

Original Research

OPEN ACCESS

Pasifika preferences for mental health support in Australia: focus group study

Roman KINGI,¹ Wani ERICK,² Vili H NOSA,³ Janine Paynter,³ Debra de SILVA⁴

ABSTRACT

Introduction: Mental wellbeing is a growing health issue for Pacific Islands communities (Pasifika), particularly amongst people who have resettled in a different country. We explored whether Pasifika people living in Australia think mental health services meet their needs.

Methods: We ran eight two-hour focus groups with 183 adults living in Queensland, Australia. There were representatives from the following ethnic groups: Cook Islands, Fiji, Maori, Niue, Papua New Guinea, Samoa, Tokelau and Tonga. We also included mental health providers. We analysed the feedback using thematic analysis.

Findings: Pasifika people welcomed having an opportunity to discuss mental wellbeing openly. They said that economic issues, social isolation, cultural differences, shame and substance use contributed to increasingly poor mental health amongst Pasifika communities in Australia. They wanted to work with mainstream services to develop culturally appropriate and engaging models to support mental wellbeing. They suggested opportunities to harness churches, community groups, schools, social media and radio to raise awareness about mental health.

Conclusions: Working in partnership with Pasifika communities could strengthen mainstream mental health services and reduce the burden on acute services in Australia. This could include collecting better ethnicity data to help plan services, empowering community structures to promote mental wellbeing and training staff to support Pasifika communities. The key message was that services can work 'with' Pasifika communities, not 'to' them.

Key words: Pasifika, mental health, cultural, spiritual values

INTRODUCTION

More than 200,000 Pasifika people currently call Australia home. About one third of these live in Queensland, mostly around Brisbane.¹ Throughout this article we use the term Pasifika to refer to Pacific Island communities in general, but we recognise that there are multiple communities, each with their own culture, perspectives and needs.

Pasifika communities in Australia are vibrant and varied. They contribute heavily to seasonal working schemes, sporting activities and churches. However, Pasifika communities also have higher than average rates of hospital admissions, chronic conditions, criminal offences and mental health issues.^{2,3} Pasifika people often have poor health literacy and are in low paying jobs. If they are not Australian citizens, they are ineligible for some job seeking services, unemployment benefits or superannuation.^{4,5} All of these issues can impact on mental wellbeing. Research has found links between social and economic deprivation, unemployment,

Corresponding author: Roman Kingi, roman.avaiki.kingi@gmail.com

1. Multi-link Community Services Inc, Brisbane, Australia.
2. PhD Student, Faculty of Health, Queensland University of Technology, Australia
3. Pacific Health Section, School of Population Health, Faculty of Medical and Health Sciences, University of Auckland.
4. Professor, The Evidence Centre, London, United Kingdom

Rec: 20/10/20 **Accept:** 18/05/21 **Publish:** 20/05/21

Citation: Kingi R, et al. Pasifika preferences for mental health support in Australia: focus group study. *Pacific Health Dialog* 2021; 21(7)373-379. DOI: 10.26635/phd.2021.110

Copyright: © 2021 Kingi R, et al. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

mental wellbeing, access to mental health services and suicide.^{6,7,8}

Mental health is increasingly recognised as fundamental to a person's experience of day-to-day life and their overall sense of wellbeing. The Australian government has identified improving mental health as a national priority. Mental illness, combined with neurological and substance use, constitutes 13% of the global burden of disease and is a leading cause of death and disability.⁹ Amongst the general population, one in five adult Australians reported having a mental health condition.¹⁰ However, the incidence of mental illness is not equal across the population. Indigenous peoples, migrants and members of culturally and linguistically diverse communities are particularly vulnerable.¹¹

In Australia and New Zealand, Pasifika and Māori people have higher rates of mental illness compared to the general population.^{12,13} This is compounded by cultural and logistical barriers to accessing health services. In both Australia and New Zealand, Pasifika people use health services less than others and often delay seeking treatment for serious conditions.^{14,15,16}

There is little research about the mental health needs of Pasifika people in Australia or their experience of mental health services. We wanted to find out what people using and working within mental health services thought of the support available for Pasifika people, and whether Pasifika communities would be willing to actively engage to develop supportive services.

METHODS

Approach

We conducted eight two-hour focus groups with Pasifika members of the public and the mental healthcare workers supporting them.

We recruited people from across south-east Queensland by inviting them to attend a one-day Pasifika and Māori mental health forum in 2015. We distributed fliers, emails and social media invitations and advertised through community groups. The forum included speakers, cultural dance performances and Polynesian food to encourage people to attend. We invited everyone to take part in a focus group on the day.

We provided participant information sheets and gained signed consent to participate. This was a developmental grassroots event, designed and run by the community for the community. As such, we did not apply to a research ethics committee for approval.

We ran one focus group for each of the following groups: Cook Islands, Fiji/Tokelau, Maori, Niue, Papua New Guinea/Tonga, Samoa, service

providers (non-Pasifika) and youth. Each group was facilitated by two people from the specific ethnic group, fluent in that community's language and culture. The facilitators used either English or community languages as desired by the group. A note-taker took verbatim notes during the sessions. Facilitators and note-takers were trained in advance.

Topics of discussion included definitions of mental health and wellbeing; existing community support structures; barriers to using health services; and desired characteristics of culturally specific mental health services.

Participants

A total of 183 people took part, 75% of whom were female. Participants ranged in age from 18 to 70-plus years. **Table 1** shows the ethnic breakdown.

Table 1: Focus group participant characteristics

Group	Number female	Number male	Total number
Cook Islands	5	3	8
Fiji	5	1	6
Tokelau	2	0	2
Niue	8	6	14
Maori	56	12	68
Papa New Guinea	2	0	2
Samoa	17	9	26
Tonga	38	6	44
Service providers	4	4	8
Younger people	1	4	5
Total	138	45	183

Note: People from 1) Fiji and Tokelau and 2) Papua New Guinea and Tonga took part in combined focus groups due to small numbers.

Analysis

We analysed the themes using an inductive approach.¹⁷ A group of Pasifika researchers, community leaders and service developers reviewed the transcripts to identify and categorise key themes. We identified recurring patterns and grouped these into categories, or subthemes. We produced thematic maps to visually represent the categories. We examined relationships between the themes and explored similarities and differences across the groups.

We checked back with community representatives to ensure that the themes we identified resonated.

In this article we focus on themes that applied across the focus groups. We do not break down the views by ethnic group as there were not enough people from each community to allow us to make robust comparisons.

FINDINGS

Is mental wellbeing important for Pasifika people?

Participants were from diverse ethnic groups across the Pacific. However, Pasifika and Maori were united in having a strong holistic perspective about what health was. Health in general was seen to comprise the body, mind, spirit, social and environmental elements. An individual's health was linked to communal wellbeing.

People had more varied definitions of mental health and wellbeing. Some focused on something being physically 'wrong' with people's brain. Others focused on personality traits. But the most common definition of mental health involved issues related to abnormality, difference, stigma, judgement and fear.

"[Mental health is] a person that is crazy, possessed... someone who belongs in the loony bin... family isn't interested and not ready to understand what is happening to the person, someone that can be very aggressive and not able to process all issues or surroundings."
(Cook Islands participant)

Focus group participants believed that mental health was important to the wellbeing and spirituality. People commonly believed that mental illness was characterised by 'weakness' or confusion. They emphasised that mental health issues affected the family and community, not solely an individual.

Many Pasifika groups thought that substance or alcohol use was a major influence on the mental wellbeing of their families and communities. They linked substance and alcohol use with physical violence within the family, trauma and mental distress. This was an area that people wanted prioritised for support from mainstream services.

They also acknowledged that younger people faced special pressures, compounded by trying to adapt to a different culture.

"[Pasifika] children brought up in Australia and New Zealand seem to have self-conflict or self-doubt of their own identity and expectation. [They are caught between] expectations from their 'Aussie mates' and their own parents, family and elders." (Tongan participant)

Why don't Pasifika people access mental health services?

Many participants said that mental health conditions were not usually discussed openly due to shame, stigma, fear of being judged and fear of bringing embarrassment to the family. Mental health was viewed as a taboo topic.

"Culturally, mental health is an issue which impacts upon the wider family. Mental health is not spoken about in homes due to private shame of the family, and the stigma associated with it. There's a sense of embarrassment and a lack of understanding of what mental health is about. Due to lack of knowledge, it's not openly discussed, but often ridiculed." (Niuean participant)

People said that Pasifika societies have a communal or collectivist structure, with large extended families the norm. Individuals usually have a strong desire to remain accepted as part of the extended family and community. Those with a mental illness may be viewed as "weak" or "abnormal" so there was significant social pressure to avoid losing status in the eyes of the community.

Some people said that families and communities shunned mental health issues due to a lack of health literacy, education and understanding. Some participants said that mental illness was confused with disability in their community. Others said that it was common to say that someone experiencing distress was 'cursed by God'. The sense of shame in being perceived in this way and desire to remain accepted meant that issues were kept 'hidden' and people did not seek help.

Another barrier to seeking help is that many Pasifika communities spoke about not wanting to express their feelings or emotions. They said that it was culturally ingrained to use humour to deflect issues.

If people did seek support for mental health issues, they commonly approached family members, schools and radio programmes and printed resources in their own language. It was less common for Pasifika people to seek out formal mainstream services in the first instance. If they did access these services, they tended to

be referred by a family member, teacher, minister or friend.

One reason that people may not seek support is because healthcare services did not match people’s cultural models of health and wellbeing. Participants suggested that services were medicalised and focused heavily on the individual, rather than their family or community. A perceived lack of cultural understanding and respect for Pasifika within services meant people delayed or avoided seeking assistance during times of mental distress.

An example of this was provided in terms of elder care. Participants said that mental health issues were “dumped together with old age and dementia” in healthcare services, whereas in Pasifika communities growing older was respected, valued and seen as an important and natural part of the life course, not something to be ‘fixed’ or ‘medicated’.

What would help meet Pasifika people’s needs?

Participants wanted to work with health services to improve the mental wellbeing of their communities. They thought it was vital to consider what having good mental health looks like in order to be clear about the end goal. To our participants, good mental health, and thus the support systems in place, needed to cover physical, social, emotional and behavioural elements.

Queensland has a variety of mental health services, but participants were often not aware of the range of formal and informal support available. They said that Pasifika communities had limited understanding of the usefulness of medical mental health treatment and how health professionals could help. This knowledge varied based on how familiar people were with the Australian health system, which was influenced by people’s age and length of residency. Younger people were more likely than their elders to know about the range of services, the words used by health professionals to describe mental health and the potential benefits from support.

“The older Samoan generation believe that there is no such thing as mental health disorders. They would more likely relate someone’s odd behaviour to being lazy, or being a liar to get out of chores. So, the definition differs between generations. For example, mood disorders are referred to by the younger generation, while the older generation calls an individual ‘paie’ [lazy]. Also, while one generation refers to psychotic disorders, the other refers to individuals

as ‘vale’s’ [dumb].” (Samoan participant)

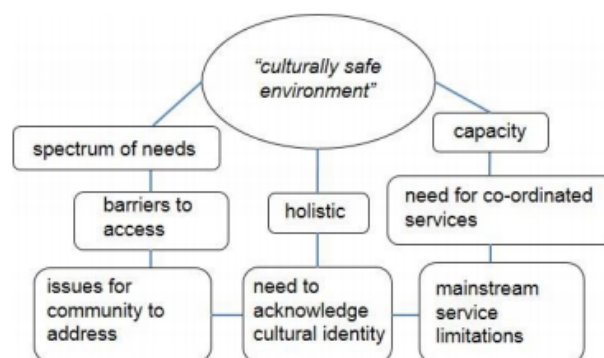
People suggested that it would be helpful to raise awareness about services, including those that may be accessible to non-Australian citizens. They suggested that community groups, schools, social media, churches and cultural radio stations could help spread the word.

There was a consensus that whilst healthcare professionals do their best to cope with high demand and multiple ethnic groups, some basic cultural training would help Pasifika people feel more comfortable approaching and using mental health services. Mental health therapies often encourage people to discuss things openly, sharing intimate details of their lives, thoughts and behaviours. This requires trust, and participants said that it was difficult to attend services and speak freely when they did not feel that providers understood or respected them. Using non-stigmatising language was deemed particularly important so people do not feel ‘laughed at’ or judged.

Most of all, Pasifika communities wanted to work side by side with health services and with other ethnic groups to help each other with mental health. Participants suggested that health services could allocate ringfenced time to plan health education and build more culturally aware services. Nurturing existing community networks would give access to support groups of like-minded people and build unity for solving communitywide problems.

There were many elements that participants believed influenced culturally safe mental health services (**Figure 1**). Pasifika mental health issues often originate outside the direct control of the health sector, including the financial and housing pressures experienced by migrants, challenges to cultural identity and involvement in criminal activities. People attending the focus groups thought that there should be more cross-sectoral collaboration to achieve cultural safety.

Figure 1: Focus group themes related to culturally safe mental health services¹⁸



The church was mentioned throughout the focus groups as having a central role in fostering a supportive community. This is also a place where there are high trust relationships that could be built on to provide mental health support more formally.

Participants also wanted representatives to have a seat at the table at regional or institutional healthcare planning. They said that, like other groups, Pasifika communities can be excluded from mainstream planning processes and become increasingly marginalised as a result.

Part of being respected and valued by institutions involves being 'counted'. The healthcare professionals and policy makers who took part said that there was a lack of data about the number and needs of Pasifika people and so it was difficult to include them in service planning. Taking part in the focus groups helped Pasifika communities and health professionals learn more about each other's perspectives. Each group valued the other's perspective on areas for development.

DISCUSSION

Culturally and linguistically diverse groups such as Pasifika communities often suffer from poor physical and mental health. This is influenced by factors such as socio-economic disadvantage, loss of cultural identity, and under-utilisation of health services.¹⁹ This may mean that the mental health needs of Australia's Pasifika communities are not being met, but little research is available about what community members think about this and their preferred solutions.

Our study suggests that members of Pasifika communities are eager to talk about mental wellbeing and work with mainstream services to develop supportive and culturally appropriate approaches.

Pasifika people are over-represented in statistics about mental illness and suicide, but make up less than 1% of the Australian population. We therefore need to be realistic about the amount of time and resource that health services have to develop approaches that are most supportive for these communities, especially given the range of other culturally diverse groups in Australia. Rather than relying on mainstream services to adapt wholly to Pasifika needs, our research suggests that it may be effective for community groups and the voluntary sector to work side by side with health services to maintain Pasifika health and wellbeing.

An important step may be collecting data about the ethnic groups of people using or in need of services. At present we do not have a clear picture of what proportion of mental health service users are from Pasifika communities or the community prevalence of depression, alcohol or substance misuse and similar. This information would help decide whether targeted support approaches may be feasible.

Another implication for practice is that more could be done in Pasifika communities to increase understanding of mental health and wellbeing. Community champions could be developed in churches or cultural groups who are able to help people speak openly in their own language in a comfortable context.

Participants in our focus groups often saw mental illness as a form of weakness and a source of shame. Individuals may avoid talking about mental wellbeing out of fear of bringing shame to their family. This is backed up by other research.²⁰ The culture of shame and silence is unlikely to be addressed simply by encouraging Pasifika people to visit mainstream services.²¹ Instead, health services could upskill and help community groups and local champions to facilitate open discussions and promote wellbeing. Churches, schools, community centres, family groups, community radio and social media may all have a role to play. Studies in New Zealand have found success from this community empowerment approach.²²

Empowering community support structures could go hand in hand with supporting mainstream services to offer culturally aware services. Australia is multicultural, but healthcare teams receive relatively little training and refresher sessions about people's cultural and spiritual beliefs and expected behaviours. In mental health services, where building trust and compassion can be a lifeline, further awareness training for staff may be especially important. Our research mirrors others who have found that Pasifika people are more likely to access services which consider different cultural perspectives and seek to deliver more holistic care.^{23,24,25}

Official resettlement support programmes could include discussions of mental health issues and support. This would help newly arriving families know what to expect from acculturation and where to seek help.

This is one of the first published accounts of a grassroots initiative seeking feedback about Pasifika mental health needs in Australia. A strength is that our approach was developed as a collaboration between community groups and health and care services. Facilitators and

participants from many Pasifika communities took part.

However, we have just scratched the surface of the complex issues related to mental wellbeing in Pasifika communities. A limitation of our approach is that we are relying on feedback from people who were interested enough and had the time available to take part in our forum. This self-selected sample may not represent the views and characteristics of the wider communities.

A second limitation is that, due to spatial constraints, in this article we have focused on sharing themes that resonated across all the Pasifika communities and with healthcare professionals. We acknowledge that each Pacific culture is unique and there may be differences between the communities in the most appropriate way to promote and support mental wellbeing.

CONCLUSION

Pasifika people in Australia are at risk of poor physical and mental health outcomes. This can have debilitating impacts for individuals and families, as well as using valuable healthcare resources. The proportion of Pasifika people in the population is relatively small, but the potential burden of poor mental health on healthcare systems and communities is large. It would be unrealistic to expect healthcare services to completely tailor care to Pasifika communities. Healthcare services can however work in partnership with local schools, churches and community groups to raise awareness of mental wellbeing, collect data about mental health needs and train staff to understand cultural perspectives. Our research has shown that communities and health services appear willing to engage. We recommend:

1. improving processes to collect data so services can identify and track Pasifika people's health needs
2. increased health promotion in local communities to de-stigmatise mental illness and educate people about the support available
3. empowering community support structures, to make best use of local resources and knowledge, whilst reducing the burden on formal health services
4. communities and health services working together to train staff to understand the beliefs and needs of Pasifika communities, to support culturally safe and holistic care from the consumer's perspective.

5. resources and knowledge, whilst reducing the burden on formal health services
6. communities and health services working together to train staff to understand the beliefs and needs of Pasifika communities, to support culturally safe and holistic care from the consumer's perspective.

Acknowledgements: We want to acknowledge Simon Sheridan for writing the official report.

Competing Interests: All authors have no competing interests.

REFERENCES

1. Batley, J. (2017) What Does the 2016 Census Reveal about Pacific Islands Communities in Australia? In Brief 2017/25 State, Society & Governance in Melanesia.
2. Ravulo, J. (2015). Pacific communities in Australia. University of Western Sydney, ISBN 978-1-74108-359-0, Penrith NSW 2751, Australia.
3. Jarden, R., Jarden, A., & Oades, L. G. (2017). Wellbeing policy in Australia and New Zealand. In M. Slade, L. Oades, & A. Jarden (Eds.), *Wellbeing, Recovery and Mental health* (pp. 207-214). Cambridge: Cambridge University Press.
4. Anikeeva, O., B. Peng, J. E. Hiller, P. Ryan, D. Roder and G.-S. Han (2010). "Review Paper: The Health Status of Migrants in Australia: A Review." *Asia Pacific Journal of Public Health* 22(2): 159-193
5. Chenoweth, L. (2014) "Pacific Islanders and education: is Australia an 'unlucky country'?" *The Conversation*.
6. Queensland Health (2011). Queensland Health response to Pacific Islander and Maori health needs assessment. Brisbane, Australia, Division of the Chief Health Officer, Queensland Health.
7. Scott, K. M., J. Kokaua and J. Baxter (2011). "Does having a chronic physical condition affect the likelihood of treatment seeking for a mental health problem and does this vary by ethnicity?" *Int J Psychiatry Med* 42(4): 421-436.
8. Krauss, U., H. Angus, W. Bor and N. Crichton (2014). Cultural pride and transition: A pilot survey on the mental health needs of Samoan and Tongan adolescents. Brisbane, Australia, Child and Youth Mental Health Service, Mater

- Health Services. Wellington: Health Promotion Agency.
9. WHO. 2013. Mental health action plan 2013-2020. Geneva: World Health Organization.
 10. Australian Bureau of Statistics (2008). National survey of mental health and wellbeing: Summary of Results, 2007 (cat. no. 4326.0). Canberra: Australian Bureau of Statistics.
 11. Leske, S., Crompton, D., & Kølves, K. (2019). Suicide in Queensland: Annual Report 2019. Brisbane, Queensland, Australia: Australian Institute for Suicide Research and Prevention, Griffith University.
 12. Australian Bureau of Statistics (2014): Causes of Death, Australia, 2012; Table 1.3 (cat. no. 3303.0). Canberra: Australian Bureau of Statistics.
 13. Ministry of Health (2014). 'Ala Mo'ui: Pathways to Pacific Health and Wellbeing 2014-2018. Wellington, New Zealand, Ministry of Health.
 14. Ellison-Loschmann, L. and N. Pearce (2006). "Improving access to health care among New Zealand's Maori population." *Am J Public Health* 96(4): 612-617.
 15. Trauer, T., K. Eagar and G. Mellsoy (2006). "Ethnicity, deprivation and mental health outcomes." *Australian Health Review* 30(3): 310-321.
 16. Scott, K. M., J. Kokaua and J. Baxter (2011). "Does having a chronic physical condition affect the likelihood of treatment seeking for a mental health problem and does this vary by ethnicity?" *Int J Psychiatry Med* 42(4): 421-436.
 17. Thomas, D. R. (2006). "A General Inductive Approach for Analyzing Qualitative Evaluation Data." *American Journal of Evaluation* 27(2): 237-246.
 18. Sheridan, S.A. (2015). Pathways to achieving complete social, emotional and spiritual wellbeing: The Pasifika and Maori community vision for culturally safe mental health support services in south-east Queensland. Pasifika and Maori Mental Health Forum, Official Report. Brisbane.
 19. Ataera-Minster, J., & Trowland, H. (2018). Te Kaveinga: Mental health and wellbeing of Pacific peoples. Results from the New Zealand Mental Health Monitor & Health and Lifestyles Survey.
 20. Minas, H. Kakuma, R. Too, L. Vayani, H. Orapeleng, S. Prasad-Ildes, R. Turner, G. Procter, N. Oehm, D. (2013). Mental health research and evaluation in multicultural Australia: developing a culture of inclusion. *International Journal of Mental Health Systems* 2013, 7:23. (3)
 21. Henderson, S., E. Kendall and L. See (2011). "The effectiveness of culturally appropriate interventions to manage or prevent chronic disease in culturally and linguistically diverse communities: a systematic literature review." *Health & Social Care in the Community* 19(3): 225-249.
 22. Samu, K. Suaalii-Sauni, T. (2009). Exploring the 'cultural' in cultural competencies in Pacific mental health. *Pacific Health Dialog* Vol 15. NO 1.
 23. Faalogo-Lilo, C. (2012). Barriers and supports Pacific people experience in using mental health services. (Unpublished thesis, Doctor of Clinical Psychology), University of Auckland, Auckland.
 24. Ofanoa, M. and J. Raeburn (2014). "Adapting a community health development approach to the Tongan diaspora in urban New Zealand." *Journal of Pacific Studies* 34(2): 5-18.
 25. Tiatia-Seath, J. (2014). Pacific peoples, mental health service engagement and suicide prevention in Aotearoa New Zealand. *Ethnicity and Inequalities in Health and Social Care*, 7(3), 111-121.