [32] Respect for elders and authority figures is instilled at a young age. The communal lifestyle leaves little room for individual expression, any anti-social behaviour meets with universal condemnation. Making the lives of these individuals too uncomfortable not to conform. There has been, however, a rise in criminal activity amongst youths in the more urban capital area of Nuku'alofa. Returned youths from overseas are overly represented. A phenomenon that has developed only recently.

Overcrowding is a serious health risk with the following mental health problems frequently mentioned "High stress, depression, apathy, resignation and low self-esteem."

In New Zealand two factors have an important bearing on youth offending amongst the migrant Tongan community. Firstly, the strong communal social controls are absent. Secondly, Tongan youth cannot help but be affected by dominant European values which question and at times flagrantly disregard authority figures.

In 1978 Pacific Peoples made up 3% of all juvenile offenders, 7% in 1990. Taking into consideration the high fertility level and the resulting younger age structure of Pacific peoples, a greater increase in juvenile offending was expected. The figures indicate a rise in juvenile offending in tandem with their numbers in the population. [33] Main areas of offending were theft, burglary and car conversion. Drug offences were not prominent. [26]

It is important to note the stereotyping that exists within New Zealand society. Polynesians are seen to represent the more criminal element. There is good evidence which

shows that ethnicity is not an important factor in offending behaviour, rather low socio-economic status. However Pacific people are over represented in convictions and imprisonment (12%).[35]

Adult criminal offending

According to the Department of Justice 5.7% of all non traffic offences resulting in a conviction in 1991, 1992 were committed by people of the Pacific ethnicity [35] (Pacific peoples make up 4.9% of the national population).

Violent offending is the main area where Pacific peoples make up a disproportionate share of all persons convicted. Twelve percent of violent offences were committed by Pacific people and although the breakdown into ethnic Pacific people groups is not available, a general impression is that Tongans are overly represented. It appears that the violent cultural loading theory discussed in relation to the over-representation of Tongans in the forensic service, applies here also.

Not available is the percentage of offences, which occur under the influence of alcohol. It is suggested as in the Tongan experience back in the islands, that alcohol is present in a significant number of violent offences.

Family composition

The Tongan extended family structure is the basic social organisational unit. The extended family is ranked, and in this ranking the women were ranked higher than their brothers' and their brothers' children. The father's eldest sister had the highest rank within the family and was accorded "fahu" status. The fahu has been defined as the person with unlimited authority over others within her blood kin. This meant in social terms that this woman and her children had the right to ask and expect goods and services from her brothers' and mother's brothers. It has been claimed that in the old days no important decision was made in any social unit without the consent of the eldest sister. The power of the fahu is a very strong form of social control.

The extended family is also the means by which Tongan value systems and language are best learnt by the young thereby maintaining strong cultural inheritance. As migrants to a new country, this basic social unit has been under threat. There has been sadly a sudden rise in the number of single parent households. In 1981, 14% of Pacific households with children under age four lived in single parent households. In 1991 this figure has risen to an astonishing 31%.[36] This means that a growing proportion of Tongan and Pacific children are being disconnected from their cultures, not to speak of the stress resulting from economic hardship.

Discussion

Important areas like domestic violence, mortality related issues, barriers of access to medical services, educational under-achievement all have resulting mental health sequelae. There can be no doubt that high unemployment, low income, poor housing, overcrowding, abortion and family fragmentation, all contribute to poorer mental health status.

The observable high proportion of social maladies are not reflected in higher rates of first admissions into psychiatric hospitals, more severe alcohol and drug problems, youth offending or serious crime when compared to the Maori and European communities. In fact the rates are surprisingly low, despite over-representation in forensic services and violent offending, when placed in context with the socio-economic environment. There is however a significant worsening in mental health status when the migrant population is compared with the Tongans in the Kingdom of Tonga. The majority of the migrant Tongan community in New Zealand are living under far greater levels of stress and uncertainty compared to their counterparts living in Tonga. This suggests that a simple traditional bound life can have a protective role against mental illness. In so much as the level of stress placed on individuals and families is less. Individuals genetically predisposed towards mental illness are thereby saved from the expression of their illnesses by the relatively low stress environment of the traditional lifestyle of Tonga.

... migrant Tongan community in New Zealand are living under far greater levels of stress and uncertainty compared to their counterparts living in Tonga. This suggests that a simple traditional bound life can have a protective role against mental illness.

Looking towards the future then, the migrant Tongan populations chances of avoiding worsening mental health status seem grim. Social disintegration within the migrant Tongan community is accelerating. Without addressing this problem, attempting to maintain cultural identity and improvement in economic status, Tongans in New Zealand would be better off considering back migration to the Kingdom of Tonga.

References

1. Halliday A. (1828) *A General View of the Present State of Lunatics and Lunatic Asylums in Great Britain and Ireland, and in some other Kingdoms*, Underwood, London. pp 79-80.

2. H.B.M. Murphy and B.M Taumoepeau. *Traditionalism and mental health in the South Pacific. A re-examination of an old hypothesis.*

3. Bridgeman G. Mental Illness and Pacific people in New Zealand. *Pacific Health Dialog* 1997, 4(2): 95 - 104

4. Allen J S, Laycock . Mental illness in the Pacific a review. *Pacific Health Dialog*, 1997; 4(2): 105 - 118.

5. Chaplow D, Chaplow R, Maniapoto W. *Addressing Cultural Differences in N.Z* Regional Forensic Psychiatric Services Auckland, 1993.

6. Mental Health Data. New Zealand Health Information Service, 1996

7 Ministry of Health, *Tongan Mental Health.* Working Party Ministry of Health N.Z, 1995

8. Papaali'i S.M, Lurch N.T and Lealaiauloto R.F. *A quantitative survey of mental disorder in a Samoan community in Auckland.* Health Research Council of NZ, 1996.

9. *Report on alcohol education seminar for Tonga Youth Groups.* St Benedicts Church, Auckland, 1982

10. Mission Report - World Health Organisation *Prevention and Control of Alcohol and Drug Abuse*, 1992.

11. Tu'inukuafe S.M. *Family Violence and Addiction - A Tongan migrant perspective.* Paper presented to Healing our Spirit World wide Conference, Edmonton, Alberta, 1992.

12. *Justice 1990.* Department of Statistics, Wellington, New Zealand, 1991.

13 Ranger D. Mental Illness Rises. A suicidal mood catches on Among Tongan Youth. *Tongan Times Weekly*, 1990.

14 Urbanowiiz, C.R. Change in rank and status in the Polynesian Kingdom of Tonga. In T.R Williams (editor) *Psychological Anthropology*, p 559, 1995.

15. Evans D.L Explaining suicide among the young, an analytical review of the literature. *Journal of Physiological Nursing and Mental Health Services*, 1982, 20(8): 9-16.

16. Fina S A, Lasalo P. Suicide and parasuicide in Paradise. *New Zealand Family Physician*, 1985, 12:101-104.

17. Latukefu S. *The Tongan Constitution.* Nuku'alofa, Tonga. 1979.

18. Parr J S. Induced Abortion National Trends and a Regional Perspective. *Abortion Conference*, Wellington, New Zealand, June 1995.

19. Pilot Study on Abortion Amongst Pacific Islands Women. *New Zealand Family Planning Association*, 1994.

20. Tukuitonga C, Fina S A. The Health of Pacific People in New Zealand up to the Early 1990's. *Pacific Health Dialog*, 1997, 4(2) 59 - 67.

21. Pacific Islands Year Book, 1992.

22. Department of Statistics, *Pacific Island Population and Dwellings.* A report from the 1991 Census of Population and Dwellings Wellington, New Zealand.

23. New Zealand Department of Statistics 1981, 1986, 1991. *Censuses of Population and Dwellings.*

24. Angell R. *The Family Encounters the Depression.* Seribnar and Sons, New York, 1936.

25. Brenner, M.H. *Mental Illness and The Economy.* Howard University Press, Cambridge MA. 1973.

26. Bathgate, et al. *The Health of Pacific Islands People in New Zealand* Public Health Commission, Wellington, New Zealand, 1994.

27. Brake K. Immigration of Pacific Islanders to New Zealand. 1986-1991: Policies, patterns and outcomes *New Zealand Population Review*, 1993, 19 (1 & 2) May/November 173-203.

28. Quality of Life Survey conducted by Auckland University for the City of Manukau. Manukau City 1993.

29. Papali'i P. *A study of Pacific Island Housing Needs (Preliminary Findings) Auckland.* Housing Corporation, Manukau Branch, New Zealand.

30. Kearns R.A, Smith C.J, Abbott M.W. Exploring the relationship between housing problems and Mental Health in two New Zealand cities. *Final report to the Foundation for Research Science and Technology.* Auckland Foundation for Research and Technology, 1991.

31. National Housing Conference *Housing New Zealand Provision and Policy at the Crossroads.* Wellington. National Housing Commission, 1988.

32. Police Records. Department of Statistics, Nuku'alofa, Tonga. 1996.

33. Maxwell G. Morris A. *Family Victims and Culture. Youth Justice in New Zealand.* Social Policy Agency and Institute of Criminology, Victoria University of Wellington, 1993.

34. Ritchie J, Ritchie J. *Violence in New Zealand.* Huia Publishers, Daphne Brasell Associates Press, Wellington, 1993.

35. Spier P, Norris M, Southey P. *Conviction and Sentencing of Offenders in New Zealand; 1982 to 1991.* Policy and Research Division, Department of Justice, Wellington, 1992.

36. Davey J. *From Birth to Death III.* Institute of Policy Studies, Victoria University of Wellington,Wellington, 1993.

37. Sumaru A. *Mental Health of Pacific Islanders.* Unpublished paper presented to the Royal Australian and New Zealand College of Psychiatrists, 1999.

38. Dawson J.B. Who gets committed demographic and diagnostic data. *New Zealand Med. J* 1987, 100: 142-145.

39. Rogers, G. *Political and Social Dynamics in Niua Fo'ou*, PhD Thesis Auckland University 1971.

40. Tongan Health Statistics. Vaiola Hospital, 1996.

41. Carol Coggin. *PhD Thesis on Suicide.* Department of Community Health, Auckland School of Medicine, 1996.