

## Guest Editorial

Dr Monique Faleafa<sup>1</sup>



*“So’o le fau ile fau”*  
- weave and thread fau with fau

Le Va is honoured to sponsor this Pacific Mental Health and Addictions edition of the Pacific Health Dialog (PHD) Journal. The first Pacific woman ever elected into the New Zealand Parliament, Honourable Luamanuvao Winnie Laban, delivered a great speech where she said:

*“there is a Samoan proverb that springs to mind: E so’o le fau ile fau - Each thread derives its strength from being interwoven with others to create a strong fine mat”.*<sup>2</sup>

Each of the papers in this edition represents a thread woven together making up this unique edition of the PHD Journal. The result is a collectively threaded and woven ‘ie toga or fine mat, that we humbly present to you, the people, community and sector that we serve.

GUEST EDITORIAL

### Original Papers

To set the scene and introduce a broad, evidence based view and perspective is the Kokaua, Schaaf, Foliaki & Wells paper. This paper describes an investigation that looked at the differences in 12-month prevalences of mental disorders and 12-month treatment contact amongst migrants to New Zealand in separate ethnic groups in Te Rau Hinengaro: The New Zealand Mental Health Survey (NZMHS). A major ground-breaking finding now evidenced for us is that Pacific people have higher rates of mental disorder than the general population in New Zealand. The burden of prevalence and severity of mental disorder is highest among NZ-born Pasifika and young Pacific migrants. The authors allude to the suggestion that early exposure to the New Zealand environment is strongly associated to mental disorder – which raises a plethora of adjustment and acculturation questions.

Suaalii-Sauni, et al’s qualitative investigation exploring Pacific models of mental health service delivery complements the NZMHS results nicely. An interesting question arose in their discussions

as to how to work best with Pacific youth when current Pacific models of service delivery seem to bias the Island-born traditional or adult perspective – a pertinent issue for the future. A key message in their results for our services is that we need to start specifically articulating and documenting the way in which we work, particularly in regards to what makes our way of working uniquely Pacific.

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My paper presents a particular field of study in the area of Traumatic Brain Injury (TBI) – an area where Pasifika feature strongly. My study found that there appears to be universalities in TBI experience and global rehabilitation outcomes that transcends individual cultures. However, I also argue that there are micro-level cultural variations that have valuable implications when assessing and treating Pacific peoples in neuro-rehabilitation. For instance, to have the best outcomes for Pacific people, Neuropsychologists need to take into account formal education

levels and language abilities when assessing Pacific peoples.

<sup>1</sup> Dr Faleafa is the National Manager of Le Va, the Pacific programme within Te Pou which is the National Centre of Mental Health Research, Information and Workforce Development in New Zealand.

<sup>2</sup> Community Workers Training and Support Trust Forum, 3 September 2007.

Cowley-Malcolm, et al report on the Pacific Islands Families (PIF) study, a longitudinal investigation of a cohort of Pacific infants born in New Zealand (N=1376), and their mothers and fathers. Their account aimed to determine: (1) the prevalence of disciplinary and nurturing parenting practices used with children at 12 months of age, and (2) the demographic, maternal and lifestyle factors associated with parenting practices. Results indicated that there are a number of common underlying lifestyle issues that need to be considered when dealing with parenting problems in families with young children. While results need to be interpreted with caution, interesting findings to ponder were that there was a strong association between parenting behaviour and ethnicity – i.e. Tongan mothers rated higher on discipline than Samoan mothers. The authors suggest immigration patterns as a potential contributing factor, because Samoan's have been residing in New Zealand for a lot longer than the Tongan population in New Zealand, which again gives rise to acculturation questions.

Including addictions research with mental health research was an important priority for Le Va in this edition. While health systems and supporting structures may separate these areas of well-being, I believe in a holistic approach that acknowledges synergies, collaboration and also our unique differences. Alcohol related papers by Sundborn, et al, Nosa & Ofanoa, and Gray & Nosa are diverse covering Pacific adult drinking patterns, social, cultural and medicinal use of kava in Tongan males as well as drinking patterns of Niuean women respectively. Sundborn, et al found that middle-aged and older Pacific adults are less likely to consume alcohol than Europeans, however those who do drink, consume more on a typical occasion but drink less regularly. Nosa & Ofanoa argued that kava drinking is strongly linked to many of the ceremonial, social and cultural obligations that are deeply embedded within the Tongan culture. The positive uses of kava include medicinal purposes, male bonding, alternative to alcohol consumption and reaffirming and establishing relationships amongst other Tongan men. Gray & Nosa's paper explored the binge drinking behaviours and attitudes of nine New Zealand born Niuean women aged 18 to 45 plus years living in Auckland who are heavy binge drinkers. The study highlighted the important role of supportive friends and women within a drinking circle compared to the cultural and gender restrictions when drinking with males.

Gambling amongst Pacific mothers in New Zealand presented in a paper by Perese, et al includes data about gambling activity from the two-year data collection point for a cohort of mothers, again utilising PIF study. This article highlights the importance of this type of prospective study in examining the development of the risk and protective factors in relation to the development of problem gambling.

Tautolo, Schluter & Sundborn investigate the prevalence of potential psychological distress amongst a cohort of Pacific fathers in New Zealand over their child's first 6-years of life. Analysis was based on the PIF study using the 12-item General

Health Questionnaire (GHQ12). Results show that prevalence in father's was low, but it tended to increase as the child grew older.

Kokaua presents a second paper along with co-author Wells using the NZMHS in addition to an extract from the Mental Health Information National Collection (MHINC) focussing on the Cook Island population in New Zealand. The study paints a fairly grim picture for our Cook Island families, confirming high prevalence rates, particularly substance use, yet relatively low levels of access to treatment – and when they do access, its at the serious end of the continuum to inpatient and forensic services.

Vaka, et al in their paper look at mental health-related beliefs and practices of Tongan traditional healers and Tongan workers in Western-style mental health services in Tonga. Their contribution speaks of traditional healers having a negative view of Western methods, in that it fails to address the real issues in mental health that are considered more culturally and spiritually-based. This study aimed to inform efforts to foster more synergy and collaboration between traditional and western healing approaches in Tonga and amongst Tongans elsewhere and may also be relevant for other Pacific peoples.

## Discussion Papers

A theoretical paper introducing the concept of the "negotiated space" by Mila-Schaaf & Hudson is a description of a model developed by Linda Tuhiwai Smith, Maui Hudson and colleagues describing the interface between different worldviews and knowledge systems. The authors argue that this is primarily a conceptual space of intersection in-between different ways of knowing and meaning making, such as, the Pacific indigenous reference and the dominant Western mental health paradigm of the bio-psycho-social. This discussion paper theorises multiple patterns of possibility of resolutions and relationships within the negotiated space relevant to research, evaluation, model, service development and quality assurance within Pacific mental health.

Samu & Suaalii-Sauni describe cultural competency as 'the ability of individuals and systems to respond respectfully and effectively to the cultural needs of peoples of all cultures' – a fairly well-rounded description given the complexities surrounding simply defining cultural competency. It is fitting that this paper sits next to Mila-Schaaf's article because in mental health Pacific cultural competencies can be seen as a blending of cultural and clinical beliefs and practices. Pacific cultural competencies then exist in the conceptual "negotiated space", at the interface of two knowledge systems. The authors go on to identify some important factors to be considered in order to build and strengthen the capacity and capability of mental health services to provide culturally relevant services.

Pacific Mental Health and Addiction services in the Auckland metropolitan region employ staff in a range of Pacific cultural roles. Parsonage, et al

describe how these roles have emerged over time in response to local community needs and the titles, nature and function of the roles vary. Recognising that cultural responsiveness is critical to improving health outcomes for Pacific peoples, the Northern District Health Board (DHB) Support Agency (NDSA), in collaboration with Moana Pasifika, undertook a project to define a practice framework for Pacific cultural roles within the mental health and addiction sector. This discussion paper outlines the processes and findings of the project, presenting a draft Mental Health and Addiction Pacific Cultural Practice Framework for the Auckland metropolitan area that is supported by Pacific stakeholders.

Bush, et al describe the development of a Pacific child, adolescent and family mental health service based in Porirua, New Zealand. Particular reference is made to the social and demographic characteristics of the population served, and referrals to the service, as well as emphasising the Samoan relational concept of 'self' when working with Pacific people and their families and the implications involved for engagement, assessment and treatment processes in mental health.

Infant mental health is a relatively new area of development for the mental health sector at present. Healthy social and emotional development and attachment for 0-3 year olds can serve as a strong protective factor for mental illness and behavioural problems arising later in life. Masoe & Bush's discussion paper highlights why this developmental stage of life is so important for Pacific communities in New Zealand and elsewhere. Masoe provides a personal perspective on her Samoan reflection on attachment ideas, as well as a discussion of Samoan concepts and research that may inform infant mental health theory and practice.

Despite the emergence of dedicated Pacific mental health services in New Zealand in the last 10 years, there have been few published Pacific models of mental health assessment to guide clinicians working with Pacific clients and their families. Kupa's discussion paper speaks of Vaka Atafaga, a Tokelau model consisting of six core concepts which are considered key aspects of health for Tokelau people. The author relates the personal and professional journey that he has taken to develop Vaka Atafaga over a twenty year period from conceptualisation, through to application in clinical practice in a mental health setting in New Zealand. Similarly, Fotu and

Tafa's paper describe the Popao or outrigger canoe model, which is used metaphorically for mental health service users' (primarily Tongan) 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 – Takanga a Fohe (Waitemata District Health Board).

**What binds us all is that every one of us shares a passion for improving mental health and addictions outcomes for Pacific peoples everywhere.**

### Viewpoints

With regard to viewpoints and perspectives, Alefaio's paper is a personal reflection of her work as a Registered Psychologist working amongst Pacific peoples as well as

in and through mainstream and Pacific theories and practices. She presents some very real challenges to the discipline of psychology.

### Organizational News and Information

Hughes presents an account of work being undertaken by the World Health Organisation Pacific Islands Mental Health Network (PIMHnet) since its inception in 2006. The author also outlines mental health issues that present particular challenges in the Pacific region, and the innovative approaches which have been taken to address those issues. The article underlines the need for an increased focus on mental health issues in the Pacific.

I would like to sincerely thank all of the contributors and peer reviewers to this edition of the Pacific Health Dialog Journal. I would particularly like to acknowledge Professor Sitaleki Finau and his editorial team for this wonderful opportunity to showcase the Pacific Mental Health and Addictions sector. I also acknowledge and thank my project team led by Manase Lua for bringing people and knowledge together, and making it all happen. The authors and contributors to this edition have dedicated much time, effort and countless hours into these papers and articles. Many of the authors work in the Mental Health and Addictions sector. What binds us all is that every one of us shares a passion for improving mental health and addictions outcomes for Pacific peoples everywhere. It is my privilege to now share these thoughts, journeys and insights with you.

*Dr Monique Faleafa  
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Pasifika within Te Pou

## ABOUT LE VA

Le Va is the Pacific mental health workforce development programme within Te Pou, New Zealand's National Centre of Mental Health Research, Information and Workforce Development.

Our vision is clear:

## VIBRANT PACIFIC LEADERSHIP AND WELL PACIFIC FAMILIES

Well Pacific families require effective health services from a clinically and culturally competent workforce.

Le Va will progress the delivery of effective health services through a series of projects focussing on Pacific mental health workforce development, information use and applied research for Pacific communities and the wider mental health sector.

The concept of Va refers to the "space between". It is fundamentally different from western notions of space defined by open areas, expanses or distances that separate. Va refers to the space that relates, and to the context connected to the individual. It refers to relationships that are collective.

Visit our website for more information:

**[www.leva.co.nz](http://www.leva.co.nz)**



Pasifika within Te Pou

## FOCUS ON SERVICE USERS

Just as we are trying to infuse Pasifika throughout the mental health and addiction services workforce, so too are we trying to infuse service user input and participation throughout Le Va.

First and foremost is our reference group, Le Leo o Le Va. This group includes a number of people who identify as having personal and lived experience - but it's not only for this experience that they are in Le Leo o Le Va, but for their wisdom and leadership as well.

We don't make a big thing of it, but many of our projects are led by people with personal experience. All achievers in their own right, they have been employed for their knowledge and abilities in project management or research.

Visit our website for more information:

**[www.leva.co.nz](http://www.leva.co.nz)**