Primary mental health care for Pacific peoples

This issues guide is linked to the vignette ‘Meeting the needs of Pacific peoples’

Pacific perspectives on mental health and wellbeing

Although Pacific peoples are a very diverse group with backgrounds in many nations, the approach of many Pacific peoples to mental illness is mostly markedly different from Western approaches. Mental health is viewed holistically, where spiritual, physical, emotional and family aspects act in harmony. An understanding of Pacific mental health perspectives and models will help health support workers, clinicians and managers better understand the needs of their population and respond appropriately. Many organisations now offer courses on achieving cultural competence – you may need to investigate ways you and your team could benefit from attending such courses.

Options for ongoing cultural support also need to be looked into; see if there are people in your organisation you can help support you. There may be some instances where you may need to work closely with the matua (elder, senior cultural advisor) to ensure that you and your team are able to provide the best level of care. Other issues to think about include the need for ethnic-specific services – the term ‘Pacific peoples’ was coined to encompass people from 22 different ethnic groups. Different models of care may exist for different ethnic groups. Care needs to be taken not to assume ‘one size fits all’ approach.

Prevalence

Te Rau Hinengaro revealed that the burden of mental health disorders in Pacific peoples is high, with 25% Pacific peoples experiencing mental health disorders compared to 20.7% of the general population. \(^1\) Nearly half of Pacific peoples (46.5%) had some experience of mental illness in their lifetime. Further, only 25% of

---

Pacific peoples who had been diagnosed with a serious mental illness accessed mental health services.

**Protective mental health factors**

Several protective factors have been identified for Pacific mental health. These include having access to appropriate family and community support networks, the ability to express oneself safely in one’s culture, having access to adequate housing, education and satisfactory employment. To help your Pacific population achieve better mental health, consider linking with other support agencies such as housing. It may also pay to engage and support participation from Pacific consumers and their families in healthcare planning and ways of managing mental health in the home or community. To help with this, consider encouraging and supporting Pacific families to be involved in the care and recovery of their family where appropriate.

**Funding for Pacific mental health services**

Securing sufficient funding is an issue for most health services. Building strong networks with the DHB, particularly Funding & Planning, plus maintaining strong links with other providers in the community are crucial. If you are a Pacific mental health services manager, you need to consider the impact of existing and upcoming funding streams to ensure adequate resources are available for Pacific mental health services. Care must be taken, however, to have short, mid and long term goals to ensure that the funding available is sustainable and all the energy is not consumed by chopping and changing from one pool of funding, and one set of contracts to another. Small services providing for small populations can be especially at risk of this.

**Building and maintaining links with PHOs, AOD and secondary care services**

Pacific peoples interact with a wide range of services depending on factors such as service availability, access and cost. Consider using your networking skills to get to know other community agencies. Start close to home – linking with church and
community groups; consider getting a mentor who can help with networking and working to keep existing relationships active.

**Challenges for PMHC for Pacific peoples**

In one study, we observed that provision for Pacific peoples was a challenging area. Where there were specific services, utilisation was sometimes poor, and often there were no specific services, especially if one population was small. PMHC provision for this group is often located more precariously with some services dependent on NGOs and community groups, with concomitant additional burden for an indentified high needs community. The Pacific mental health and primary care workforce is small but there are promising developments, such as the Counties-Manakau DHB programme to train health professional from it own community.
‘Meeting the needs of Pacific peoples’

(click here to go back to guide)

Rachael is a 35 year old Pacific Mental Health Services Manager in a DHB. She was born in Samoa but raised in New Zealand. She has been working in mental health services for the past 10 years in various roles. Rachel has a degree in Psychology and a Diploma in Business Management. In her current role, Rachael is responsible for staff recruitment; service planning; managing budgets; monitoring staff performance development, implementation of service policies and overall quality management. She is strongly committed to her cultural roots and outside work is heavily engaged in her local Pacific community. Her experience has helped her gain sound knowledge of the Pacific mental health population in her DHB. She knows that many Pacific families in her community come from low socioeconomic backgrounds and that her DHB region has a relatively young Pacific population, a high proportion of which are New Zealand born. She also knows that in her community, young Pacific people aged 15 -19 access Alcohol and Other Drug (AOD) services more than any other age group. Rachael was brought up by Pacific-born parents who taught her to view Pacific mental health as holistic, incorporating social, cultural and spiritual wellbeing. Consequently, Rachael appreciates the value of Pacific models of illness and wellness when dealing with Pacific people.

Questions to consider

How does Rachael ensure that

1. She gets enough funding for Pacific mental health services;
2. All staff who deal with Pacific peoples are culturally competent and understand Pacific models of care;
3. Her unit builds and maintains links with PHOs, AOD and secondary care services?