



Critical elements for successful implementation of community-based suicide prevention initiatives for Pacific Island people in Aotearoa New Zealand

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Abstract

This exploratory study set out to identify the critical elements to successfully implement community-based suicide prevention initiatives, within Pacific Island communities in Aotearoa New Zealand.

Data was gathered from 17 community-based suicide prevention initiatives, led by and for Pacific Island people, over 24 months. The initiatives were funded by a national not-for-profit organisation, *Le Va*, as part of the Waka

Hourua: national Māori and Pasifika suicide prevention programme.

A fixed comparative non-experimental design was applied. The data was thematically analysed alongside a formal expert consensus approach. A hybrid approach to expert consensus was used, combining a Delphi method and a nominal group technique.

Results indicated that seven elements are critical to successful community-based suicide prevention initiatives delivered for Pacific Island communities in Aotearoa New Zealand. The initiatives need to be based on the following elements: 1) culturally relevant, 2) family-centred, 3) clinically safe, 4) take a targeted approach, 5) sustainable, 6) organisationally competent, and 7) have trusted relationships.

Identifying these critical elements for implementing community-based suicide prevention initiatives is significant progress for Pacific Island communities. It informs practice by defining an amalgam of collective efforts of 'what works' alongside clear and central tenants

for effective implementation of suicide prevention initiatives. It is proposed that these critical elements could provide a potential investment framework to inform the funding and implementation of future suicide prevention policy, research and community initiatives

Keywords: Suicide, suicide prevention, Pacific, Pacific Islands, indigenous, community, culture, community-based, mental health, framework, success factors, outcomes.

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Introduction

“e sui faiga ae tuman fa’avae:

practices may change but the foundations remain”.
[Samoan]

Community-based interventions aiming to prevent suicide plays an essential role in indigenous communities. Communities provide social support, including connectedness, that can protect from vulnerability to suicide and enhance resiliency. More specifically, communities can meaningfully engage with extended families to reduce stigma around suicide, provide access to the right help, and facilitate natural supports following a suicide or suicide attempt (World Health Organisation, 2014a).

Internationally, indigenous leadership enables indigenous approaches and solutions to suicide. Indigenous leadership advocates for praxis from within families and communities. This is a common success factor (in combination with other success factors, such as safe messaging) for community-based responses to indigenous suicide (Kelley et al., 2015).

In Aotearoa New Zealand, literature purports that community initiatives whereby indigenous worldviews are valued, is a core component of; equitable health, informing policy and effective service development for indigenous

peoples. Specifically, these cultural-centric initiatives mobilise the community by weaving people together to establish successful suicide prevention and postvention initiatives (Baker et al., 2017).

Similarly, supporting Pacific Island communities to develop safe approaches to suicide prevention with Pacific cultural paradigms, from within Pacific communities, and in Pacific languages, is an empowering medium. This approach promotes culturally relevant interventions that resonate with Pacific Island communities (Faleafa et al., 2019). However, there remains a paucity of research investigating the structures and processes required to ensure indigenous and Pacific Island community-based suicide prevention initiatives are safe and effective in implementing and evaluating successful programme outcomes. This study takes a step closer to addressing this knowledge gap.

As part of their *FLO: Pasifika for Life* (FLO) national Pacific Island suicide prevention programme, Le Va supported 17 Pacific Island community-based suicide prevention initiatives for 24 months between 2014 and 2017. Le Va is a national by-Pasifika for-Pasifika not-for-profit organisation focussed on wellbeing. Le Va’s FLO programme is part of the Waka Hourua: national Māori and Pasifika suicide prevention programme led by Te Rau Ora and Le Va. Waka Hourua and the community fund was established to build capacity and capability of Māori whānau, hapū, iwi, Pasifika families and communities to develop solutions to suicide (Ministry of Health, 2013).

An analysis of the 17 initiatives reported that the diverse ethnocultural approaches were broadly based on (1) increasing awareness of suicide prevention in a culturally relevant way (particularly for reducing stigma and enhancing help-seeking behaviour); (2) suicide prevention education on how to recognise and respond to warning signs unique to Pacific Islands communities; and (3) skills-based development to strengthen supportive relationships (Faleafa et al., 2021).

At this scale, addressing suicide from a community-based level is relatively new to Pacific Island communities in Aotearoa New Zealand.

Given there is clear evidence demonstrating that irresponsible and unsafe ways of communicating suicide in public can cause more harm (World Health Organisation, 2014a), Le Va provided significant clinical support, and culturally appropriate resources, education and training to ensure the safety of both the programme organisers and their targeted audiences.

With a combined reach estimated at more than 310,000 people, the scale of this community-based, bottom-up approach to preventing suicide was unprecedented for Pacific Islands people in Aotearoa New Zealand.

Aim

This exploratory study set out to identify the critical elements required to successfully implement community-based suicide prevention initiatives within Pacific Islands communities in Aotearoa New Zealand.

These critical elements may provide a potential investment framework to inform the funding and implementation of future suicide prevention policy, research, and community initiatives.

Data was gathered and analysed from 17 community-based suicide prevention initiatives led by and for Pacific Island people over 24 months.

Method

This study is a fixed comparative non-experimental design. Seventeen participants (community groups or organisations) were selected using direct control based on their successful application for funding to Le Va's one-off contestable fund. The fund was established to support community-based initiatives that would build and enhance the capacity and capability of Pasifika families and communities to prevent suicide. A demographic breakdown of the 17 initiatives including ethnicity, target audience, geographical locations and approaches they took are indicated in the authors' previous article (Faleafa et al., 2021).

Data Collection

Prior to implementing each initiative, data collection and monitoring reporting with

timeframes and milestones were negotiated with each of the 17 participants. This was to ensure consistent reporting and acknowledged the unique scope and objectives of each initiative.

Data was collected from the 17 participants via three primary sources over 24 months, with open-ended structured question schedules: 1) an informal monthly progress update via email, 2) halfway through the project, a more formal interim progress report from a template provided, and 3) a formal project completion report on a similar template provided.

Other data collection included ad hoc engagement via face-to-face and telephone unstructured interviews, which were documented to complement the data gathered in progress reports. The question areas for the unstructured interviews were the same question areas as for progress reports but allowed more qualitative information to be collected.

Complimentary data was collated during various events delivered by participants, including workshops, community engagements and Fono (meetings).

Expert consensus two-stage approach

A formal expert consensus method was deemed appropriate due to the paucity of available evidence for community-based suicide prevention initiatives for indigenous people, and due to the questionable validity and applicability of western-based approaches to suicide prevention for Pacific Island communities.

A hybrid approach to expert consensus utilising a formal Delphi method and a nominal group technique was selected (Hutchings et al., 2006; World Health Organisation, 2014b). The Delphi method is a useful methodology widely utilised in healthcare or social settings for processes such as planning for future policies and programmes, or developing competencies, protocols, treatment criteria, guidelines, or to identify barriers to optimal healthcare performance (Akins et al., 2005).

The first stage of the expert consensus approach was a preliminary analysis of the available data to generate a list of common themes across the 17 initiatives for experts to moderate. For each initiative, data from the three sources were

collated and analysed. A final summary report for each project was written and sent back to the participant for quality assurance and confirmation of accuracy. A comparative thematic analysis was conducted, informed by the principles of grounded theory, to identify common emerging themes matrixed across the 17 initiatives (Patton, 2002).

The second stage of the expert consensus approach included ten indigenous experts. The experts were purposefully selected to apply their knowledge and experience to evaluate and moderate the common themes. The experts consisted of two clinical psychologists, a nurse, five academic researchers, and two senior administrators of healthcare, all of Samoan, Cook Islands, Tongan, or Māori descent. All experts had technical expertise in suicide prevention, mental health, community development or wellbeing. Each expert made independent blinded judgements via e-survey, ranking aggregated common themes (the Delphi technique). Once collated, panel members who were able to, came together and reviewed results collectively and revised opinions where appropriate (the nominal group technique).

A set of critical elements emerged, consistent across all of the initiatives, which the expert panel deemed necessary for the initiative to achieve successful and sustained results. Not all community projects contained all of the identified elements for success.

The outcome is an amalgam of seven high-level elements critical for effective implementation of community-based suicide prevention initiatives for Pacific Island communities in Aotearoa New Zealand.

Results

This study proposes to have identified the critical elements required for the implementation of effective and safe community-based suicide prevention initiatives within Pacific Island communities in Aotearoa New Zealand.

All seven elements are required to be present, namely that the initiative needs to be: 1) culturally relevant, 2) family centred, 3) clinically safe, 4) take a targeted approach, 5) sustainable, 6) organisationally competent, and 7) have trusted relationships. These critical elements are illustrated in Figure 1.

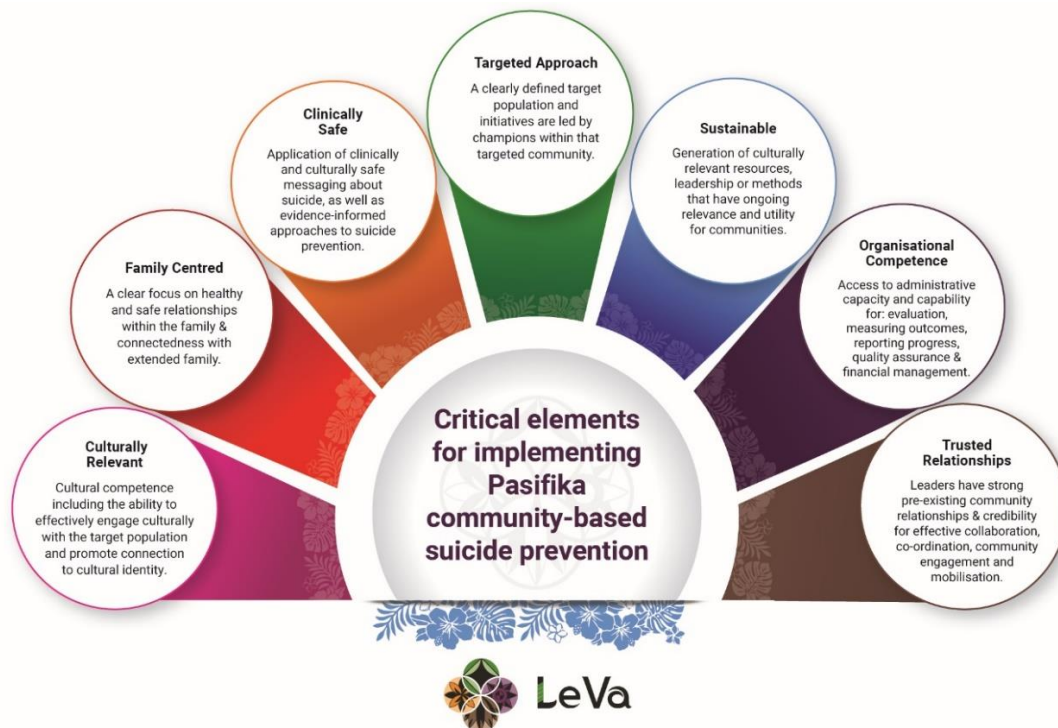


Figure 1. Critical elements for implementing community-based suicide prevention initiatives in Pasifika communities.

Definitions and examples for each critical element required to implement community-based suicide prevention initiatives within Pasifika communities are listed below.

Culturally Relevant

The cultural relevance of initiatives is vital. This requires a level of cultural competence, including the ability to effectively engage with the target population, and promote connection to cultural identity.

A plethora of international literature evidences the positive impact that cultural competence can have on outcomes for ethnic minorities. The impact includes but is not limited to; enhancing access to the right support, reducing disparities, and increasing quality of the support or service provided, ultimately for achieving better outcomes (Faleafa & Pulotu-Endemann, 2017).

Successful initiatives in this study included cultural leadership in the methodology and extensive collective cultural advice for carefully co-designed resources. This included a cultural values-based approach, for youth, a focus on cultural identity, and ensuring resources are also available in various Pacific Islands languages.

This element reflects the traditional Pacific Island holistic approach to wellbeing, which is inclusive of the physical, emotional, mental and spiritual domains of wellbeing. Ensuring suicide prevention initiatives are culturally relevant also reflects Pan-Pacific cultural values such as love, respect, reciprocity, spirituality, service, and family (Kingi-Uluave et al., 2016)

Family-Centred

The successful initiatives included a clear focus on healthy and safe relationships within the family and connectedness with extended family. This did not mean that the initiative needed to focus on family as a target population, but that the way they approached their target population was informed from a family-centred approach. Anyone working with Pacific Island youth, elderly, or all ages, should be cognisant that the individual exists in the context of family, family history, and extended family.

It is not surprising that a family-centred approach has been identified as a critical element for Pasifika communities. Family forms the

fundamental basis for social organisation in Pacific cultures and is inclusive of extended family (Manuela & Sibley, 2013). Research has suggested that family discord and conflict can play a role in suicidal ideation and behaviours for Samoans, Cook Islanders, and Tongan youth (Tiatia, 2003; Puna, & Tiatia, 2013; Sinisa, 2013).

An example of an effective family-centred initiative was a project carried out with Samoan elders in the Samoan language focussed on intergenerational communication. It included strategies on how to communicate with Samoan people, particularly around identifying and talking safely about warning signs of suicidal behaviour.

Another initiative utilised performing arts to act as a bridge between intergenerational transfer and communication. Pacific performing arts and dance are an incredibly popular and powerful platform for delivering messages amongst Pacific communities. It is particularly useful for tapu or sacred topics that parents and teens, for various reasons, may not be able to talk about with each other. It was noted that this approach requires sophisticated scriptwriters to ensure safe and appropriate messaging for families.

Clinically Safe

The application of clinically and culturally safe messaging about suicide, as well as evidence-informed approaches to suicide prevention, is critical to implementing successful community-based suicide prevention initiatives.

This element can be described in two ways: 1) that the implementation of the community-based initiative was informed with safe messaging that would ensure no harm was done, and 2) that the initiative itself had a clear focus on early detection and response to distress or suicidal distress– not only promoting wellbeing.

To address the safe messaging, Le Va provided health practitioners to the project managers for advice (including registered clinical psychologists) and attendance to events, gatekeeper training for project leads and community leaders, guidelines on how to have safe community conversations, and tailored hard copy resources with national and local support service information for community events and

meetings. Where required, these resources were translated into Pasifika languages.

Initiatives that were directly linked to enhancing responses to distress or suicidal distress were able to clearly show alignment with the purpose of the overarching fund, and hence able to display more effective outputs. Initiatives that included any component of suicide prevention education, training or safe messaging for preventing suicide, were more effective than initiatives that only focussed on promoting positive wellbeing.

The authors purport that increasing resilience, campaigns to reduce stigma and enhance help-seeking, mental health literacy, strengthening protective factors and reducing risk factors to suicide all have merit and play a fundamental role in the suicide prevention continuum (Ministry of Health, 2019). However, for community-based suicide prevention initiatives within Pacific Island communities, these should all be done in conjunction with education or information on early detection and responses to suicidal ideation, distress or behaviour.

Targeted approaches

The most effective initiatives had clearly defined target populations, and champions led the initiatives within that targeted community. Targeted approaches were effective because the initiative was highly specific and tailored to deliver targeted support to meet the needs of the group.

Initiatives led by community champions within culturally specific communities (Samoan, Tongan, Cook Island, Niuean), age-specific (youth or elders), or gender-specific (male, female or rainbow) were culturally tailored with relevant resources and effective engagement.

Sustainable

The critical element of sustainability was defined as initiatives that generate culturally relevant resources, leadership or methods that have ongoing relevance and utility within communities.

Many initiatives included digital or video documentation or resources that would be available for use on completion of the project. A creative performance intervention for Pacific youth documented how the methodology of

working with ‘at-risk’ youth and engaging families in performance had a high level of transferability to other life-changing projects for youth. The group was successful at gaining further funding to enhance and continue the initiative.

Similarly, an initiative that focussed on educating hairdressers and barbers with a brief suicide prevention education session was adopted by a national hairdressing school as part of their ongoing training curriculum.

Organisational Competence

The effective initiatives had access to organisational or administrative capacity & capability. Particularly for evaluation, measuring outcomes, reporting progress, quality assurance and financial management.

Larger ‘umbrella organisations’ supported smaller community groups that did not have organisational infrastructure & quality assurance processes. Groups without access to this facility struggled to meet all deliverables and required extensive support from Le Va.

Trusted Relationships

Trusted relationships are essential for any community-based engagement. In this study, effective initiatives had strong pre-existing community relationships led by credible leaders. Many were already delivering socially-oriented programmes of work. This fostered effective collaboration, coordination, community activation and mobilisation.

The initiatives with leadership that did not have pre-existing or supportive community relationships failed to engage with their target population effectively.

Discussion

Supporting community-based suicide prevention initiatives at a grass-roots level is an effective way to ensure that suicide is addressed within a cultural context. Moreover, this approach fosters initiatives that are relevant and validated by community members. Le Va’s provision of clinical expertise, culturally appropriate resources and safe messaging enhanced the community approaches.

Identifying these seven critical elements required to implement community-based suicide prevention initiatives is significant progress for Pacific Island communities. The results inform practice by defining an amalgam of collective efforts of ‘what works’ alongside clear and central tenants for effective implementation of suicide prevention initiatives. Each of the 17 initiatives must be congratulated and recognised as the inspiration for this contribution to the paucity of knowledge and literature in this field.

Not all initiatives contained all seven critical elements. The authors recommend for future community-based suicide prevention efforts that all seven elements are present to meet the minimum criteria required for quality, clinically safe and culturally safe initiatives.

Following a national mental health inquiry 2018-19, and with a new national suicide prevention strategy, Aotearoa New Zealand has a renewed focus on investing in equity, quality, evidence-informed approaches, and where appropriate, practice-based evidence (particularly for community and indigenous solutions) (Ministry of Health, 2019).

With the limited funding available for community initiatives to address such a significant public health issue like suicide, accountability is vital to ensure successful outcomes. These critical elements may provide a potential investment framework to inform future suicide prevention policy, research, and community initiatives.

An investment framework consisting of the seven critical elements gleaned from ‘what works’ in practice for Pasifika communities, may support more informed decision making for future investment.

The critical elements may also resonate well with other indigenous populations - particularly in settings where there is a mix of traditional collective culture with urban cultures, and where the communities themselves have a desire for self-determination and lead solutions to suicide within their communities.

There is a need for greater exploration via research rigour, to build the evidence for safely and appropriately serving our Pacific Island communities in suicide prevention, intervention

and postvention. This can inform and enhance future community-based initiatives.

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