Student: Amy Ga Hee Lee
Title: Understanding Canterbury's Pacific communities' views about mental illness
Supervisors: Professor Les Toop and Dr Lynley Cook
Sponsor: Pegasus Health (Charitable) Limited

Introduction

While mental illness is something that affects all communities across all the ethnic groups, the level of access to mental health services is not equal across all ethnicities. In Canterbury there is a much lower than expected rates of referral of Pacific people to primary mental health services.

In order to provide the best possible care that meets the needs of the population, health services need a comprehensive understanding about the broad range of possible factors that may be limiting access- both accessibility of services as well as individuals' abilities to generate access.

Aim

The project aimed to explore one of many factors in detail, with the main objective to describe the beliefs about mental illness within some of Canterbury's Pacific communities. In addition there was brief exploration of what people considered to be the barriers to accessing services and what they thought would help to improve access in the future.

Impact

This research will go some way to improve health professionals' understanding of how Pacific people conceptualise mental illness, to ultimately help improve their access to services in the future.

Method

Research was done through a literature review of the available research on Pacific peoples' conceptualisations of mental illness, as well as interviews that were carried out with 12 Pacific informants who have experience working in Pacific health and social services in Christchurch. Each interview was transcribed and analysed using a thematic analysis strategy.

Results

"It's really complex; it's not down to symptoms, but it depends on what they believe are the causes of mental illness. They wouldn't immediately think "they have a mental illness" they would say "they're unwell because they've done this or that happened." (Samoan, Female)

Pacific peoples' conceptualisations of mental illness can be understood by causal explanation, by acknowledging that constructing a meaning for the term "mental illness" is largely dependent on what individuals believe to be the cause of mental illness. Furthermore this is dependent on their personal background, with factors such as age, time of migration, religious or spiritual affiliation and personal experiences that influences what they believe to cause mental illness.

Pacific peoples' perspectives can therefore be viewed on a continuum between Pacific conceptualisations and biopsychosocial conceptualisations.

Biopsychosocial conceptualisations are largely based on the Western view of mental illness, associating its onset to stress-related causes and causes related to the brain.
In contrast, Pacific conceptualisations largely consisted of abstract beliefs including belief in spiritual experiences, demons, curses and theorisations affiliated with religion.

Of particular note is that the concept of mental illness does not exist for many Pacific people. While there was recognition of the abnormal feelings or behaviours that would be recognised as

manifestations of mental illness in Western constructs, these were not linked to being outcomes of mental illness for many Pacific people. Therefore it could be concluded that the symptoms of mental illness could be interpreted differently, due to these underlying beliefs.

Generational differences saw younger Pacific people tended to align their beliefs more with biopsychosocial conceptualisations, although they still acknowledged the Pacific conceptualisations as being the predominant beliefs for the Pacific elderly. These outcomes also showed that the treatment sought- traditional spiritual healing or Western medicine- is one that matches their understandings.

One key association with the various beliefs about the cause of mental illness is shame and stigma, which is also one of the most significant barriers limiting individuals from seeking services. This is attributed the way many Pacific values are aligned with a strong family unit, as family form the foundation in their holistic view of health. It was implied that shame is associated with revealing any information that may reflect negatively on an individual, which also reflects negatively on the rest of their family.

Conclusion

While there are many ways to improve access, an important recommendation from this study is to increase educational efforts. Firstly for local Pacific people, to improve their awareness of mental illness and the available services and illustrated in a way that speaks to their heart. Secondly, health professionals are encouraged to receive comprehensive cultural competency training that emphasises the Pacific cultural context, which plays a pivotal role in the way Pacific people conceptualise health.

Also of importance is that Pacific models of health typically see health as a holistic picture taking family, cultural, physical, spiritual and mental factors into account when assessing health- this is something that could be utilised in Western medicine when assessing health, acknowledging the many factors that contribute to an individual's overall wellbeing.

As this study was a preliminary project of potentially further, more in-depth research, services are urged to closely examine whether their services really are meeting the needs of all populations, including Pacific, in an attempt to reach the heart of the issues limiting access for people.