Seitapu
Pacific Mental Health and Addiction Cultural & Clinical Competencies Framework

Report by

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In association with PAVA
Acknowledgements

Tribute to Tinai Hancock

Tinai made a significant contribution to the development of Seitapu through the consultation process. Tinai is well regarded and respected within her Fijian community and in the wider Pacific community locally and nationally where she brings together expertise in traditional Fijian cultural knowledge and skills and years of experience in health, social services and community development.

Tinai sadly passed away during the writing of this report.

“I would like to acknowledge the Mental Health Directorate of the Ministry of Health for the funding to enable the work to be done and special mention of Anna Long whose long standing commitment and passion in supporting the development of Pacific mental health and addiction services in New Zealand/Aotearoa is greatly appreciated. To the Matua/Elders, Consumers/Service Users/Tangata Whaiora, Family members, Community Support Workers, Clinicians and Managers from Pacific mental health and addiction services, Non Government Organisations as well District Health Board services. Finally to the team (the Competency Standards Development Group) who brought with them their knowledge, expertise and passion for Pacific Peoples: Moe Milne; Tamasailau Dr Suaali’i-Sauni; Tina Mc Nicholas; David Lui and Tony Gibbs. Also to Simone Gibbs for her creative visual design work on the Seitapu model”.
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Introduction

The Seitapu Framework of Pacific cultural and clinical competencies (“the Framework”) has been designed for use by all mental health workers in New Zealand. It draws upon previous Pacific cultural competency work and establishes a set of base standards for Pacific cultural competencies in New Zealand mental health.

The framework describes four key areas in worker competency important to working culturally appropriately with Pacific consumers and their families. These four competency areas involve a three-level stair-casing continuum. This continuum acknowledges that a worker’s knowledge and/or performance in any or all of these areas may differ. The ‘stair-case’ involves three levels: basic, advanced and specialist.

The Seitapu Framework is designed to assist:

- educators (especially those developing education and training programmes and qualifications seeking to address Pacific-specific issues);
- regulators (especially those who seek to develop standards for the registration, validation/accreditation of education programmes and qualifications or for better aligning ‘the cultural’ with ‘the clinical’);
- mental health workers (especially those who work predominantly with Pacific consumers);
- employers of mental health workers (especially in terms of designing and assessing service delivery; worker performance appraisals; worker remuneration scales; worker professional development and career pathways); and
- Funders of mental health services and/or programmes (especially where quality assurance tools involve assessing for cultural competence in whatever form).
Background

The Mental Health Directorate of the Ministry of Health (MOH) contracted Pava in 2005-2006 to develop a set of competency standards that support Pacific people working in mental health sector to deliver mental health services in accordance with Pacific models of care and treatment.

Pacific cultural competencies within the New Zealand Health sector have been discussed for some years now (Suaalii-Sauni and Samu, 2005; Tiatia and Foliaki, 2004; Pacific Competencies Working Party, 2001). Both the Waitemata and Counties-Manukau District Health Boards have contracted research work on cultural competencies in Pacific health organisations.

The Seitapu Framework was developed using a multidisciplinary and nationally representative group of Pacific mental health workers (i.e. The Competency Standards Development Group – CSDG1). The Framework was ‘tested’2 with Pacific mental health workers and consumers from across the country. The CSDG involved seven people with experience in Maori & Pacific research, Pacific mental health sector governance, and as well with knowledge of Pacific cultural theory and practice and competency development. A literature review was conducted to identify the evidence available on cultural competencies and Pacific models of care.

The base evidence for the first draft of the framework came from the following publications:

• Milne, M. 2001. ‘Nga Tikanga Totika: Best Practice Guidelines for Kaupapa Maori Mental Health Services’
• Te Takarangi-Nga Pukenga Ahurea mo nga pou manawa-Maori practitioner competencies for working with addictions’ (Draft working copy)
• Pacific Mental Health Recovery Competencies (Mental Health Commission)
• Pacific Health and Disability Action Plan, MoH. 2002

The first draft of the Framework was presented first to the Sector Development Group (SDG) at a one day fono in Auckland and then by the PAVA peer review group. The SDG involved matua, cultural experts, community support workers, nurses, a clinical psychologist, A&D practitioners, service managers and consumers. Their feedback was incorporated into the second draft and this was then presented to a wider cross-section of

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1 This group includes: Dr Tamasailau Suaalii-Sauni; Tina McNicholas; David Lui; Moe Milne; Tony Gibbs and Fuimaono Karl Puleotu-Endemann.
2 That is, the framework was presented to different workshops and participants were encouraged to provide feedback on the relevance and face validity of the framework.
the sector during fono held in Auckland, Wellington and Christchurch. Feedback on the second draft of the Framework contributed to the final version noted within.

**The Seitapu Model - Teuteuga male fa’amalamalamaina ole ala e tatau ona faaogaina ai meaning “explanation of the model and how it should be used”**

Compiling and languaging the competency framework in a way that Pacific people could relate to was important to the CSDG. The naming and shaping of the visual makeup and philosophy behind the model drew on the earlier work of Fuimaono Karl and Moe Milne and as well discussions held within CSDG.

The name ‘Seitapu’ coined by Fuimaono Karl combines two Samoan words: ‘sei’ (usually a natural flower but can also be an inanimate object, such as brightly coloured feathers that is usually placed in the hair or behind the ear) and ‘tapu’ (sacred). Together the two words form the singular name ‘Seitapu’, meaning a sacred object. The head of a person is understood throughout indigenous Pacific customs to be ‘tapu’. When the ‘sei’ is placed anywhere on the head it becomes tapu.

In Samoan culture the ‘sei’ can simply be a flower placed in the head for everyday or informal occasions or in more elaborate forms it is worn in formal occasions by the village ‘taupou’ (village ceremonial maiden) or her male counterpart, the ‘manaia’. The sei in the Seitapu Framework is a flower with four petals.

![Seitapu Diagram](image)

Although the name ‘Seitapu’ and its symbolic design takes on specifically Samoan reference points, its meaning is more universal. In mental health terms, conceptually the ‘sei’ represents the competency of the mental health worker. It forms the object of the worker’s knowledge and skills. Symbolically it is something that is prepared by the worker through training and practice and ‘placed’ on the heads of the consumer and their family. This symbolic act of ‘placing the sei on the head of the consumer’ underlines the point that the relationship between worker and consumer is ‘tapu’. The mental health worker uses both their cultural and clinical competencies ultimately for the benefit of the consumer and their families. This symbolism also underlines the need for workers, consumers and families to work together to eliminate stigma.

The placing of sei by the consumer on the head can symbolize the high regard the consumer and their families have for the service that they have received, which is the ultimate goal of the clinical and cultural competency work.

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3 Both Fuimaono and Moe have respectively worked in Pacific and/or Maori mental health sectors over the last 35 years. Both have also published on various aspects of Maori and/or Pacific mental health. See Bathgate and Pulotu-Endemann (1997) and Milne (2001) for example.
The Seitapu Framework

The Seitapu framework includes the Seitapu flower model and the Pacific cultural competency staircase continuum. These two things together make up the Seitapu Framework.

The Seitapu Model

At the centre of the Seitapu Model is the competent worker. The worker is placed at the centre rather than the consumer because what is under consideration is the mental health worker’s competency which will impact on the consumer and their families. (Represented by the grey hexagonal shape)

The model shows that competency in cultural theory and practice must work alongside competency in clinical theory and practice. This is represented by the four petals of the flower. ‘Cultural’ is defined as ethno-cultural and the cultural competencies are described within four theme areas: families, language, tapu and organisation represented by the four dark blue concentric circles. Within these four themes there are three levels of competency: core; advanced and specialist. The competent worker expands his or her knowledge and skills as they progress through the levels.

The model also suggests that cultural competencies are supported by ethical paradigms and health sector organisations represented by the light blue concentric circles.
The definition of a competent mental health worker outlines the Seitapu model in which cultural competencies are described through ‘cultural competencies statements.’

**Definition of a competent mental health worker who works with Pacific consumers:**

| Competent mental health worker working with Pacific consumers | Tablets
---|---
Is someone who can integrate cultural and clinical theory and practice and apply this knowledge to their mental health work. A competent mental health worker working with Pacific consumers must, however, have that work supported by the competency of the organisation in which they work. Competent mental health workers and competent mental health organisations require knowledge of and practice in cultural competencies. Competent mental health workers within a competent mental health organisation will result in effective mental health service delivery to mental health consumers and their families.

**Ethno-Cultural Theory and Practice represented by two petals**

Ethno-cultural theory relates to the reasoning, values and beliefs that underpin ethno-cultural practice. Ethno-cultural practice relates to the actual “doing” or performance of ethno-cultural protocols either by the ethnic or sub-ethnic group. Together ethno-cultural theory and practice combine to describe cultural competencies and are described in four themes.

**Cultural Competency Themes represented by dark blue concentric circles**

Good cultural competency standards should provide clear statements of what constitutes culturally competent workforce performance. The cultural competencies highlighted in the Seitapu Framework are presented as statements under each of the four themes of family, language, tapu and organisation. In practice the themes are interrelated and the mental health worker brings together relevant aspects of cultural and clinical competencies in the process of working with individual Pacific consumers and their families.

**Definition of the four theme areas:**

<table>
<thead>
<tr>
<th>Theme</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Theme 1: Families</strong></td>
<td>Working with the family (i.e. biological and adopted, nuclear and extended) of Pacific consumers is key to the successful recovery of Pacific consumers.</td>
</tr>
<tr>
<td><strong>Theme 2: Language</strong></td>
<td>Language provides the medium for effective communication. Pacific consumers and their families utilise a variety of different languages. Working with Pacific consumers and their families requires access to workers with language competency.</td>
</tr>
<tr>
<td><strong>Theme 3: Tapu</strong></td>
<td>Tapu encompasses and signals the cultural, spiritual and relational markers and boundaries for working with Pacific mental health consumers and their families.</td>
</tr>
<tr>
<td><strong>Theme 4: Organisation</strong></td>
<td>Knowledge of the organisation and their responsibilities to Pacific people is critical to the worker’s capacity to work effectively with Pacific consumers and their families and the wider community.</td>
</tr>
</tbody>
</table>
Clinical Theory and Practice represented by two petals

Clinical theory relates to the body of theoretical knowledge held by a particular health profession. This body of knowledge often determines the profession’s attitude towards ethno-cultural matters.

Clinical practice relates to the actual “doing” or performance of clinical practice in a particular health field.

Together clinical theory and practice combine to constitute clinical competency.

Definition of Clinical theory and practice:

<table>
<thead>
<tr>
<th>Clinical theory and practice</th>
<th>Informs clinical competencies for different occupational groups in mental health.</th>
</tr>
</thead>
</table>

Ethical Considerations represented by 1st light blue concentric circle

Cultural and clinical competencies develop differently for different workers – as individuals and as professionals. Cultural and clinical competencies are informed by different paradigms of knowledge and so cultural and clinical frameworks have traditionally responded to ethical dilemmas in mental health differently.

Ethical considerations in cultural competency discourse draw on Pacific understandings of tapu. Ethical considerations in clinical competency discourse draw on professional codes of ethics and regulatory frameworks codified in law (for example, the Health Practitioner’s Competency Act 2004).

The Seitapu Framework acknowledges the tensions between the ethical paradigms that inform cultural and clinical frameworks. However, the Seitapu Framework suggests that these tensions do not negate the need to find a common point of reference between them.

Definition of ethical considerations:

<table>
<thead>
<tr>
<th>Ethical considerations</th>
<th>Preserves the integrity of both cultural and clinical processes and practices.</th>
</tr>
</thead>
</table>

Health Sector Organisation represented by 2nd light blue concentric circle

The Seitapu Framework acknowledges the need for worker’s to have a level of core knowledge of how the health organisation in which they are employed, works. The Health Sector organisation (whether mainstream or a Pacific provider) should also have in place viable strategic, governance, management and operational policies and procedures to support the development and achievement of cultural and clinical competency among their workforce.

Standards for organisations and the workforce are covered somewhat by the NZ National Mental Health Sector Standard NZS 8143:2001. Section 2 of the Standards notes that
service to Pacific peoples must be appropriate. It states: ‘Pacific People – The mental health service delivers and facilitates appropriate services for Pacific peoples and recognises the fundamental importance of the bond between Pacific people receiving the service, their families, religious groups and the community’ (NZS, 2001).

**Definition of Health Sector Organisation:**

<table>
<thead>
<tr>
<th><strong>Health Sector Organisation</strong></th>
<th>Produces and supports culturally and clinically competent mental health workers.</th>
</tr>
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</table>

Pacific Cultural Competency Staircase Continuum

The mental health worker progresses through three levels of competency as they achieve the prescribed theory and practice described in the cultural competency statements across the four themes.

Each cultural competency level on the continuum has a descriptor that sets out the criteria for that level and is described in the table below.

The core level of the Seitapu Framework is the level that all mental health workers must have across all themes to be assessed as being competent to work effectively with Pacific consumers and their families.
### Level Descriptors:

<table>
<thead>
<tr>
<th>Core</th>
<th>Cultural Awareness &amp; Sensitivity</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>At this level the mental health worker is <em>aware</em> and sensitive to basic Pacific notions of family, language, tapu, having knowledge of organisational infrastructure, and culture and of organisational competence. The worker can apply this basic ethno-cultural knowledge to own clinical and cultural contexts and to their work with Pacific consumers and their immediate families.</td>
</tr>
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<table>
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<tr>
<th>Advanced</th>
<th>Cultural Engagement</th>
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<tbody>
<tr>
<td></td>
<td>At this level the mental health worker has comprehensive knowledge of Pacific notions of family, language, tapu and organisational infrastructure and culture. The worker has extensive lived Pacific experience and is fluent in at least one Pacific language and/or in the language of communication used by the organisation. The worker can apply cultural knowledge and practice to own clinical and cultural contexts and appropriately engage with consumers and their immediate and extended families.</td>
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<table>
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<tr>
<th>Specialist</th>
<th>Cultural Leadership</th>
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<tr>
<td></td>
<td>At this level the mental health worker demonstrates leadership through having specialist knowledge and skills in Pacific cultural theory and practice in regards to family, language and tapu concepts in at least one Pacific culture. Has extensive Pacific experience and is competent in the use of formal language in at least one Pacific language. Can integrate and demonstrate leadership of cultural theory and practice with clinical contexts where complex and formal cultural situations arise when dealing with consumers, their immediate and extended families and in community settings.</td>
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**Assessing workers against the cultural competencies**

An important aspect of the Seitapu Framework is the external assessment and validation of cultural competencies for the purposes of staff appraisal, development and remuneration and organisational audit and reporting.

It is envisaged that this will be done by expert panel assessment.

Panel members will consist of:

- A Matua or cultural specialists
- A competent worker in the same occupational group of the person being assessed,
- A consumer
- and a family member.

**The purpose of the panel is to:**

a) Assess the levels of competency of a worker seeking validation of their level of cultural competency. This may be in a particular theme area or across themes.

b) Consider applications for recognition of prior learning

c) Make recommendations to the worker for further skills development in order to advance to the next competency level
d) Gather together the body of knowledge for the evidence required to assess cultural competency

e) Evaluate the competencies to inform the going development and composition of cultural competencies standards and their integration with clinical competencies.

f) Monitor and evaluate the process of assessment of the cultural competencies standards

**Assessment methods:**

The worker seeking assessment will provide a portfolio which may include:

- Self assessment against the cultural competencies
- Third party attestation e.g. consumers and their families, managers, supervisors, matua, peers etc
- Case studies

The worker will present portfolio to the panel who will ask questions to gather further evidence.
Cultural Competencies Statements:

The cultural competencies are generic statements that encompass ethno-cultural theory and practice across different Pacific peoples groups living in New Zealand. While the statements describe common reference points, the Seitapu Framework acknowledges the uniqueness of each culture and the rich diversity that exists between and within Pacific peoples groups. At the end of the cultural competencies statements section examples are given to help illustrate how cultural competencies may apply within clinical and different ethnic specific cultural contexts.

<table>
<thead>
<tr>
<th>Theme</th>
<th>Families</th>
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<tbody>
<tr>
<td></td>
<td>Working with the family (i.e. biological and adopted, nuclear and extended) of Pacific consumers is key to the successful recovery of Pacific consumers.</td>
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</table>

### CORE FAMILY COMPETENCIES – CULTURAL AWARENESS & SENSITIVITY

A mental health worker:

1. Is aware that Pacific cultures are unique and that each Pacific culture have their own distinctive cultural values, protocols and processes

2. Is aware of the impacts of migration to New Zealand on Pacific cultures, the adaptive cultural changes made by migrants to living in New Zealand society and the diverse and changing sense of cultural and personal identity.

3. Is aware of the cultural, historical, social and political diversity that exists within and across each Pacific nation.

4. Is aware of Pacific concepts of family, the structural make-up of Pacific families and traditional Pacific authority systems. Is aware of the importance of extended family. Is sensitive to cross-cultural and intermarriage contexts.

5. Is aware of contemporary Pacific sub-cultures and their influence on traditional Pacific cultures.

6. Is aware of the values of spirituality and ancestral honour that underpin Pacific family and community relationships.

7. Is aware of the consumer’s cultural status within their family and community.

8. Is aware of cultural expectations and obligations on Pacific family members and the possible impact of this on Pacific consumers.

9. Is aware of decision-making protocols and processes within Pacific families and communities and can provide opportunities for facilitating this within clinical practice where necessary.

10. Is aware that Pacific people’s sense of identity and belonging is often connected to family, village and church.
11. Is aware of Pacific rapport building approaches and/or techniques and can apply these at a basic level of competence.

12. Is aware of the importance of confidentiality principles.

13. Is able to give a basic assessment of the cultural effect of the consumer’s mental illness on the immediate family.

14. Is able to make a basic assessment of household dynamics and of realities of gaining family support for the Pacific consumer.

15. Is able to make a basic assessment of whether the consumer is disconnected from their family.

16. Is sensitive to family dynamics and cultural protocols when running a Pacific family meeting – including recognition of the value of prayers to the formalities of holding a Pacific meeting.

17. Is aware that Pacific cultural processes are relationally-bound and so require sufficient time to be carried out properly.

18. Is aware of own cultural values and practices and is able to control for counter-transference of conflicting values. This includes an awareness of one’s own limitations when working cross-culturally.

19. Is aware of the value of ethnic specific and pan Pacific approaches to service delivery in Pacific mental health and the influence of these on clinical and organisational contexts.

20. Is aware of other available cultural services and is able to make appropriate referrals and facilitate access to these services where necessary.

**Key Questions**

a. What is the consumer’s sense of cultural identity? Which family, village, and/or tribe do they belong to? Where were they born and/or raised? What languages do they speak?

b. What is the consumer’s status in regards to their family and culture? E.g. How might their age, position of authority in their culture, or their gender affect the consumer’s relationship with other members in their family or ethnic community?

c. Are there family cultural relationships that need to be considered? E.g. husband –wife, parent-child, brother-sister.

d. How might the cultural status of the consumer affect the way you act? Who might you involve to acknowledge their cultural status? E.g. cultural advisors, ministers of religion, or family members.

e. On a continuum from ‘traditional cultural orientation’ to ‘adapted cultural orientation’ where would you locate the consumer’s cultural orientation? Does this match the cultural orientation of the family?
**ADVANCED FAMILY COMPETENCIES – CULTURAL ENGAGEMENT**

An advanced mental health worker:

1. Demonstrates respect for Pacific concepts of family and social relationships in his/her work practise when dealing with consumers and their families.

2. Understands and uses Pacific models of health in appropriate circumstances in the delivery of the service.

3. Assesses the effect of the consumer’s mental illness within the wider family context.

4. Uses the Pacific Island Cultural Assessment Tool (REF) in the work environment.

5. Understands the issues around the most optimum time for engaging the consumer’s family.

6. Involves the consumer’s family in decision-making processes where appropriate, using appropriate Pacific language/s and protocol/s where necessary.

7. Actively facilitates decision-making protocols and processes in clinical context on behalf of Pacific families and communities where appropriate.


9. Identifies probable cultural points of disconnection between Pacific consumer and their family.

10. Identifies and facilitates use of alternative support systems for Pacific consumer where necessary and in a culturally appropriate manner.

11. Leads and facilitates family meetings with high level of competence, noting pathways to suitable solutions and recognising importance of understanding family dynamics in reaching appropriate solutions.

12. Demonstrates clear knowledge of viable management strategies for dealing with religious or cultural conflicts between Pacific consumer and his or her family.

13. Demonstrates good time management skills in terms of the appropriate performance of Pacific cultural protocols, processes and practices.

14. Understands own limitations and is able to identify and access cultural specialist help when needed.
### Key Questions

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<tr>
<th></th>
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<tbody>
<tr>
<td>a.</td>
<td>How might you demonstrate respect for the consumer’s family? What are the significant</td>
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<td>social relationships that need recognition in your working relationship with the Pacific</td>
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<tr>
<td></td>
<td>consumer? What language would you use to initiate contact, build rapport and/or</td>
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<td></td>
<td>facilitate cultural protocols?</td>
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<tr>
<td>b.</td>
<td>What assessment tools would you use to assess the effect of the consumer’s mental</td>
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<td></td>
<td>illness on their family relationships? Who would you need to get advice from to assist</td>
</tr>
<tr>
<td></td>
<td>you with the assessment?</td>
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<tr>
<td>c.</td>
<td>What is the consumer/family’s worldview/s and understandings of mental health and</td>
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<tr>
<td></td>
<td>cultural values?</td>
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<tr>
<td>d.</td>
<td>How much time do I need to appropriately assess this case from a cultural perspective?</td>
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</table>

### SPECIALIST FAMILY COMPETENCIES – CULTURAL LEADERSHIP

A specialist mental health worker:

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<tr>
<td>1.</td>
<td>Has deep understanding of Pacific cultural concepts of family values, beliefs and</td>
</tr>
<tr>
<td></td>
<td>connections.</td>
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<td>2.</td>
<td>Leads or provides expert advice on the cultural components of the consumer’s healing</td>
</tr>
<tr>
<td></td>
<td>process.</td>
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<td>3.</td>
<td>Engages appropriate traditional healers on consumer’s and consumer’s family’s behalf</td>
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<td></td>
<td>when appropriate.</td>
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<td>4.</td>
<td>Where appropriate provides expert facilitation in conflict resolution processes,</td>
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<td></td>
<td>especially where severe disconnections are present involving Pacific consumer and</td>
</tr>
<tr>
<td></td>
<td>his or her family.</td>
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<tr>
<td>5.</td>
<td>Provides leadership in cultural protocols and cultural interactions with Pacific</td>
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<tr>
<td></td>
<td>consumer and his or her family. Has primary responsibility for dealing with highly</td>
</tr>
<tr>
<td></td>
<td>complex cultural situations that require formal cultural address.</td>
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<td>6.</td>
<td>Provides leadership on appropriate cultural protocols for engaging families in therapy</td>
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<tr>
<td></td>
<td>sessions with consumers.</td>
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<tr>
<td>7.</td>
<td>Understands own limitations and is able to identify and access other cultural</td>
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<tr>
<td></td>
<td>specialists when needed.</td>
</tr>
</tbody>
</table>
### Key Questions

<table>
<thead>
<tr>
<th>a.</th>
<th>What specific knowledge do you have of the consumer’s family history, traditional land and tribal histories you are dealing with and how would you use that knowledge in their recovery?</th>
</tr>
</thead>
<tbody>
<tr>
<td>b.</td>
<td>What are the different traditional and cultural concepts and protocols you use to deal with conflict? Who might you consult or include to help facilitate a resolution?</td>
</tr>
<tr>
<td>c.</td>
<td>How would you address the issue of ‘transgenerational hurt’? What do you understand of different cultural orientations/understandings?</td>
</tr>
<tr>
<td>d.</td>
<td>What are the most appropriate options for dealing with the cultural issues involved in the case?</td>
</tr>
<tr>
<td>e.</td>
<td>How and when do we engage help from outside the cultural community to deal with the cultural problems within the case?</td>
</tr>
<tr>
<td>f.</td>
<td>How much time must be allowed for the cultural processes to take effect?</td>
</tr>
</tbody>
</table>
**Theme 2: Language**

Language provides the medium for effective communication. Pacific consumers and their families utilise a variety of different languages. Working with Pacific consumers and their families requires access to workers with language competency.

### CORE LANGUAGE COMPETENCIES – CULTURAL AWARENESS & SENSITIVITY

<table>
<thead>
<tr>
<th>A mental health worker:</th>
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</thead>
<tbody>
<tr>
<td>1. Is aware that in all Pacific languages there are different levels of languages that are determined by informal and formal situations and the relationship between people.</td>
</tr>
<tr>
<td>2. Uses appropriate cultural forms of address as a sign of respect to Pacific consumers and family and community members and their respective ethnic cultures (including using common ethnic language greetings and correct pronunciation where possible).</td>
</tr>
<tr>
<td>3. Understands and has body language that facilitates rapport with the Pacific consumer and their family members.</td>
</tr>
<tr>
<td>4. Is aware of differences in language of traditional Pacific cultures and modern Pacific subcultures e.g. urban youth.</td>
</tr>
<tr>
<td>5. Uses relevant Pacific ‘sign-off’ phrases in written communications where appropriate.</td>
</tr>
<tr>
<td>6. Awareness of basic cultural signals regarding body language and cultural mannerisms common across Pacific ethnic cultures.</td>
</tr>
<tr>
<td>7. Is aware of when to call upon suitably qualified interpreters and/or cultural advisors to assist with situations that require a higher level of Pacific language fluency and cultural expertise.</td>
</tr>
<tr>
<td>8. Is aware of key Pacific language terms that stigmatise people with mental illnesses.</td>
</tr>
<tr>
<td>9. Is aware of the importance of ‘saving face’ in Pacific cultures and their associated language and/or communication protocols.</td>
</tr>
<tr>
<td>10. Understands own limitations in regards to use of Pacific languages and speech or behavioural protocols.</td>
</tr>
</tbody>
</table>
### Key Questions

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<tr>
<th>Question</th>
<th>Description</th>
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<tbody>
<tr>
<td>a. What is the consumer’s first language and preferred language of</td>
<td>What is the consumer’s first language and preferred language of communication? Who could assist me in communicating better with the consumer in their preferred language?</td>
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<td>communication? What is the consumer’s family’s first language? What is</td>
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<td>is their preferred language of communication? Who could assist me in</td>
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<tr>
<td>communicating better with the consumer in their preferred language?</td>
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<tr>
<td>b. What is my interpretation of Pacific body language? How does this</td>
<td>What is my interpretation of Pacific body language? How does this differ from my own cultural interpretations of body language? What types of body languages might be difficult for me to interpret and so require assistance?</td>
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<tr>
<td>differ from my own cultural interpretations of body language? What</td>
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<tr>
<td>types of body languages might be difficult for me to interpret and so</td>
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<td>require assistance?</td>
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<tr>
<td>c. What is the appropriate Pacific greeting or terms of respect for</td>
<td>What is the appropriate Pacific greeting or terms of respect for this consumer and their family? What is their preferred language for communication? What cultural situations are more likely to lead to the consumer or their family ‘losing face’?</td>
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<tr>
<td>this consumer and their family? What is their preferred language for</td>
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<tr>
<td>communication? What cultural situations are more likely to lead to the</td>
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<tr>
<td>consumer or their family ‘losing face’?</td>
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### ADVANCED LANGUAGE COMPETENCIES – CULTURAL ENGAGEMENT

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<tr>
<th>Competency</th>
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<tr>
<td>1. Communicates fluently with the consumer and their family using</td>
<td>1. Communicates fluently with the consumer and their family using conversational and/or formal Pacific languages, where appropriate.</td>
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<tr>
<td>conversational and/or formal Pacific languages, where appropriate.</td>
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<tr>
<td>2. Uses words and phrases in one or more Pacific languages that recognises</td>
<td>2. Uses words and phrases in one or more Pacific languages that recognises the consumer’s own mana or personal integrity and promotes his or her self-esteem.</td>
</tr>
<tr>
<td>the consumer’s own mana or personal integrity and promotes his or her</td>
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<tr>
<td>self-esteem.</td>
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<tr>
<td>3. Can apply traditional meanings, sayings and proverbs to facilitate</td>
<td>3. Can apply traditional meanings, sayings and proverbs to facilitate communication and understanding with the consumer in informal and/or formal contexts where appropriate.</td>
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<tr>
<td>communication and understanding with the consumer in informal and/or</td>
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<td>formal contexts where appropriate.</td>
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<tr>
<td>4. Able to coherently articulate possible interpretations of the nuances</td>
<td>4. Able to coherently articulate possible interpretations of the nuances of consumer body language and speech to develop appropriate communication pathways with the consumer and their family.</td>
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<tr>
<td>of consumer body language and speech to develop appropriate communication</td>
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<tr>
<td>pathways with the consumer and their family.</td>
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<tr>
<td>5. Able to communicate in a Pacific language clinical processes and</td>
<td>5. Able to communicate in a Pacific language clinical processes and treatment advice to Pacific consumers and their families</td>
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<td>treatment advice to Pacific consumers and their families.</td>
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<tr>
<td>6. Able to communicate and explain to consumers and their families in</td>
<td>6. Able to communicate and explain to consumers and their families in terms they understand the Mental Health Act 1992, other relevant legislations and ethical considerations affecting the consumer’s care.</td>
</tr>
<tr>
<td>terms they understand the Mental Health Act 1992, other relevant</td>
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<tr>
<td>legislations and ethical considerations affecting the consumer’s care.</td>
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### Key Questions

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<tbody>
<tr>
<td>a.</td>
<td>What combinations of body language signals might be best interpreted using a Pacific cultural framework of meanings?</td>
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<td>b.</td>
<td>What are the best processes for addressing conflicts in consumer and family body language?</td>
</tr>
<tr>
<td>c.</td>
<td>What is the status of the case – do the cultural issues require immediate attention? Can address of the cultural issues be delayed until all appropriate parties and resources are made available? What are the implications of waiting?</td>
</tr>
<tr>
<td>d.</td>
<td>What are the relevant legal concerns in this case? How do I translate these concerns to the consumer and his or her family? Do I need to access professional legal advice? How do I facilitate this?</td>
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### SPECIALIST LANGUAGE COMPETENCIES – CULTURAL LEADERSHIP

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<tr>
<td>1.</td>
<td>Is an expert in the formal traditional and/or contemporary oratory culture, languages, protocols etc., of at least one Pacific ethnic group.</td>
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<tr>
<td>2.</td>
<td>Has expert grasp of traditional cultural values and meanings and their significance to working with Pacific consumers and their families in recovery. Is able to express these meanings with authority in at least one Pacific language.</td>
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<tr>
<td>3.</td>
<td>Has expert understanding of how best to assess the significance of Pacific body language.</td>
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<tr>
<td>4.</td>
<td>Has expert competence in the written medium using the Pacific and/or English languages appropriately.</td>
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<tr>
<td>5.</td>
<td>Has expert ability to translate at least one verbal and written Pacific language into English and vice versa.</td>
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<tr>
<td>6.</td>
<td>Has expert ability in translating clinical terms and processes (including treatment models) into at least one Pacific language.</td>
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<tr>
<td>7.</td>
<td>Has expert ability to use and develop destigmatisation terms and programmes within the sector and community to meet the needs of Pacific consumers and their families.</td>
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<td>Key Questions</td>
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<tr>
<td>a. Which community does the consumer feel he or she most belongs? Is it necessary to understand the oratory culture of that community? What might that oratory culture be? What is the significance of the consumer’s Pacific ethnic identity? Their home island, village or district? What is their family title in that village or district?</td>
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<tr>
<td>b. What are the specific cultural reference(s) that workers need to know to conduct appropriate and meaningful meetings for the consumer, their family and the mental health professionals?</td>
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<tr>
<td>c. Who do I need communicate with in the consumer’s family and/or community to deal effectively with the cultural concerns of his or her case? What is the best way to make contact? What time frame do I need to assign to this case in order to deal effectively with these cultural concerns?</td>
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<td>d. What are the barriers to establishing a good relationship with the consumer/family? How can we overcome these barriers?</td>
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<tr>
<td>e. What approaches will I use when translating between different languages for cultural and clinical issues for the family, consumer and mental health professionals?</td>
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**Theme 3: Tapu**

Tapu encompasses and signals the cultural, spiritual and relational markers and boundaries for working with Pacific mental health consumers and their families.

### CORE TAPU COMPETENCIES – CULTURAL AWARENESS & SENSITIVITY

A mental health worker:

1. Is aware that the Pacific concept of self and wellbeing is located in the centre of the collective rather than the individual. Is also aware that the Pacific concept of self is holistic and fluid in the sense that the parts of the person are inextricably linked.

2. Is aware of the meaning of tapu for different Pacific cultures

3. Understands that contemporary spirituality may be a blend of religious beliefs, values and practices based on traditional Pacific, Christian and non-Christian beliefs.

4. Is aware that Pacific spiritual concepts of sacred relationships between Pacific God/gods, people and the land still hold credence in many Pacific circles today.

5. Understands own limitations in regards to Pacific spiritual understandings and practice and is able to get appropriate advice and support when required.

6. Is aware that the concept of tapu is about ensuring cultural safety and enabling culturally safe practices.

7. Is aware of beliefs in transgenerational illness as a result of breach of tapu.

8. Dresses, behaves and speaks in a way that gives respect to Pacific values of tapu, where necessary.

9. Is aware of cultural experts who are available to assist workers, consumers and families when dealing with breaches of tapu.

### Key Questions

a. What does tapu mean in Pacific cultures? How does it define relational boundaries across different Pacific groups? How might it be of relevance to my work as a mental health worker working with Pacific consumers?

b. What is my own level of awareness about Pacific spiritual and customary boundaries between people of different statuses or positions (age, gender, hierarchical status etc) in New Zealand?

c. What is my capability to deal with disclosures or assessments of a breach of tapu? Who do I need to contact to help deal with these matters?
## ADVANCED TAPU COMPETENCIES – CULTURAL ENGAGEMENT

An advanced mental health worker:

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<tr>
<td>1.</td>
<td>Has advanced understanding of the significance of sacred bonds, relationships and general customary practices of at least one Pacific ethnic group.</td>
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<tr>
<td>2.</td>
<td>Facilitates engagement with consumers, their families and significant others to ascertain a possible breach of tapu.</td>
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<tr>
<td>3.</td>
<td>Has the ability to assess and verify breaches of tapu. Also assesses the impact of a breach of tapu on the consumer and their families and appropriate cultural treatment options. Also capable of offering suitable solutions to these breaches.</td>
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<td>4.</td>
<td>Has the ability to defend the validity and effectiveness of cultural treatment options as an alternative to or as a complementary option alongside western clinical (bio-psycho-social) interventions.</td>
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## Key Questions

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<tbody>
<tr>
<td>a.</td>
<td>What is the consumer’s understanding of tapu? Does the consumer consider a tapu has been breached? What are the options to achieve a resolution? What is the preferred option/s from the consumer and/or family for addressing the breach? What impact has the breach had on the consumer and his or her family?</td>
</tr>
<tr>
<td>b.</td>
<td>What are your limitations in dealing with this? Who can assist you in this matter? What are the health sector organisation’s limitations in dealing with this matter?</td>
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### SPECIALIST TAPU COMPETENCIES – CULTURAL LEADERSHIP

A specialist mental health worker:

1. Can give expert facilitation to the healing, recovery and restoration of the consumer and their families through cultural and spiritual processes when tapu has been broken.

2. Can give expert advice to consumers and their families on what tapu relationships exist and can facilitate discussion on this, including on how best to respect customary boundaries.

3. Has expert understanding of the tensions between clinical (western bio-social-psycho) and cultural (Pacific ethno-cultural) health beliefs and treatment pathways and is able to find a common ground to progress recovery and healing for the consumer.

4. Has expert understanding of the conceptual framework and practices of tapu.

5. Can provide expert training and mentoring to other Pacific health workers on issues of tapu in New Zealand and Pacific islands context.

### Key Questions

- **a.** What are the organisation’s policies around breaches of tapu? What are the understandings of Pacific consumers and/or their families on tapu?

- **b.** What is the current state of the debate around issues of tapu in Pacific mental health in New Zealand and in the Pacific islands proper?

- **c.** What are the cultural training and supervision needs of the workers in this area? How can I best provide this support, training and supervision?
### Theme 4: Organisation

Knowledge of the organisation and their responsibilities to Pacific people is critical to the worker’s capacity to work effectively with Pacific consumers and their families and the wider community.

### CORE ORGANISATION COMPETENCIES – CULTURAL AWARENESS & SENSITIVITY

A mental health worker:

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<tr>
<td>1.</td>
<td>Is aware of the infrastructure and cultural policies of their own immediate workplace and its larger organisation and the impact of this on one’s work with Pacific consumers and/or their families.</td>
</tr>
<tr>
<td>2.</td>
<td>Is aware of the structures and roles of Pacific professional, social, religious and community organisations within New Zealand and their importance to Pacific mental health work.</td>
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<tr>
<td>3.</td>
<td>Is aware of how to access relevant internal and external agencies for Pacific consumers and their families.</td>
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<tr>
<td>4.</td>
<td>Is aware of organisational policies regarding approaching appropriate cultural advisors, leaders, healers and/or ministers of religion to work with Pacific consumers and/or their families. Facilitates appropriate processes for access to these people and resourcing their contribution to the recovery of the consumer.</td>
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<tr>
<td>5.</td>
<td>Is aware of the importance of the organisation’s policy stance on adherence to confidentiality principles and how to reconcile, if necessary, this stance with that adopted by different Pacific communities.</td>
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<tr>
<td>6.</td>
<td>Gathers and records consumer and family information in ways and within timeframes that is appropriate and respectful both to Pacific processes and to the auditing needs of organisations.</td>
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<tr>
<td>7.</td>
<td>Is aware of the importance of formal access to cultural supervision where such supervision is given formal recognition and status within the policies and practices of the organisation.</td>
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<tr>
<td>8.</td>
<td>Provides feedback to organisational hierarchy of cultural concerns of consumers and their families. Is also able to feed this back to organisation through relevant review procedures.</td>
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### Key Questions

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<tbody>
<tr>
<td>a.</td>
<td>What do I understand of my organisation’s structure, policies and practices? Who do I need to speak to in order to gain better understanding of these?</td>
</tr>
<tr>
<td>b.</td>
<td>How can my mental health organisation support the development and/or maintenance of cultural competencies?</td>
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### ADVANCED ORGANISATION COMPETENCIES – CULTURAL ENGAGEMENT

**An advanced mental health worker:**

1. Can support consumer and family advocates within the organisation or through other related institutional processes.

2. Has the ability to advocate for recognition and better integration of Pacific health beliefs into organisational frameworks of service delivery.

3. Has the ability to advocate for or support the Pacific workforce capacity within the organisation.

4. Has the ability to facilitate meaningful relationships or professional networks with relevant staff inside and outside the organisation.

### Key Questions

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<tbody>
<tr>
<td>a.</td>
<td>What is your role in relation to consumer and/or family advocates?</td>
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<tr>
<td>b.</td>
<td>What kind of strategies and/or processes need to be set in place in order for the organisation to recognise the importance of Pacific health beliefs?</td>
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<tr>
<td>c.</td>
<td>What are my internal and external professional networks and how are these relevant to advancing the needs of Pacific consumers and/or families and/or workers within the organisation?</td>
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### SPECIALIST ORGANISATION COMPETENCIES – CULTURAL LEADERSHIP

A specialist mental health worker:

1. Provides expert advice to the organisation and to the Pacific mental health workforce on how best to integrate cultural and clinical theories and practices in mental health.

2. Provides cultural supervision and/or expert advice on cultural supervision to the organisation.

3. Provides cultural leadership supervision to mental health workers

4. Provide expert training, mentoring and/or advice on cultural competency to Pacific workers in the organisation and to the organisational hierarchy.

5. Provides leadership in developing and maintaining responsiveness to Pacific cultural needs within organisations.

6. Provides leadership in formulating organisational policies and procedures responsive to Pacific beliefs, values and recovery needs.

7. Provides expert advice and/or leadership on cultural audits within organisations

### Key Questions

- **a.** Who are the key stakeholders in the development and maintenance of Pacific cultural competencies in mental health in New Zealand?

- **b.** What are the strengths and weaknesses of key organisations involved in delivering mental health services to Pacific consumers and/or their families?

- **c.** What policy and procedural frameworks are most beneficial to addressing the needs of Pacific consumers and/or their families and Pacific mental health workers?

- **d.** What tools are available to appropriately assess the cultural competencies of organisations? Why are these tools appropriate?

- **e.** What are the organisational and cultural implications of adopting a cultural supervision programme?

- **f.** What are the organisations responsibilities in advancing and supporting Pacific mental health?
Appendix 1

Cultural Competencies Examples

Purpose of this section is to assist the worker in identifying and applying the competencies by the use of examples as a marker or guidance in their work.

| Theme 1 Families | Working with the family (both biological and adopted, nuclear and extended) of Pacific consumers is key to the successful recovery of Pacific consumers. |

CORE FAMILY COMPETENCIES – CULTURAL AWARENESS & SENSITIVITY

At the core family competency level the mental health worker has basic knowledge of Pacific family values, structures and concepts across a range of different Pacific cultures and is able to apply this within their own clinical contexts while working with the consumer and their immediate family. The worker at this level is conscious of their own limitations in cultural matters and know how and who to contact for referral or assistance.

The worker at core level is aware and sensitive to the dynamics of family roles which will greatly enhance their ability to help the consumer to fulfil their obligations and minimise any conflicts, tensions or breach of tapu. The aim of the worker is to facilitate the establishment and maintenance of strong relationships between the consumer, their families, the worker and the service so that the consumer can receive optimum care and support. At core level the worker may need to seek the assistance of workers at advanced or specialist levels to accomplish this.

Family and Identity

In the Pacific view, one’s sense of identity is more strongly embedded in and connected to your identification with who your family is rather than who you are as an individual. At a base level, to ask a Pacific person who they are is synonymous with asking, ‘who are your family?’ ‘From whom did you come from?’ ‘From where did they come from?’ This strong identification with family can be all encompassing and this commitment is reciprocated by each family member’s obligations to look after and protect other family members. Hence family want to know details of the illness or treatment of their family member. From a holistic perspective we can’t separate the mental health of the consumer from the mental health of the family as they are inextricably linked.

Family Roles

Working with pacific families requires an understanding of family dynamics, structures, status and roles of each individual within the family. Each role comes with an obligation and expectation to perform a certain function within the family. For example, most Pacific families are organised into extended family groups with the head of the extended family given the overall responsibility for the smooth functioning and well being of the whole family. They may play a key role in decision making and bringing together the available family resources to support the consumer.
Other important roles include the wife of the family head, *faletua* or *tausi* (Samoa) has the role of advising (*faufautua*) the *matai*. Traditionally in most Pacific cultures “headship” of family and political groups was most often in the domain of men although there are notable exceptions such as Salamasina of Samoa (16th century) and Queen Salote of Tonga (20th century) both national leaders of their nations. Women possessed mana and status as leaders in their own right within their own areas of influence. In the inheritance of a chiefly title, the status of both parents was important. A person with the same status on his father’s side but higher personal rank on his mother’s side would have priority over claims to an inherited title. However high the fathers rank, children to women with low rank cannot claim it, therefore women brought to the marriage relationship the mana and status of their own family and was given high regard and respect.

Today the role of Pacific women has changed from the past and increasingly women are taking up traditional titles and more diverse leadership roles in their families, communities and in the public arena.

The roles of men and women were clearly defined. In Samoa, Tonga and Fiji one aspect of gender roles are through sacred brother-sister relationships called *feagaiga* (Samoa), *mehekitanga* (Tonga) and *veitavaleni* (Fiji) which define certain cultural responsibilities and obligations. The essence of these traditional relationships still exists in many Pacific families today and is outworked within the context of everyday and cultural contexts.

Young untitled men and single young women have differing roles and responsibilities in serving and supporting the family and family leaders. In most Pacific cultures birth order has its own roles and responsibilities for example the responsibility of elder siblings to care for the younger ones. In Tonga the oldest member of a family is referred to as the *ulumatua* who plays a very important and significant role in the decisions reached by the family. A decision is usually not reached until the *ulumatua* has been consulted and in the case where there is no consensus within the family, the *ulumatua* will make the decision. It is crucial to include the *ulumatua* in any discussions with the family.

It must be noted that every Pacific family is different and the extent in which traditional models of family leadership, values and operation can differ. The impact on families of migration to New Zealand and the adaptive cultural changes that may have occurred can vary on a continuum from an individualistic nuclear family orientation at one end to a traditional communitarian extended family orientation at the other.

In the first instance the lead family role in helping and supporting the consumer may in fact be taken by any of the family members as described above depending on the dynamics of the family and the relationship of the consumer to their family. This may also include the situation where the consumer is disconnected from their family and receiving no family support. At the core level the mental health worker is able to make a basic assessment of the consumer’s household dynamics and immediate family situation and determine the support available and the cultural effect of the consumer’s mental illness on them.
Creating Rapport with the Family

The process of initial engagement with the family is crucial. Allowing enough time and approaching it from a cultural perspective rather than a clinical one will provide benefits in the long run to the quality of the relationship with the consumer and their family, the information obtained and the delivery of the service.

The worker should find out as much as possible about the family before meeting them e.g. “Which Pacific group(s) do the family identify with (Samoan, Tongan, and Cook Island etc.)?” What is the cultural status of the people to be visited? “Do they hold traditional titles?” “Where do they come from (i.e. Island, village, district etc)?” Can they speak English?” Are they NZ born or Pacific born? “Is it necessary or appropriate to take an orator or interpreter?

From a Niuean perspective the culturally competent way to build rapport with consumers and their families is through showing the following attributes:

• Showing patience (fakauka, fakamanavalahi)
• Showing respect (fakalilifu)
• Being humble (mahani fakatokolalo, loto holoilalo)
• Has a passion for the job (manako ke he gahua)
• Has good appearance; is friendly (fuluola e tau tauteuteaga, mahani kapitiga)
• Has strong values and belief system (malolo e taofiaga ke he tau aga-mo e tau mahani fakamotu)
• Lives by their word (taofi mau ke he taut alahauaga)
• Shows a positive manner and behaviour (fakakite e tau mahani kua mitaki)
• Understands the value of cultural activities
• Is supportive (lagomatai)

This list of attributes applies to others as most Pacific peoples want to see the affective (heart) side of a relationship first before receiving knowledge or advice that they are looking for i.e. They don’t care what you know until they know that you care.

Building trust and rapport with Pacific consumers, especially for the first time, often requires utilising the ‘roundabout’ Pacific rapport building technique. This technique can be used to find out if there are any potential barriers to working with Pacific consumers and/or family.

ADVANCED FAMILY COMPETENCIES – CULTURAL ENGAGEMENT

The advanced worker has comprehensive knowledge of family structures, values and protocols in at least one Pacific culture. They are fluent in a Pacific language and are able to establish and maintain relationships and communicate with the consumer, family leaders, elders and others within immediate and extended families contexts.

They understand Pacific models of health belief appropriate to their consumers and apply and integrate it into their service delivery practice. For example lead and facilitate family meetings in a culturally appropriate way or apply the Pacific Island Cultural Assessment Tool based on the Fonofale Model or other Pacific model to assess each client’s needs.
They are able to facilitate and manage cultural or religious conflicts that may occur between the consumer and their family but understand their own limitations for when they need to seek advice or involve cultural specialists.

**Pacific Models of Care**

- **Faletui** - This model has been described as coming out of Samoan-specific Wellington-based qualitative mental health research. The Samoan term fa’afaletui relates to a method for holding a discussion on a particular matter.
- **Fonofale Model** - Based on a Samoan health perspective, the model description is based on the traditional Samoan meeting house. The roof represents cultural values and beliefs and the foundation of the house represents the family. The family channels the health, physical, spiritual and mental and social aspects of health such as sexuality, age, gender. These latter four elements are represented by the four posts that hold up the house. The house is surrounded by elements that recognise the importance of Samoan health in a New Zealand setting and includes the nature of the setting such as urban or rural.
- **Strands of Pandanus** - The weaving of the individual strands of the Pandanus mat is used as a metaphor for weaving together the different strands in the care of a mental health consumer. The durability of the mat depends on how well the strands were woven together. A good health and wellbeing model requires that all the key strands of a person’s life be woven well together and are able to continue over time and under the influence of different elements.
- **Te Vaka Atafaga Model** - This concept uses a metaphor to define health from a Tokelau holistic perspective; the traditional long distance outrigger sailing vessel ‘Vaka Atafaga’.

**Leadership within Communities and Families**

The focus of traditional Pacific leadership is firstly encompassed within leading large extended family groups of people who share the same genealogy. In the Samoan context having consumers continue to live in their family gives them access to the wise counsel of elders and parents. "E tele le aoga o le aiga, o se tagata e I le aiga lelei lea, aua e lava fautuaga a matua i ai.” This underscores the contemporary Samoan belief in governance of the family by the wisdom of elders. This is also true for other Pacific peoples.

The understanding and ability to use genealogical connections to ancestors and families, and make cultural references to identify a family's island, village or district, creates a strong connection with the family. It also signals to the family that the worker/service is competent in the work it does.

In the Fijian context it important to determine cultural or kin connections to establish the persons confederacy (matanitu), province (yasana), village (koro), tribe (mataqali), sub-tribe (tokatoka) or family unit (mata vuvale) to determine where there is link e.g. matakiki or mata ni katuba which represent a symbolic entrance or avenue for communicating between tribes and families.
The Pacific Concept of *Talanoa*

The process of *talanoa* involves open expression without hiding in face-to-face storytelling. It expresses inner feelings and experience of who we are, what we want, and what we do and share as members of different groups in life.

The meaning in *talanoa* is derived from two different yet related meanings in the languages of the Polynesian people: *tala* meaning talking or telling stories and *noa* meaning 'zero or without concealment'. *Talanoa* includes how we think we ought to live and work together collectively, and relate well to one another. *Talanoa* helps build better understanding and cooperation in how we relate to each other through speaking and listening to each other. It builds up and communicates the knowledge and understanding of who we are within our extended families, our villages, our ethnic and tribal communities, our values, beliefs, and relationships.

*Talanoa* reduces tension and conflict and fosters peace and stability in our relationships with one another over time. It gives a sense of security and well being through respect and building trust with those in the community with whom we share our lives.

In other words, *talanoa* is simply ‘talking the issue’. Most of our problems and issues that we face today are made worse by our failure to sit down and talk it out face to face without concealing anything. This is the Pacific way of solving problems, communicating and respecting each other’s opinions, rights, obligations and values. *Talanoa* operates at all levels of Pacific Island life from everyday family situations to formal community meetings (*fono*).

**SPECIALIST FAMILY COMPETENCIES – CULTURAL LEADERSHIP**

The specialist worker has specialist and knowledge and skills of working with consumers and their immediate and extended families and community people. They are able to take leadership in bringing together cultural solutions that will contribute to the treatment and recovery of the Pacific consumer. They will able to support the consumer in re-establishing or maintaining safety in traditional sacred cultural relationships with their families, support people and religious and community leaders. In highly complex cultural situations where sacred relationships have been breached, the specialist worker will be able to lead and facilitate and implement solutions using cultural concepts and processes. At specialist level workers will be able to provide cultural leadership through their knowledge and skills in tradition, protocols and processes in engaging with consumers, family and community leaders at all levels.

The specialist worker though highly knowledgeable and skilled in cultural matters is aware of their own limitations and knows how and when they need to consult with other cultural specialists or family members who are knowledgeable in the family’s history and culture.

**Establishing and Maintaining Cultural Relationships**

As Pacific cultures developed leadership structures formed to govern collections of large family groups, villages, islands, districts and nationally. Each Pacific ethnic group believes in the concept of establishing and maintaining respectful relationships between individuals, families, village and communities and have their own processes and protocols in which to
achieve this. This is based in traditional concepts and practice but they also work alongside Christian based concepts and approaches.

Respect between people is one of the key indicators for creating a culturally appropriate environment for consumers and families. The differences in understandings of how respect should be shown arise when relationships between different status, family or gender groups are considered. In Samoa, the traditional concept of *va fealoaloa‘i* refers to this process and refers to the distance, space or relationship between individuals or between individual and family, village or community and *fealoaloa‘i* means ‘face each other’. It is important to always maintain good relationships (*teu le va*) as this is an integral part in a healthy Pacific community. In Tonga the concept of ‘faatogia’ also refers to the maintaining of the relationship (*vu*).

**Traditional Family Relationships**

There are culturally diverse concepts of family relationships that exist in different Pacific cultures and have existed before the arrival of the Europeans in the Pacific. These concepts of family have been modified to include Christian principles and paradigms.

The specialist mental health worker will have level of cultural understanding of their particular ethnic culture and how it applies to family work. Some examples are mentioned below.

In Tonga, *mehikitanga* refers to a female of high status on the father’s side, -usually the eldest sister or a female cousin of the father. She plays an important role in family events and in making decision on cultural activities like birthday celebrations, weddings and funerals. She holds a cherished place in the Tongan extended family e.g. having the right to name her brothers’ children.

When a child is born, the mother’s side of the new born baby’s family prepare and present an offering of what is called *pae* and consists of handcrafts such as *kato* (baskets) *fala* (mats) *ngatu* (tapa cloth) *kafu* (blanket) *tuitui* (sewing) *helu* (combs) *hina lolo* (bottles of coconut oil) . A special *umu* called ‘*veifua*’ is also prepared. The *pae/veifua* are presented to the father’s side of the new baby – usually the *mehikitanga* claim the *pae*.

In Tonga the term *fahu* was derived from the Fijian word *vasu* which is the commoner term for sister’s son or daughter. In certain areas in Fiji, the sister’s male children are *vasu* and this gives them the right to inherit all the portable property of their mother’s brother.

It is believed that the *fahu* began with the marriage of the Fijian high chief Ta’pu’osi with the Tu’i Tonga fefine (Tu’i Tonga’s sister). Their children became *fahu* over the Tu’i Tonga and theoretically over the whole of Tonga. The *fahu* system is similar to the *vasu* system in Fiji and the *teagaiga* and the *tamafafine* in the Samoan culture. Traditionally, a sister and her children were fahu (privileged) to her brother’s descendants. In other words, the sister in Tonga had a higher status who is eiki to the brother, who was tu’a. This did not mean that she had superior authority over him, but that as sister she had priority over him in certain cultural obligations. Today the *fahu* refers to the elder sister in a family. The fahu has a very important and significant role in the decision making in the Tongan family. Rarely are decisions made without the *fahu* being consulted. When working with Tongan families, the worker must always ensure that the *fahu* is included.

The vasu relationship in Fiji is between an individual and his or her mother’s paternal extended family (*matavuvalo*) or clan (*mataqali*). It also includes privileges that are generally associated with it. Because Fijian customary rights and inheritances are traditionally determined along paternal lines, it is usually your father’s village that becomes your home village from which one’s Fijian provincial identity is bases strongest kinship
affiliations are formed. While the *vasu* relationship is based on what might be seen as the ‘weaker’ kinship line. The principle of *vasu* dictates that one is accorded special privileges (namely is spoilt) by your mothers *matavuvalae* or *mataqali*.

In Samoa the relationship between brother and sister was defined and operated through *feagaiga* (a covenant). The relationship has boundaries which are bound by the principals of *tapu* and *sa* (sacredness). The sister when born, was known as *tama sa* or sacred child, and was given ‘sacred’ status. The brother *tama tane* or male child was given ‘worldly’ status.

Within the *feagaiga* relationship sisters with their ‘sacred’ status were given the power of blessing or cursing. The brothers with their ‘worldy’ status were required to seek their sister’s agreement for any decisions relating to lands and title. Without that agreement he risked a curse. Like the Tongans, the Samoans also have the concept of *va* in their interpersonal relationships which is to maintain harmony of the space (*va*) between oneself and others through maintaining good relationships (*teuteu le va*). Maintaining good relationships between brothers and sisters and their families was kept through *feagaiga*.

In Fiji, *veitavaleni* is the relationship commonly referred to as cross cousins and exists between people who are first cousins because they share sibling parents of the opposite sex i.e. brother sister relationship. Those who are related as cross-cousins or as *veitavaleni* enjoy a mutually understood bond that allows immediate familiarity and unrestrained but usually friendly kinship rivalry. In contrast, *veiganeni* or parallel cousins, first cousins who share sibling parents of the same sex are usually very restrained. In some provinces custom dictates that people who are *veiganeni* cannot communicate at all with each other.

Also in Fiji, the *tau-vu* relationship is where ‘*tau-vu*’ translates to mean ‘shared ancestral god; or ‘companion ancestral god; denoting that people bound these relationships had common ancestral origins. The *tau-vu* principle defines common relational arrangements between provinces based on common ancestral origins between provinces. Generally speaking the principle defines interpersonal interactions between people from specific provinces. Examples of *tau-vu* relationships exist between the the provinces of Kadave and Vanua levu or Ra. The principle suggests that because of their common ancestral origins, peoples from these provinces may behave more liberally towards each other, especially in case of people who have met for the first time. In some senses the principle invokes a mutual license to be overly demonstrative in ways that might have been otherwise been thought rude between two complete strangers.

Knowledge of these social relationships provides insight into the types of individual and communal interaction specific to Fijian society. When applied or practiced according to traditional custom, understanding of the significance of these social relationships may determine appropriate levels of interaction and mutual exchange. Knowing and understanding on’e genealogical lineage or provincial heritage is key to the appropriate application of the principles and any privileges that they may afford.

**Gender Issues amongst Family Members**

The specialist worker should be aware of the sensitive issues around gender in Pacific families for example the role of the sister and the sacred relationship (*feagaiga*) between her and the men in her family and the ‘*fahu*’ in Tonga culture and the significant role she has. In Pacific families women generally are held in high regard. The relationship between women and the men are guarded by *tapu* and are very sacred and needs particular attention to maintain the ‘*va*’ (relationship).

The issue of sex is *tapu* and sensitive in the Pacific context. In particular if the discussion involves both men and women especially if they are from same family (e.g. brother and
sister or son and mother). The specialist worker should have the ability to ensure discussions on issues of sex and sexuality are done in a sensitive manner and in a culturally safe environment. The can be achieved by doing it in a gender specific forum or if there is a mix of genders and age groups (young & old) that the appropriate respectful and less graphic language is used.

**Traditional Tongan Leadership**

Tongan society is hierarchical; at the top of the social hierarchy are the king and his family. Next are the nobles – *hou‘eiki* - which also includes the chief attendants - *matapule*. The last tier comprises the majority of the population who are the *tu’a* - commoners.

Most Tongans give high respect and honour to people of high rank and social position. They are shown appropriate behaviour by the people lower down through *faka‘apa‘apa* (display of respect) which in Tongan culture emphasises a person’s social position. If rank has its privileges, it also has its large and ongoing responsibilities. No one receives without giving and those who give receive, perhaps, not goods and services, but commitment, loyalty, and that much prized Tongan gift, ‘*ofa*’, which includes ‘reciprocal love’ as well as unconditional love. The principle of mutual giving and receiving that is important to all Tongan relationships is called reciprocity.

The system of control is closely associated with how the Tongan society is structured and ordered. Commoners played no role in leadership in traditional Tongan society. They were expected to obey orders and demands unquestionably. The *fono*, the village meeting, where the chiefs presided, was one where instructions and orders were handed down. In fact, it was not a meeting to discuss but rather to instruct the commoners of what to do.

The values expected of commoners were that they were loyal citizens, generous givers, lovers of land, on duty at times and showed greatest respect to the hierarchy.

The nobles on the other hand, were expected to have qualities of bravery, prowess, chiefly dignity, beauty and domineering authority.

Today Tongan society is knitted together by blood links; as these links define and clarify the roles, obligations, and responsibilities of the individuals in any relationship.

A typical Tongan has several personal *tu‘unga* (positions) which are significant in a variety of areas of life. Within family relationships, one has both *eiki* (privileged) and *tu’a* positions depending on the particular circumstance. Here, one’s rank is set down. For example, if you are invited to a cousin’s birthday celebration, your position in the celebration depends on which side you are related to your cousin. If you are related through your father’s side than you have a ‘*eiki* (privilege) position and if it’s through your mother’s side than you have a *tu’a* position. These two positions have different expected obligations and duties to perform in the celebration.

Each level of the social structure has its own language and behavioural code. Each member takes his or her place in society by birth and is brought up through family, church and education in the beliefs and values of each social level.

One can only move up the social structure by inter-marriage and a good formal education. Success in education means a highly paid job and therefore able to move amongst the social elite socially but that does not change one’s position or status in the community.
Tongans regard social rank and status as part of everyday life and important to an individual Tongan’s sense of self and belonging.

**Traditional Cook Islands Leadership**

What we call the Cook Islands today was created out of colonialism. Traditionally the group of islands that make up the Cook Islands have different origins in their settlement by early Polynesian explorers and multiply arrivals after first settlement. Each island has its own unique origin and distinct dialect and aspects of culture.

<table>
<thead>
<tr>
<th>Island</th>
<th>Settlement Details</th>
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</thead>
<tbody>
<tr>
<td>Pukapuka</td>
<td>Settled from West Polynesia especially from Samoa and Tokelau</td>
</tr>
<tr>
<td>Rarotonga</td>
<td>Settled from East Polynesia, Tahiti but also oral tradition records the arrival of Karika and his canoe from Samoa.</td>
</tr>
<tr>
<td>Mangaia</td>
<td>Settled from East Polynesia but oral tradition records invasions from Tonga and contacts from other Western Polynesian people.</td>
</tr>
<tr>
<td>Manahiki &amp; Rakahanga</td>
<td>Settled from East Polynesia and traditional a single population that moved between the two atolls according to the food supply</td>
</tr>
<tr>
<td>Tongareva (Penrhyn)</td>
<td>Settled from East Polynesia</td>
</tr>
<tr>
<td>Aitutaki</td>
<td>Settled from East Polynesia</td>
</tr>
<tr>
<td>Atiu, Ma’uke &amp; Miti’aro</td>
<td>Settled from East Polynesia These islands are known collectively as Ngaputoru and the only islands in the whole of the Cook Islands that are in sight of each other.</td>
</tr>
<tr>
<td>Palmerston</td>
<td>Uninhabited at the time of European arrival. Settled in 1864 by an English sailor, William Marsters, and his three wives from the island of Tongareva. They and their descendents developed a unique culture incorporating elements from English, Tongarevan and Rarotongan and their own adaptations to their unique social and physical environment.</td>
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</table>

In the Cook Islands, a leader was born into the chiefly system. Traditional leadership was based on two beliefs; that most forms of leadership were the responsibility of men, and that first born children were superior to later born. Tribal titles and authority were primarily passed down through the senior male line. This line could be changed through conquest in war but once the new leadership was established the same principles applied.

Cook Islands society is made up of the nuclear family (*ngutuare tangata*) of parents and their children, and the extended family (*kopu tangata*). The tribe (*vaka tangata*) consists of a collection of *kopu tangata* from a particular area which are connected through a common
ancestor. For example in Rarotonga there are three *vaka tangata*; Takitumu, Te Au o Tonga and Puaikura.

Chiefs got their power and mana through what they accomplished, and their family and *vaka* links. Loyalty to the chiefs was important to Cook Islands culture. Chiefs were responsible for providing leadership in war, carrying out important discussions with other extended families and *vaka*, land allocation, disputes, settlement and intercession with the gods. One of the most significant functions of a chief was to organise and pay for feasts. Often chiefs were judged by their ability and willingness to bestow gifts and to organise huge communal feasting.

There are different types of chiefly leadership in the Cook Islands, the *ariki*, the *mataiapo*, and the *rangatira*. From the 1820’s the missionaries played a powerful role in changing the way they were governed by enhancing the powers of the *ariki* while reducing the power of other ranks of chiefs. Another factor was foreign commercial interests.

Traditional tribal system, where hereditary chiefs were in control, was gradually replaced by a centralised form of government under elected politicians which brings together and gives identity to all Islands today. However, recognition of the chief’s status and role is part of the Cook Islands constitution, which provides for the establishment of a “House of Ariki” comprising of hereditary chiefs of the Cook Islands.

The role of men and women also changed. Women now stand as equal to men and some have become more influential in the public arena and can succeed into chiefly titles.

The spiritual role of chiefs was replaced by the minister or priest within the Christian faith.

**Traditional Fijian Leadership**

*Vanua* in Fiji literally means land but also refers to the people and their connection with a specific land area. In Pacific cultures a land without people is like a person without a soul. It must have people and for land to be recognised it must have people living on it and supporting and defending its rights and interests.

*Vanua* is a social unit identified with a particular land area or district. The *vanua* is divided into *yavusa* which is a group of people who trace their lineage on the male side to a common ancestor or god (Vu). The *yavusa* is further divided into clans (*mataqali*) and is led by chiefs (*turaga*) and spokesmen of the chief (*mata-ni-vanua*). The position of chief was usually hereditary held by the senior male and passing to the eldest son after all the chief’s brothers had been chief, a line of eldest sons of eldest sons. Chiefs could also get their position by other means, through war and personal superiority.

The term *vakaturaga* (the way of the chiefs) refers to tradition and chiefs as the guardians of tradition. A person is said to be *vakaturaga* if he shows *loloma* (love or kindness) to all. He is ready to help and serve others. He is dignified and composed; avoids being drawn into unnecessary confrontation; is not upset by bickering and fighting. He maintains his self respect and authority during a crisis. He is not conceited and he remains cool and steadfast when his views and feelings are challenged and his authority questioned. He is *dau vosota* (has tolerance). He is *dauveimaroroi* or *dauveitaqomaki* (protector and defender) and he assures that those around him are not ill-treated.
Vakaturanga also refers to the ideal qualities necessary for everyone to maintain the traditional way of life which at its heart is vakarokoroko (respect) for authority and knowing one’s obligations and place in society and loloma (love and kindness) to others. A chief who reflects these qualities is regarded as being truly humble.

**Traditional Niuean Leadership**

Magafaoa is the extended family which is the basic group of Niuean society. The land was the property of the whole magafaoa under the takitaki magafaoa who was the traditional leader. Some takitaki magafaoa were found to be selfish. Because of the power they had they could take not only take control of the best land but also take crops of the members of the magafaoa. This resulted in the magafaoa having no confidence in their leader. The takitaki magafaoa who exercised power in the proper way for the benefit of the magafaoa as a whole were respected and the magafaoa were proud of him.

Status in Niue was based on what you have achieved. The more famous your deeds that you have carried out the higher your status became. Magafaoa differed according to the power they possessed and the activities they performed. Magafaoa were classified according to different genealogical lines which was called mataohi. Mataohi were described as:

- Ko e mataohi iki – Ancestral source of chiefs
- Ko e mataohi toa – Ancestral source of heroes
- Ko e mataohi talahaua – Ancestral source of famous men
- Ko e mataohi teva – Ancestral source of lazy people
- Ko e mataohi kaiha – Ancestral source of thieves

Mataohi iki were famous for their exercise of chiefly power. Mataohi toa were famous for their performance during war time. Those who gained power and fame on the battlefield were given the title Togia. Others had no significant power of performance. Supreme mataohi did not marry low mataohi to keep the prestige and power within their own magafaoa. There is recognised in Niuean history a line of Kings who are recognised as having paramount status in Niue. These were called Patuiki. Niue has been inhabited for about 1800 years. Since about 400 A.D only seven Patuiki are known. This suggests that there were periods where there was no one strong enough to maintain support or control of the whole island.

**Traditional Samoan Leadership**

The origin of the main districts of Upolu in Samoa comes from the story of Pili, the son of god, Tagaloa-a-lagi, who was expelled from heaven to the Manu’a islands (in American Samoa) and went to the island of Upolu. He divided Upolu among his descendents into districts which bore name of his children for example twins Tua and Ana’s districts became Atua and A’ana. The island of Savai’i was politically organised later by Lealali and his sons and grandsons. The Manu’a islands developed their own political system under the highest chiefly title of Tui Manu’a.

The Samoan Islands have been inhabited for over two thousand years and the story of Pili who is believed to have lived 1200 years ago was the beginning of the development of the Samoan matai chiefly system in the western islands of Samoa and the political unity of Western Samoa.

A Samoan proverb says:
“O Samoa ua ta’oto, a o se i’a mai moana aua o le i’a a Samoa ua uma ona ‘aisa”
“Samoa is like an ocean fish divided into sections.”

The proverb refers to the custom of dividing certain types of fish into portions, each given a particular rank for presentations to chiefs. Similarly the history of the matai system is the division of Samoa by chiefly rank.

There are two types of matai title; ali’i and tulafale. Ali’i titles were those which traced their origins through genealogies which begin with Tagaloa-a-lagi the creator and linked to major high status lineages. Ali’i of high rank were regarded as having supernatural power which they received from their divine ancestors. Tulafale had more earthly origins and a practical role linked to service to and oratory on behalf of the ali’i.

The basic political unit in Samoa was the village (nu’u) owned and controlled by groups of extended families (aiga) with its own hierarchy of matai leaders summarised in their own charter called the fa’alupega. Each aiga was associated with a particular matai title (suafa) and the matai was regarded as the leader of the aiga and the trustee of its land and property. Matai titles (suafa) belong to extended families. Each aiga has its own number of titles.

Generally speaking eligibility to become a matai was through family tree connections and through service (tautua). Appointment to titles was achieved through a process of consultation (talatalaga) within the aiga and once agreement was reached the successful candidate was installed in a special ceremony (saofai) and took their place in the village council.

Each nu’u was governed by a council of matai or fono which made decisions on all village matters beyond the scope of individual aiga. Groups of nu’a formed districts called itu malo and had their own paramount titles (ao) and faalupega. The appointment to a paramount title was usually made by important groupings of matai who held the right to confer a particular high title. There was also a national faalupega that acknowledged all the principal districts and titles throughout Western Samoa.

For most of Samoa’s history political power was situated at local and district level. There was no central authority or national leader until about the sixteenth century when a chiefly woman Salamasina was given the four paramount titles (papa) of Tui Atua, Tui Aana, Tamasoali’i and Gatoaitele. This gave her authority over all of Upolu, Savai’i and Manono becoming the first Samoan monarch. A line of kings continued from Queen Salamasina until the nineteenth century when contact with European colonialists and the introduction of Christianity changed traditional Samoan leadership and authority.

Today there is no one individual who holds the papa titles but the matai system is still strongly in place alongside other types of leadership that has developed. National leadership by one individual is recognised more in the parliamentary system through the positions of the Head of State and the Prime Minister of the independent State of Samoa. The Head of state is chosen from the highest traditional royal titles of Samoa called the Tama Aiga.
Theme 2: Language

Language provides the medium for effective communication. Pacific consumers and their families utilise a variety of different languages. Working with Pacific consumers and their families requires access to workers with language competency.

**CORE LANGUAGE COMPETENCIES – CULTURAL AWARENESS & SENSITIVITY**

A core worker has a basic skill in language across a range of Pacific languages that are appropriate to the consumer group that they are working with. They are able to greet people using the correct pronunciation and use body language which help create a sense of connection and build rapport with consumers and their families.

For example the worker on entering a Pacific home should remove shoes and leave them at the door. On the invitation from the family enter and take a seat first before speaking. After being greeted by the family respond by using the appropriate Pacific greeting. (for example i.e. *Talofa* (Samoa) *Malo e Lelei* (Tonga) *Fakalofa lahi atu* (Niue) *Kia Orana* (Cook Islands Maori) *Bula Vinaka* (Fiji)

Showing respect *fa’aaloalo* (Samoan), *fakaapaapa* (Tongan) *akangateite* (Cook Islands) *fakalilifu* (Niue) *vakarokoroko* (Fiji) through use of respectful oral and body language as well as in actions like saying ‘tulou’ or ‘turou’ and bending down when walking in front of people, not speaking while standing, use of the right tone of voice all help to create rapport with family.

The core worker will be aware and sensitive to Pacific language that stigmatise people with mental illness e.g. valea – to act crazy, foolishly or with stupidity. (Samoa), *auouou* – silly, *neneva* – stupid, *pana marama* – gone bonkers (Cook Islands) *ulu kelea* – silly, mentally ill, *goagoa he ulu* or *ulu goagoa* – crazy in the head, not being able to comprehend well, slow (Niue). They will be familiar with more respectful ways that being developed for referring to mental illness.

The worker at the core level needs to know where to seek the assistance of people who have advanced or specialist language skills. This is important in ensuring that the initial engagement with the consumer and/or their family is positive in building a foundation for future communications. They also understand that language is both verbal and non-verbal (body language e.g. rising of eyebrows, nodding, rolling eyes etc.) and is aware that spoken language needs to be interpreted in conjunction with non-verbal behaviour. For example if the person is answering in the affirmative and appears co-operative but other people in the room are grinning or shaking their head, it may mean the person is having you on.

It is important that actions are consistent with verbal communications. For example when a person has to walk past a sitting person, that person bends their back and bows their head forward and says ‘tulou’ or ‘turou’ which both convey respect in actions and words or if a person is making an apology with raised voice and is highly animated, this is inconsistent with actions of remorse and it may communicate that the person is not sincere.
The advanced worker is fluent in both the English language and at least one Pacific language. In many Pacific family situations, particularly in regards to NZ-born consumers the first language consumer maybe English whereas the family’s first language may be a Pacific language. Hence the advanced language skill of the worker in both languages can play an important role in bridging the language gap between the consumer, their family, as well as other workers and the service.

The more advanced language level of the worker would enable them to communicate clearly to consumer and their immediate and extended family information on the service, their rights, clinical processes and treatments and obtain quality information from them that will contribute to the consumer’s recovery.

Their verbal and non verbal communication would respect the mana and promote the self esteem of the consumer using appropriate respectful Pacific language to describe mental illness such as gasegase mafaufau (Samoa) manamanatuaga malolo (Niue), maki manako (Cook Islands Maori), lialia (Fiji).

From a Niuean perspective an advanced culturally competent worker is able to speak the Niuean language; have knowledge of Niue culture (maeke ke vagahau e Vagahau Niue, pulotu ke he tau mahani Niue); understand the social order (ke iloa mo e maama e tau tutuaga he tau tagata he motu); and respect elders, parents and esteemed people (ke fakalilifi e tau tupuna, tau mamatua me e tau tagata kua mau-kotofa.)

Their advanced knowledge and skill in Pacific verbal and non verbal language will allow them to make an in-depth assessment of the consumers needs.

The advanced worker is able to interpret non-verbal language and cues. For instance a person looks down and avoids making eye contact there can be misinterpreted as being evasive or lying whereas the reason may be that the consumer is simply showing respect by not making direct eye contact with mental health worker. Not making eye contact might indicate shyness, shame, or building anger. The advanced mental health worker would be able canvas the possible reason respond appropriately to the situation and articulate this to the clinical team or those who don’t understand.
The specialist worker is able to converse with the family and others at an in-depth level in their Pacific language including use of cultural references relevant to their family, village or district. At this level the worker is a skilled Pacific orator and is able to lead and facilitate family and community meetings as required.

The specialist worker will be able to use comprehensive knowledge and skill in language to facilitate or play a significant role in bringing together consumers, immediate and extended family and community leaders to work together or to resolve conflict where it arises. Also their language skills will allow them to translate clinical terms and processes, verbal and written communication from a Pacific language to English and vice versa.

**Pacific Oratory**

“*Ko te kai o te rangatira he korerororero*” - Talk is the food of chiefs. NZ Maori proverb  
“*E pala le ma’a ‘ae le pala le ‘upu*” - Stones decay but words last” (Offences are hard to forget emphasising the importance of what you say) - Samoan proverb

Pacific cultures are traditionally oral cultures. Cultural knowledge and skills were passed down through the generations orally. So the importance of the spoken word and receiving that word was important to the continuation of the culture and were highly valued and developed. Oratory in the Pacific was and still is an art form and weaves together poetic language that has its roots deep in the genealogy and history of the people. The language of oratory is the language of respect and indicates leadership or one’s status in the community and the relationship between people.

Pacific oratory plays an integral and significant function in their communal, religious and political lives. By definition, an orator is “a good public speaker, one who delivers an oration, especially one distinguished for his skill and power as a public speaker, one who is eloquent”.

All Pacific cultures have their own ways of delivering speeches and the protocols that should be followed. Common to all is the acknowledgement first of God and the minister or ministers present as God’s representative on earth. This is followed by acknowledging those with chiefly and or community status and then the people.

**Samoan Oratory**

In Samoa a chief (*matai*) can obtain the right to speak on behalf of others through a process called *faatau*. This involves obtaining consent from the *matai* who are present from different districts. During the *faatau* each orator chief will try to win the right to speak on behalf of everybody which is a great honour. The process can become quite heated and at times insults are exchanged particularly on a very important occasion where the privilege of being the orator (*failauga*) is highly cherished. The *faatau* can last for hours and eventually a winner emerges and the *failauga* presents his speech (*lauga*). The *matai* also is required to be knowledgeable in *faalupega*, which set out the hierarchy of chiefly titles for villages, districts and for the whole of Samoa and use this in formal meetings.
Tongan Oratory

The Tongan language clearly indicates relative rank of the person speaking and the person spoken to, no two persons being of equal rank. Using the appropriate language for a superior indicates *faka’apa’apa* or respect. Three types of language are: the royal language, language use for persons or superior rank, and the language used for people of inferior rank.

Speeches for almost all occasions in Tonga must be introduced by the formal expression of respect and acknowledgement. This is called the *'fakataputapu'* or *'fakatapu'*. *'Fakatapu'* is the acknowledgement of people of high social status or holders of important positions who are present. These people are acknowledging either by names or titles starting from the highest ranking person. In order words the *'fakatapu'* reflects the social hierarchy of the audience. The following are acceptable guidelines in *'fakataputapu'*.

1. In church meetings: God is acknowledging first, then the chairperson, the chief or chiefs, then the people.

   *Tapu mo e fale tapu ‘o e ‘Otua*
   *Tapu mo e sea ‘oku me’a*
   *Tapu mo hou’eiki kae ‘uma’a ‘a ha’a matapule*
   *Pea tapu mo kimoutolu kotoa pe kuo mou me’a mai*
   *Kae ‘ata ke u fai ha ki’i fakahoha’a ni* (proceed then with speech).

2. In any committee or organisational meeting, etc., the chairperson should be acknowledged first, even before a noble or chief who may be in the meeting. The chief or chiefs are next, then the lesser chiefs (*matapule*), then the people.

   *Tapu mo e sea*
   *Tapu mo e hou’eiki*
   *Tapu mo ha’a matapule*
   *Pea tapu mo kimoutolu kotoa pe kuo mou me’a mai*
   *Kae ‘ata ke u fai ha ki’i fakahoha’a ni* (proceed then with speech).

3. At a fono or district meeting, the highest-ranking person of the meeting should be acknowledged first whether it’s a chief or lesser chief, then the people.

   *Tapu mo (name of chief)*
   *Tapu mo ha’a matapule*
   *Pea tapu mo kimoutolu kotoa pe kuo mou me’a mai*
   *Kae ‘ata ke u fai ha ki’i fakahoha’a ni* (proceed then with speech).

4. At a feast:

   The highest ranking chief or chiefs present are acknowledged, the family who prepared the feast and then all the people.

   *Tapu mo (name of chief)*
   *Tapu mo kimoutolu kotoa pe*
   *Pea tapu mo kimoutolu si’i famili*
   *Kuo mou fai e fu’u ‘ofa ni*
   *Kae ‘ata ke u fai ha ki’i fakahoha’a ni* (proceed then with speech).
A common beginning before the ‘fakataputapu’ at a feast is:

‘Holo pe ‘ilo ‘a hou’eiki, kae ‘ata ke fai ha ki’i lea.
Distinguished guests, continue with your feasting, but allow me to do this speech.

A common ending is:

Leveleva e malanga kae tau atu.
My speech now ends. May it reach you.

Other guidelines:

Always use respectful terminology in public speeches.
Use the impersonal ‘te’ and ‘kita’ with discretion, don’t be over-anxious
Be careful not to overdo ‘fakahekeheke’ (flattery).

Cook Islands Oratory

Traditional
In the Cook Islands traditional society, an orator was known as a ‘taunga karakia’, who was an expert or master in rituals and skilled in ancient chants or prayers, which could only be recited and performed by men of a particular family designated for such a task. They are believed to be intermediaries between man and god. The beauty and effectiveness of the oration depends largely on the skills of the taunga karakia, its connection with his natural voice tone, and his profound knowledge of how to speak and act in accordance with the appropriate context of the event and the meaning of the words conveyed. To achieve such skills one had to be born into that family of orators where he would be installed into the ‘are vananga’ or house of learning, where esoteric knowledge was transmitted to those selected to learn the particular ritual or skill.

Contemporary
In Cook Islands modern society the role of orators are very much alive. Some key aspects of a good and successful public presentation are; an in depth knowledge of the subject on hand, well thought out and logical organization, simplicity, sense of humour, being short and to the point and the ability to communicate and connect with the audience.
Theme 3: Tapu

Tapu encompasses and signals the cultural, spiritual and relational markers and boundaries for working with Pacific mental health consumers and their families.

**CORE TAPU COMPETENCIES – CULTURAL AWARENESS & SENSITIVITY**

The core worker has knowledge of the basic concepts of tapu across a range of Pacific cultures. This awareness allows them to be sensitive to the boundaries of tapu within the context of their own clinical practice while working with consumer and their immediate families. The worker at this level is conscious of their own limitations in matters of tapu and know how and who to contact for referral or assistance.

Tapu is about sacred bonds between people. For Pacific people these bonds stem from their stories of creation and the cosmic and spiritual relationships between them, their environment and their gods.

Spirituality is a key component in Pacific models of care and exists alongside the physical, mental and social aspects of a person’s wellbeing. The Pacific concept of self and wellbeing is centred in the collective rather than the individual therefore it is important to acknowledge that the consumer’s mental illness can affect the whole family. The breakdown of the holistic self can result in mental illness. The spiritual can encompass both Christian and ancient cosmological senses and co-exists each in its own sphere. Issues may arise when exploring the spirituality of old sits with the spirituality of Christianity, this can occur particularly with NZ born or raised Pacific youth.

A Niuean perspective on being a mentally well person (*mitaki e manamanatuaga*) incorporates a holistic view where biological (*Moui Faka-Niue*), spiritual (*fakaagaaga*) physical (*tino*), social (*tau fakafetuiga mo e tau tagata*), emotional (*momoko, fakaatukehe*), mental (*manamantuaga*) aspects of a person are well and balanced.

In the Samoan context, *soifua maloloina* is the Samoan term for good health or literally translated “life wellness”. It is based on a holistic view of health where a person is in tune with his or her environment as well with other people and God. Maintaining good, safe and balanced tapu relationships between a person God, the land (environment) and other people is necessary to achieve good health.

God is tapu. For most Samoans God refers to the Christian God but there is still acknowledgement of ancient beliefs in *Tagaloa*.

Land is tapu. If the environment one is raised in is not well, the so too will the condition of one’s mind be unwell. The presence of *alofoa* (love) within the home environment is key to the development of mental wellness for the individual family member and the family as a whole. Providing consumers with an environment of love and acceptance, being listened to and spending quality time with them gives them a sense of belonging contributing to their recovery.

Tapu exists between parents and their children, (*Malamatua or Fetuu o Matua*) where parents have a responsibility to care for their children and children in turn have a
responsibility to respect and care for their parent which in the biblical context is the 5th of
the Ten Commandments to ‘honour your parents which will bring a blessing’. Also the old
testament concept that the ‘sins of the father’ have an impact on the children and
subsequent generations, highlighting the Samoan saying, “ai matua vinemoto ae magiagia
ai nifo o fanau” (meaning, the wrongdoings of the parents result in the shortcomings of
their children, including mental illness problems.)

Tapu between brother and sister (Mata o le ilamutu) The relationship between brother and
sister are extremely sacred and protective through the traditional feaagaiga (covenant).

The tapu relationships also apply to chiefs and church ministers and example of this is
where food is set aside for them and is not to be eaten by anyone because of their tapu
status.

The ra or relational spaces between a husband and wife is also sacred. The relationship is
heavily framed within Christian understandings of marriage.

In the Fijian context relationships are formed around tribal structures. Theses structures are
based around three elements; land, kinship and spirituality. In Fiji all three elements
underpin a person’s birthright. It is believed that within these elements are many sacred
relational bonds. Fijians believe that in traditional times when one of these bonds is
broken, people can become fragmented and vulnerable and mental illness occurs.

Tapu also encompasses ‘curses’ put on people because of a breach of tapu. In the Samoan
context curses can include malamatua (curses by parents), and malo o le ilamutu (curses
imposed by sisters as feagaiga). The more recent inclusion of fetuu o faifeau (curses
imposed by church ministers) highlights the merging of Christian and pre-Christian
spiritual beliefs.

A breach of tapu relationship can invoke the wrath of the gods, ancient and/or Christian.
Such wrath is often manifested in the sudden occurrence of mental illness. This may
include the possession of one’s body and mind by a demon or ghost. In Niuean the
common term for spiritual possession is hu aitu similar to the Samoan term, ma’i aitu.
Malaia (misfortune, punishment) usually refers to consequences of a curse which can lead
to mental illness. All Pacific cultures believe that there is a connection between a breach
of tapu and mental illness.

Fijians generally believe that mental illness is the manifestation of a curse. By and large
this belief remains prevalent today. Participants raised two incidences of where curses were
explained to arise. First, it was suggested that women of beauty who became mentally ill
were believed to have been cursed by men who they may have rejected. Second, a curse
could be imposed by an elderly person. In this case it was explained that when a person
may not have abided or followed the request of an elderly person closely related or related
and of high rank, they may be cursed. Often someone in this position can become mentally
ill. It is also generally believed that curses can be placed on anyone by another person as a
result of jealousy or rivalry. Curses that have specifically arisen as a result of an offence
that has been commiteed by a person against an elder or the village or province are referred
to as the ‘Kudru ni vanua’.

Incest and familial rape has an impact on mental health. Although traditionally shunned by
most families, incest and/or familial rape was commonly practiced in traditional Fijian
society by men of chiefly rank. Victims would include both women and children, many of who were usually members of the same nuclear or extended family as the chief.

Single female victims who became pregnant as a result of such incest or familial rape were often immediately married off to one of the high chief’s subjects within the same clan or mataqali before the pregnancy was widely known. This was to prevent shame and retribution upon the perpetrating chief.

The link between the impact of incest and familial rape of this kind on the various parties involved and any mental health issues suffered by them is speculative at this point. The common occurrence of such a practice in traditional times raises similar speculation over the prevalence of related mental health conditions. It was common for women who endured these circumstances to become mentally unwell from the shame incurred. The shame invariably remained with her despite her nuptials. Child victims of incest and/or familial rape were similarly believed to become mentally unwell.

In some parts of Fiji the death of a high chief in traditional times would be followed by the strangulation of his wife. The wife would be strangled to death both as an act of sacrament for the death of her husband but also to ensure that she did not become someone else’s wife. The ritual was usually carried out by the eldest son. It was considered an honour amongst women of chiefly rank to die in this way. If the deceased chief’s wife was of higher rank than him then the practice would not apply. It was thus a practice that befell only those wives of lower rank to their husband (the high chief). It was believed that by dying in this way her safe passage to the underworld with him would be ensured. If her life was not taken however it was believed that she would become cursed and possessed by her dead husband’s spirit. In return for this honour and sacrifice it was customary practice for the deceased chief’s clan to gift land to his wife’s family following her death. This gifting is referred to as the “Wa ni dra” or her legacy, the land she leaves for her family.

Reconciliation processes are used when there has been a breach of tapu or protocol between individuals or between an individual and a family, village or God. This process is referred to in Samoa as the fa'aleleiga literally translated means ‘making it better’. This can range from a simple faato’ese (Samoa) or apology by an individual to another person or family or a highly formal form of apology called ifoga. At the core level the worker can facilitate a simple apology within the immediate family context.
ADVANCED TAPU COMPETENCIES – CULTURAL ENGAGEMENT

The advanced worker has comprehensive knowledge of tapu concepts in at least one Pacific culture. Combined with their knowledge and skills in family and language they are able to engage with consumer, their immediate and extended families to assess possible breaches of tapu and can offer suitable solutions to these breaches.

Different families have differing view of the tapu that may have been breached and the possible options for resolution. These may involve traditional healers or church ministers and it is important to assess what the family’s views are in working through to a solution.

The gifts of healers are considered tapu. They are given to them as gifts from their ancestors that need to be respected. Traditional healers often specialise in treating particular types of mental illness. Traditional healers are often called upon to restore harmony once a breach of tapu has occurred. The tools of traditional healer include traditional massage techniques and herbal remedies. Christian prayers may also be used to support the work of the traditional healers.

The specialist worker is familiar with the range of both traditional and western clinical interventions available and can confirm the validity and effectiveness of cultural treatment options as an alternative or complementary option to clinical interventions

Traditional Spirituality

The Pacific perspective on life is holistic where the spiritual, the people and the land or environment in which they live are all interconnected. In Pacific cultures the spiritual is always acknowledged as part of everyday life and living. The wellbeing of the people and the community was obtained when all these were in balance.

Before the introduction of Christianity Pacific peoples were not monotheists (worshippers of one god) but polytheists (worshippers of many gods). They also believed that the powers of gods and spirits (of their ancestors) influenced human activities. Sacredness (mana and tapu) was associated with many aspects of life and gave dignity to aspects of everyday life.

There were two main categories of gods: those of non-human origin and those of human origin. The non-human gods were superior and were the original gods who gave birth to other gods or half-men/half-gods. A well known example is Maui who is known throughout Polynesia.

In the Tongan version, Maui is originally a fisher of lands. Maui obtained his fishing hooks from Samoa then he fished up the islands of Tonga. This fits in well with the ‘sea culture’ of early Pacific explorers with their symbols of sailing, of fishing and fish-hooks. In the NZ Maori story, the South and North Islands of New Zealand are named ‘Te waka a Maui’ (the canoe of Maui) and ‘Te ika a Maui’ (the fish of Maui), again a reference to the ‘sea culture’ of the Polynesian ancestors.

As people settled on land, Maui is portrayed as the hero of Polynesian people. He snares the sun and forces it to move slowly above the earth. He steals the secret of fire from Pulotu and gives it to man. He thus appears as the creator of culture and technology. In another myth, he tames man-eating plants and animals. He was also the creator of
agriculture and animal husbandry and finally a farmer. The changing roles of Maui from a navigator-fisher of islands to a farmer show how myth tells the story of Polynesian cultures changing from a seagoing maritime character into a land based culture one with an agricultural heart.

The Atua lived in the heavens of the afterworld and were represented in different ways across the Pacific cultures. For example in the Cook Islands they carved wooden images of Tagaroa.

Tagaloa (Samoa, Niue) Tangaroa (Cook Islands and NZ Maori) was considered the supreme Atua who created the universe, the earth and mankind and his blessing on the affairs of people was sought through tribute such as in this Niuean chant:

_Haele mai Tagaloa, Haele mai Tagaloa,_
_ O ho hoi!_
_Tu mai Tagaloa, Tu mai Tagaloa__
_ O ho hoi!_
_Ka tu mai Tagaloa, Ka tu mai Tagaloa_
_ O ho hoe!_
_Tu mai ke lagomatai mai au,_
_Tu mai ke lagomatai mai au_
_ O ho hoe!_
Translation:
Come Tagaloa, come Tagaloa
O ho hoi!
(expression of joy, normally done by shouting or by chanting)
Arise Tagaloa Arise Tagaloa
O ho hoe
Arise Tagaloa, and help me!

(It was a traditional practice that the people of Niue pay tribute or to perform proper rites to Tagaloa before commencing any undertakings. (Etuata & Pitasoni in Chapman et al., 1982).

There were many other local gods that were ancestor gods particular to a group of related people. Religious practice differed across the Pacific for example in Samoa they did not carve images of their gods like the cultures in East Polynesia. When Rarotongan Christian teachers came to bring the gospel to Samoa they thought that the Samoans were a godless people because they did not have the carved god images like in Rarotonga.)
Christianity

The largest and longest established Christian denomination in the Pacific comes from the work of the London Missionary Society (LMS). The Society was founded in England in 1795 by a group of Christians of various Protestant denominations. The first group of thirty missionaries left England for the Pacific in 1795. The first years of the establishment of the mission were disappointing and tragic. By 1809 the main mission in the Society Islands had practically come to an end and there had been complete withdrawal from Tahiti. At this date there remained only two missionaries on the smaller islands of the Society Islands Group. In 1797, nine missionaries had been placed on Tonga. Three years later one had become unfaithful to his faith, three had been beaten to death and five after hardship and constant danger accepted deliverance on a passing ship.

The LMS was severely tested and there were many who wanted the mission to be abandoned but a decision was made to renew it. A breakthrough was made on 18th July 1812 when Pomare, the King of Tahiti asked the missionaries to baptise him and became a Christian. This resulted in division and battles followed between King Pomare and other high chiefs who held onto the old gods and religion. Pomare had many victories and forbade his followers to plunder the defeated enemies and to treat them with kindness. This impressed the conquered and opened them to the acceptance of the gospel. Through this period were the first native Pacific Island Christian martyrs as some were captured and offered up as human sacrifices to the gods. The gospel spread through the Society and reached the Cook Islands in 1821. The coming of the Missionaries to the Cook Islands had a huge impact on the land, structure of society, and the people. The changes were swift, probably because the islanders identified the missionaries as providers of material benefits. They, along with the Tahitian converts, were able to influence the chiefs to accept Christianity. This resulted in early missionary involvement in political activities.

There followed a series of changes. The chiefs granted land to the missionaries in each district for the establishment of missions, organising people for religious instructions, and assisting in the building of houses and chapels. A new stringent code of law known as the ‘blue laws’ were introduced and people who broke these laws were fined.

The missionaries also succeeded in altering the custom on succession which allowed women to hold chiefly titles. Hence the role of male dominance and authority gradually diminished. With other foreigners they also introduced foreign diseases which the local population had never been subjected to. It virtually halved the population during that time. By 1874, after five decades of missionary influence and dominance in local politics, their influence slowly declined, but remained powerful in the social and religious context. Today the Cook Islands continue to be dedicated Christians as in other Pacific nations.

The LMS missionary who is credited with leading the spread of the gospel throughout the Pacific is John Williams who, with his wife, left England and went to Ra’iatea near Tahiti. Later he moved to Rarotonga where he made plans to bring the gospel to Samoa. There he built his own ship, ‘The Messenger of Peace’ and in 1830 sailed to Samoa with eight Tahitian and Rarotongan Christian teachers.

The main tactic used by John Williams to spread the gospel throughout the Pacific was training Pacific Islands men as Christian teachers. They travelled with him to each island and he left them there usually under the protection of a local high chief. When John Williams arrived in Samoa at Sapapali’i, he was openly accepted by the high chief Malietoa Vainu’upo who believed that the visit was the fulfillment of a prophecy of the Samoan war goddess Nafanua.
When John Williams returned two years later he found that Malietoa had won the war against the A’ana district. He had taken the four papa titles to become the highest ranking chief of Samoa. Malietoa had also decided to become a Christian and the teachers had been well treated. These eight teachers were sent out to other Samoan villages to spread the gospel under the protection of Malietoa.

In 1839 John Williams decided to take the gospel to Vanuatu. By this time he was living in Samoa and took twelve Samoan teachers with him. These were the first Samoan missionaries to go to other Pacific Islands. On 20 November of that year John Williams was killed in Vanuatu. His body was eaten but his skull and some bones were recovered and taken to Samoa and buried. In 1848 Samoan missionaries were sent to Niue, in 1861 to Kiribati and Tuvalu and in 1871 to Papua New Guinea. Niueans also went out as missionaries after they received the gospel. Pacific Island people themselves were responsible for spreading the Christian gospel and without their courage and willingness the gospel could not have spread as fast as it did. The missionary tradition is still strong in the Pacific as there are many Pacific Islands missionaries all over the world.

Other Christian denominations also spread the Christian faith throughout the Pacific. The main church in Tonga is the Methodist Church which was established in 1822 by the Wesleyan Missionary Society and spread through the conversion of King George Tupou I who united Tonga under his rule.

The first European missionaries to Fiji, William Cross and David Cargill, landed with their families at Tubou, the chief town on Lakeba, on 12th October 1835.

The Roman Catholic Church first came to Samoa in 1845.

The introduction of Christianity had a huge impact on the land, culture, structure of society, and the people. When traditional chiefs were converted their authority influenced and directed the introduction of the Christian faith through mass conversion. Pacific people also identified the missionaries as providers of material benefits and so this had an influence in conversion which meant that many were not ‘true’ conversions.

Much of the old religious and cultural beliefs and practices were destroyed, but there still exists today many aspects of the beliefs of the old religions that sit alongside Christianity. Also cultural practices and beliefs that did not directly conflict with Christianity were absorbed or adapted to the new religion. It is said that ‘Samoa has not so much been Christianised but that Christianity has been Samoanised’.

The merging of the old to the new beliefs can be seen from this Cook Island prayer during the early Christian missionary period:

“Apopo, Kia rauka mai teta’i au kat’ou no te ‘akatakoto ki mua i te ‘atarau o Jesu.”

“Tomorrow, may new heads be lain on the altar of Jesus”

**Impacts of Christianity on Leadership**

Traditional leaders in the Pacific had its origins and power in the old religious systems. The introduction of the gospel radically changed leadership and the balance of power and traditional leadership changed to adapt. Christian leaders emerged as lay preachers, with ministers of religion replacing the spiritual roles of traditional leaders.

In Tonga, commoners have become leaders in positions in the Church. The importance and the status of the church have meant that for the first time, commoners have obtained leading roles.
The respect and obedience once given to chiefs only is now also given to Christianised commoners who are taking the leadership role in the church. This is a very interesting transformation that has happened, not only in Tonga but in other Tongan communities overseas. The ministers of religion hold a very influential and leading role in the Tongan community. They are as powerful as the traditional chiefs in many situations. Church ministers are given high respect and status through the Pacific.

**Contemporary Spirituality**

After over two hundred years since the first missionaries entered the Pacific, the Christian church is well established and has become part of the culture. Pre-Christian understandings continue to permeate contemporary Pacific beliefs so that one can find today an intermingling of Christian and pre-Christian beliefs. Traditional and Christian spirituality are intertwined and it is useful to note where the values of both intersect and where they do not. It is also important to note that Christian belief and practise are marked by denominational differences.

In New Zealand, separated from their villages, churches and church buildings became focal points for the community. In the last census a large majority of Pacific people are members of a local Christian Church. This provides many opportunities for leadership as ministers, elders, deacons, and leading church ministries such as youth groups. The cultural, social and spiritual role of the church may be important in the life of the consumer and important to their support and recovery however not all Pacific people belong to or attend a Christian church.

Another dimension of Pacific spirituality that also needs to be factored into the Pacific matrix of care is the evangelical movement. It is relatively new phenomenon but this evangelical type spirituality is growing rapidly in different Pacific population. Many NZ born Pacific people have left the traditional Pacific Island churches and have joined evangelical churches. The reason for this is varied but includes the loss of Pacific language and the conflict between Pacific cultural values and the values of NZ mainstream society.

An advanced worker is able to take into account the complexity of Pacific spiritualities to engage with the consumer and their immediate and extended family to facilitate solutions them within the cultural, spiritual and relational boundaries of tapu.
The specialist worker has extensive and comprehensive cultural knowledge and skills that allow them to provide cultural leadership to facilitate healing, recovery, and restoration of the consumer and their families through cultural and spiritual processes of a specific Pacific culture when tapu has been broken.

The specialist worker, though highly knowledgeable and skilled in tapu matters, is aware of their own limitations and knows how and when they need to consult with other cultural specialists or family members who are knowledgeable in the family’s specific history and culture in regards to tapu.

**Traditional Reconciliation Practices**

In the Samoan context, *ifoga* & *faato'esega* involves the use of formal apology (*fa’ato’esega*) to restore a relationship when a major breach of tapu has occurred. The specialist worker has the ability and skill to know when a formal apology is required and be able to facilitate the rebuilding of any affected relationships. This may require the involvement of other people like elders, ministers of religion, or others.

The *ifoga* is a highly formal process and only occurs when there has been a major breach resulting in a serious injury or death or where there is continual, deliberate, and persistent breach of tapu relationships and involves not only reconciliation but restitution of some kind such as food, fine mats, tapa, and money. The highest form of apology is done by senior members of the family including *matua* (elders), *matai* (chiefs) *faife’au* (minister) who accompany the offender or may speak and apologize on their behalf.

The offender and/or their representatives kneel in front of the aggrieved person’s house covering themselves with fine mats to show remorse for the wrong that may have been done by a member of their family.

In doing so they are appealing to the aggrieved family's sense of "*faamagalo*" (forgiveness). It is usual that the aggrieved family will allow the *ifoga* to come inside (*faaulufale*) to continue the process of reconciliation the end result being the receiving of forgiveness (*faamagaloga*).

The cultural process of formal apology and forgiveness in Tonga is called *hulauifi* and in Fiji *soro*.

The formal apology must be done in order for the healing process to occur and the consumer and family can move on.

**Traditional Healers**

Traditional healers or cultural practitioners use ethnic specific interventions for specific ethnic breaches of tapu.

Traditional treatment methods used in Samoa for treating mental illnesses in ancient times were those derived from the wisdom of the *taulasea* or traditional healer who have the sacred gift of healing passed down to them and within families. These methods have continued in New Zealand with the migration and utilisation of *taulesea* in New Zealand.
In the Cook Islands the *taunga* or traditional healers is still continued today. The *taunga* uses a variety of means for cure for example massage, cleansing of the bowel (*akaeke*), consuming traditional medicine, re-naming the person and lifting the curse by spiritual means. The Cook Island cultural practise of changing the name of an individual is believed to be important for those whom the *taunga* believes has been given the wrong name at birth, and has attributed to causing illness, death of a loved family member, or being possessed by an evil spirit of the ancestors.

The specialist worker is able to give advice on tapu relationships and facilitate discussion with consumers and their families on how to respect customary boundaries or determine the most appropriate cultural practitioner for any given breach of tapu.

**Christian-based Interventions**

The use of biblical principles, the Bible and Christian prayer is an important tapu intervention. The arrival of the missionaries and Christianity in the Pacific has had a huge impact on our Pacific communities both in the pacific islands and in New Zealand. A very large majority of Pacific people belong to a Christian church. Many of our traditional values and beliefs have been adapted to include the Christian principles. The use of prayer and Christian principles from the Bible plays an important role in communications and interactions with Pacific families. The specialist worker is able to pray and use biblical references and include Christian church ministers, family elders and community leaders where appropriate.
Appendix 2

The ‘Evidence-Base’ for Developing the Seitapu Framework

There is much debate about what would constitute the ‘evidence-base’ for work such as that undertaken here. The scientifically orthodox area for gaining the ‘evidence base’ for this work lies in contemporary research support. There is a paucity of theoretical information directly addressing the development and appropriateness of Pacific-specific cultural competency frameworks for New Zealand-based Pacific mental health and addictions services. Therefore the major epistemological underpinnings of the Seitapu framework drew on specific ethno-cultural knowledge that is held by Pacific cultural custodians and those who are currently and worked for many years in mental health.

In relation to this project the prime ‘evidence base’ was obtained from a process of dialogue within the following forums:

• The Development Standards Development Group (DSDG) was made up of people with experience in Maori & Pacific research, Pacific mental health sector governance, and as well with knowledge of Pacific cultural theory and practice and worker competency development.
• Sector consultation conducted in Auckland (Waikato in attendance), Wellington (Wanganui and Manawatu in attendance) and Christchurch

These consultation fono involved:

☐ Pacific matua or cultural experts;
☐ Community support workers;
☐ Clinical practitioner;
☐ Consumers or consumer representatives
☐ Service managers

To help develop the Seitapu framework the consultation groups were used to ‘test’ the face validity of the key components of the framework. The draft framework was presented at each consultation meeting, feedback was obtained and changes incorporated into subsequent versions until the final version was confirmed by DSDG.

Research Evidence Base

DSDG brought together and considered the following relevant contemporary research that directly informed the aims of the project to develop the Seitapu Framework of Pacific cultural competencies.

CSDG drew heavily on this exploratory work on Pacific cultural competencies. The cultural competency statements within the Seitapu Framework acknowledge “that ethnic cultural markers may exist in tension with other cultural markers, for example with the cultural experience of NZ born youth” and that “Pacific culture in mental health is about ethnic culture, and so Pacific cultural competencies are defined in the first instance by ethnic markers” as stated in Suaalii-Sauni & Samu 2005.

While the four key competency areas of language, family, tapu and organisation in Seitapu draws on the thematic areas of ‘language’, ‘family’, ‘tapu’, ‘worker skills’ and ‘organisational policy’ raised by this research, the coming together of these themes into the manner and form in which they did in the Seitapu Framework is the specific creation of CSDG.

CSDG recognised that the ethnic specific reports published for Samoa, Cook Islands, Tonga, Niue and Fiji were important because they explored and described ethno-cultural approaches to mental health through dialogue with Pacific cultural experts and Pacific mental health workers. These reports were used as one of the sources to provide the ethnic specific cultural examples in appendix 1.

The Seitapu Framework therefore extends the exploratory work of PMHADS in the construction of a tool that can potentially benefit the exercise of delivering culturally competent services to Pacific clients and/or their carers ‘on the ground’.


This set of Pacific cultural competencies was developed for use by Pacific alcohol and drugs (A&D) workers working with Pacific clients. The evidence-base of this work brought together the collective experience of a nationally representative group of ten A&D workers from across 5 Pacific ethnic groups. Prior to the development of the competencies consultation with Pacific A&D in Auckland, Wellington, Christchurch, Dunedin and Hamilton resulted in unanimous support for developing cultural competencies. The consultation also highlighted that the mainstream A&D practitioner competencies (Alcohol and Drug Treatment Workforce Development Advisory Group, 2001) were relevant to the practise of Pacific A&D workers and the need to integrate both clinical and cultural competencies.

The starting point for this set of Pacific competencies was taking the mainstream A&D practitioner vocational competencies and identifying the elements of Pacific cultural competencies that integrate with them to provide an effective service for Pacific clients. The practitioner competencies used a format which described competency through descriptors broken down into element and performance indicator components within beliefs, knowledge and skills categories. The Pacific cultural competencies used the same format so as co-competencies to the mainstream ones, the process of finding the points of integration between them would be made easier. The Pacific A&D competencies were drawn upon to develop the Seitapu competencies and incorporated within the cultural competency statements under the four themes of: families; language; tapu; and organisation.

CSDG identified that the development of cultural competencies should start from the ‘cultural’ and then move to the ‘clinical’. This was the fundamental difference in approach
between the Seitapu competencies and the Pacific A&D competencies. CSDG believe that putting the ‘cultural’ in the centre within the four theme areas has resulted in full and in-depth descriptors of ethno-cultural theory and practice which is not constrained by the different knowledge and skills base and paradigms from which the clinical competencies stem.


The stated aims of this research relevant to the development of cultural competencies were:

1. To document the findings from focus group and individual interviews with Pacific mental health consumers, their family support persons and Pacific mental health service providers discussing:
   a) What models of care are being practiced in the New Zealand Pacific mental health sector today? What are the uniquely Pacific styles within these models?
   b) How are Pacific mental health services delivered to Pacific consumers and their families in New Zealand today? What are the uniquely Pacific styles within these delivery approaches?
   c) What helps Pacific mental health consumers ‘get well’?
   d) How have Pacific families supported their family members with mental health problems to get ‘get well’?
   e) How have Pacific families supported their family members within mental health problems to ‘get well’?

2. To outline an annotated bibliography of published research and unpublished reports about information from the overseas literature and overseas informants on models of service delivery for indigenous or migrant groups.

3. To compare and contrast the qualitative focus group and interview findings with information from the overseas literature and overseas informants on models of service delivery for indigenous or migrant groups.

In looking at aspects of Pacific models of care and service delivery, the findings covered all the theme areas of the Seitapu Framework and confirmed and supported much of the work that had already been carried out or has subsequently been carried out in Pacific cultural competencies. This included the finding that at the time, Pacific mental health workforce competencies are divided into two component parts, those considered ‘clinical’ and those considered ‘cultural’. Participants in this study argued to be a culturally competent worker, workers not only need to have some understanding of Pacific cultural beliefs and values, but they needed to be able to transfer or utilise those values and beliefs within their professional practice where appropriate.

DSCG drew upon the findings in the research to enhance the development of the cultural competency statements in the Seitapu Framework. The research provided examples of the issues and the intersections between clinical and cultural approaches to service delivery within family, language, tapu and organisation contexts. Some of these examples have been used as one of the sources to provide cultural competency examples within clinical and organisational contexts in appendix 1.

It also confirmed the importance of the Seitapu Framework theme areas for example where competency in one or more Pacific ethnic languages was highly recommended (language theme) as was competency in relevant bureaucratic processes and structures (organisation theme).
theme). In terms of cultural competency, service provider workers in this research argued that this was something that could only be acquired through lived experience. Some participants however recognised that the requirement for lived experiences was fraught with difficulties. One difficulty was how to frame objective workforce competency standards in situations where there are different levels of lived experience. In considering this dilemma and recognising that the Pacific A&D cultural competencies did not take this into account, the DSCG developed the Pacific Cultural Competency Staircase Continuum to take into account differing levels of competency through having core, advanced and specialist levels of competency.

The research also endorsed the value of the role that matua or cultural experts or advisors have in the mental health sector and also the need to have matua institutionally recognised in the current Pacific mental health sector. DSCG considered these issues and believes that having a ‘specialist’ level of cultural competency within the Seitapu Framework gives recognition to the importance of the matua role in the sector and will give validity to these skills as the Framework is implemented within policy and practice at national mental health policy level and within mental health sector organisations. This was endorsed by matua involved in consultation on the Seitapu Framework.

- Milne, M. 2001. ‘Nga Tikanga Totika: Best Practice Guidelines for Kaupapa Maori Mental Health Services’
- Te Takarangi-Nga Pukenga Ahurea mo nga pou manawa-Maori practitioner competencies for working with addictions” (Draft working copy)

As stated in Agnew et al (2004) discussed above, ‘Mandiberg (1996:6) notes “whole models cannot and should not be ever lifted out of social, cultural and economic contexts and imposed somewhere else:. What can be transported, he argues, are the principles of what works. Models themselves do not necessarily influence systems; rather it is the principles upon which models are based that make the difference.’

It is within this context that CSDG considered current work in Maori cultural competencies and best practice in kaupapa Maori mental health services. Links and connections between Maori and Pacific models of health belief and service delivery were discussed and principles of ‘what works for Maori’ identified to inform the development of the Seitapu Framework. This was particularly important in defining ‘a competent mental health worker who works with Pacific consumers’.

- Pacific Mental Health Recovery Competencies (Mental Health Commission)
- National Mental Health Workforce Development Co-ordinating Committee (NHMHWDCC), A Competency Framework for the Mental Health Workforce (1999)

CSDG considered other competencies frameworks to inform and determine the Seitapu Framework particularly in regards to scope and format so that Seitapu aligns with mainstream approaches. The work of NMHWDCC (1999) was particularly useful in outlining a framework that incorporates levels of competency (basic, advanced and specialist) What worker competency standards in New Zealand have in common is the provision of clear statements of competent workforce performance. CSDG set this as principle from the start of development and determined to make sure that the language used and the clarity of the cultural competency statements should be clearly understood by the wide range of stakeholders and end user groups. To further enhance this goal CSDG added the innovations of providing ‘key question’ at the end of each level of competency statements and providing cultural competencies examples in appendix 1. Overall, the
achievement of this goal was confirmed by the different groups involved in consultation on the Seitapu Framework.

• Pacific Health and Disability Action Plan, MoH. 2002

This Ministry of Health publication provided considerations for CSDG in regards to the broader policy framework in which the Seitapu Framework would operate.

**Pacific Cultural Leaders, Mental Health Workers, Consumers and Family Members Evidence Base**

Feedback on initial drafts of the Seitapu Framework obtained through the process of dialogue and consultation with the different mental health sector groups below was considered by CSDG and incorporated into the final version of the Seitapu Framework.

• **Consumers’ / Consumer representatives’ feedback**

Consumers are familiar with models of care that places the consumer at the centre. They supported the Seitapu model that places the worker at the centre because they acknowledge the importance of the cultural competency of the worker and that culture is the binding force that brings and keeps the consumer and the mental health worker together once the consumer has committed to the work of recovery and wellbeing.

Consumers commented on the language of mental health and wondered if there were more appropriate Pacific languages’ terms for Mental Health and in particular for ‘consumer.’ The Maori word for consumer ‘tangata whaiora’ they acknowledged as important to acknowledge Maori as tangata whenua and it being more appropriate to the consumers seeking wellness and wellbeing. CSDG decided to stay with ‘consumers’ for now because of the acceptance of this by the sector but recognise that through ongoing dialogue equivalents to tangata whaiora are needed for each Pacific language.

Comment was made on the tension between western and traditional approaches and how that it can cause confusion. Their question was, ‘Who has the final say?” Also the problem of having a sense of belonging for those not born and raised in the islands was mentioned.

The consumer described the generic qualities of the ideal worker which included being trustworthy, believe that the consumer can get well, affirmative, more educated, constantly upskill and have sensitivity and stability. In describing the ideal worker, consumers also described negative experiences that they have had in the past.

• **Matua / Cultural experts’ feedback**

There was vigorous debate and a number of varying opinions expressed within the themes used in the Seitapu Framework particularly in regards to tapu and language. This was due largely to the strong ethno-specific perspectives that matua provided their feedback. For example the differences in the development of respectful language terms in the different Pacific languages to describe mental illness and for people with a mental illness. There was also a difference across islands in regards to the displacement of traditional knowledge and culture through the impact of colonisation and non-traditional belief systems such as Christianity. These differences amongst the matua could also be attributed to the to the differences of individual in their cultural competency levels, the degree of lived experience
within traditional contexts and the prime value base from which the matua operates from i.e. Christian based or traditional based approaches. These nuanced differences and understandings of cultural competencies are embedded within the cultural competency statements of which specific detail within ethnic specific contexts will emerge as the Seitapu Framework is implemented in the sector.

Matua agreed with the overall Seitapu framework because of the recognition of culture and that it acknowledges high level specialist cultural competency. They also supported and could see the potential that the Framework could have in validating and valuing expert cultural knowledge and giving them recognition within organisations and organisational structures. Ethnic specific examples of cultural competency was gathered and incorporated into the cultural competencies examples in appendix 1. Matua fully supported the name “Seitapu” and the underlying concepts within it. CSDG recognise that the ongoing development of cultural competencies will require the ongoing dialogue between matua as the expert group in cultural competency.

- **Community Support Worker feedback**
The feedback received from Community Support Workers (CSW) was similar to that received from matua, in that it validates their work because Pacific CSW’s work within a cultural framework. Within the role of CSW often the speaking of a Pacific language is accepted as part of the job. Many CSW’s operate as cultural experts but are not always given the recognition of having comprehensive cultural knowledge and skills.

- **Clinicians’ feedback**
Overall, the clinicians consulted were supportive of the proposed Seitapu model and its accompanying framework. Most understood the basic meanings associated with the core concepts of the framework. A few questions were raised about the logic behind the proposed framework and the competency continuum and these were addressed by the team. Most were satisfied with the logic and noted that the framework’s structure and descriptors reflected those common to most competency frameworks. Many noted that the framework was a work in progress at this stage.

Along with these generally positive comments, there were a few areas that the clinicians raised specific comments about and/or suggested amendments to.

1. Ethical tensions – many of clinicians discussed the dilemma they would often face when confronted with situations where their professional code of conduct would have to take a back seat to responsibilities they felt they had as Pacific practitioners. For example, a commonly quoted scenario was where the family of the consumer was contacted by a worker against the will of the consumer, for the worker assessed this as being of long term benefit to the consumer. Another example raised concerned a breach of confidentiality. These were areas that clinicians raised quite openly as being of some concern when faced in practice with cross-cultural misunderstandings or uncertainties in terms of what might be considered ethical, i.e. what is in the best interests of the client. Clinicians reiterated the need for this competency framework to highlight some of these cross-cultural misunderstandings or ‘grey areas’, noting how they might give rise to breaches in ethical practice and how they fit in with notions of clinical and cultural competence.

2. From “Basic” to “Core” Competencies – as the first level in the continuum, this was regarded as the building block of competency development, thus the term ‘core’ was regarded as more accurately capturing the essence of this phase than the term
‘basic’. Also there was concern that ‘basic’ carried certain substandard connotations that may unduly stigmatise the first level of the competency framework.

3. Worker in the middle – a couple of clinicians indicated initial concerns about the placement of the ‘worker’ as opposed to the ‘consumer’ at the centre of the Seitapu diagram. This was based on a widely accepted health sector view that the consumer is always at the heart of (or the central focus) of all treatment interventions. However these concerns were largely alleviated, once it was explained that the purpose of these competencies was to develop the cultural capacity of the worker, hence the reasons for having the worker as the central point of focus.

4. Tapu theme – comments were made about an earlier descriptor for this theme, to highlight the point that it is much wider than simply saying it was about physical and spiritual boundaries. The point was made that ‘Tapu’ encompassed a worldview that actually defined all aspects of traditional, spiritual and relational boundaries for living and safe practice. It was important to recognise and acknowledge that in fact ‘Tapu’ transcended all aspects of Pacific life, including how language is structured and spoken and how sacred family relationships are determined and conducted. Because of this, it was suggested that Tapu probably cut across the other two themes in a way that underlines its significance as an overarching theme.

- **Service Managers’ feedback**

Overall the feedback from service managers was positive and supported the overall concept and components of the Seitapu model and framework. They acknowledged and supported the importance that the model and framework places on worker competency being supported by the organisation in which they work. This principle was embedded in the definition of a ‘competent mental health worker working with Pacific clients.’

The draft model and framework presented to them for feedback, described best practice criteria organisations need to support the cultural competency of their workers. This was largely drawn from the National Mental Health Sector Standard NZS 8143:2001, standard 2 ‘Pacific People’. Service managers felt that a stronger link between the organisation aspects and the cultural competencies statements was needed. This was considered by the CSDG and the decision was made to add another theme ‘Organisation’ which incorporates organisational policy and procedures within the worker’s organisation as well as knowledge of and ability to work with external Pacific Island organisations and institutions.

**Conclusion**

The CSDG considered the above ‘evidence’ in the formulation of its core methodological approach and underpinning rationales for framework design. The base-line ideas for the design of the Seitapu Framework – from the flower or sei model through to the use of the staircase, continuum and statements was the product of CSDG, through a process of dialogue drawing upon the collective knowledge and experience of the group. The make-up of the CSDG membership allowed for a good level of access to both frameworks of knowing – the ‘clinical’ and ‘cultural’ frameworks of knowing adopted by the Pacific mental health and addictions sector and the ‘ethno-cultural’ frameworks adopted by Pacific communities in New Zealand at large.
It is recognised that developing resources to best cater for the needs of Pacific peoples must be based on current and sound evidence. This includes having access to and consideration of not only projected statistical information; demographic trends for Pacific peoples in New Zealand; current sound and relevant academic, government and sector literature in the subject areas of concern to this project; but also having access to current sound and relevant advice by Pacific cultural leaders, workers, consumers and family members involved in the Pacific mental health sector. Both ‘evidence bases’ were addressed in this work.
Appendix 3- Seitapu Anagram

“Seitapu” relates to the Tapu o Tagata or the spiritual guardians of the model

T in TAPU stands for:

• **TAGATA**
The cultural safety of service, workforce and service delivery to Pacific tagata /people/ consumers/tagata whaiora and their families recovering from a mental illness or addiction. It acknowledges also all those who work in Mental Health services. Finally it also acknowledges the many tagata who have departed from this world.

Tagata or people whose mana and integrity and their individual and combined experiences in the area of Cultural and Clinical competencies in the mental health and addiction sector including the Competency Standards Development Group:

- **Tamasailau Suaali’i-Sauni.** Samoan. Doctoral graduate, co-author Cultural Competencies, Waitemata DHB. Well respected Academic. Tamasailau is the Taupou for the Fuimaono Aiga of Salani, Falealili District, Samoa.

- **Tina McNicholas.** Fijian. Co-Author “Cultural Competencies-Fijian group” Also key role in the production of Pacific Alcohol and Drug Competencies.

- **Tavita (David) Lui.** Samoan. Consultant. Key role in the establishment of the first Pacific mental health service in NZ Lotofale. Former CSW and Manager of Lotofale, the first Pacific mental health service in a mainstream service in New Zealand.

- **Tony Gibbs.** Samoan. Project facilitator. Co Author Pacific Cultural Competencies for A &D Workers

A in TAPU stands for:

• **AGANU’U**
Culture. Seitapu’s foundation is based on Pacific Cultures and their people.

• **Anna Long** for her enduring support and commitment towards the development of Pacific mental health services in NZ/Aotearoa.

PU in TAPU stands for

• **PULOTU** Faileaso, Fuimaono Karl’s mother who provided support and nourishment for the project workers.