

Let's get real 
REAL SKILLS FOR PEOPLE WORKING IN MENTAL HEALTH & ADDICTION

REAL SKILLS PLUS SEITAPU

WORKING WITH PACIFIC PEOPLES

Te Pou
o Te Whakaaro Nui



Le Va
Pasifika within Te Pou

 **MINISTRY OF HEALTH**
MANATŪ HAUORA





“

SEITAPU – SEI IS A FLOWER WORN IN YOUR HAIR, TAPU IS THE SACRED POSITION OF THE FLOWER ON THE HEAD, PUT TOGETHER IT IS A STRONG FORCE OF BEAUTY, SPIRITUALITY AND POWER.

”

FUIMAONO KARL PULOTU-ENDEMANN

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In particular, we would like to acknowledge the Ministry of Health for their support and the following people for their guidance and assistance.

Fuimaono Karl Pulotu Endemann

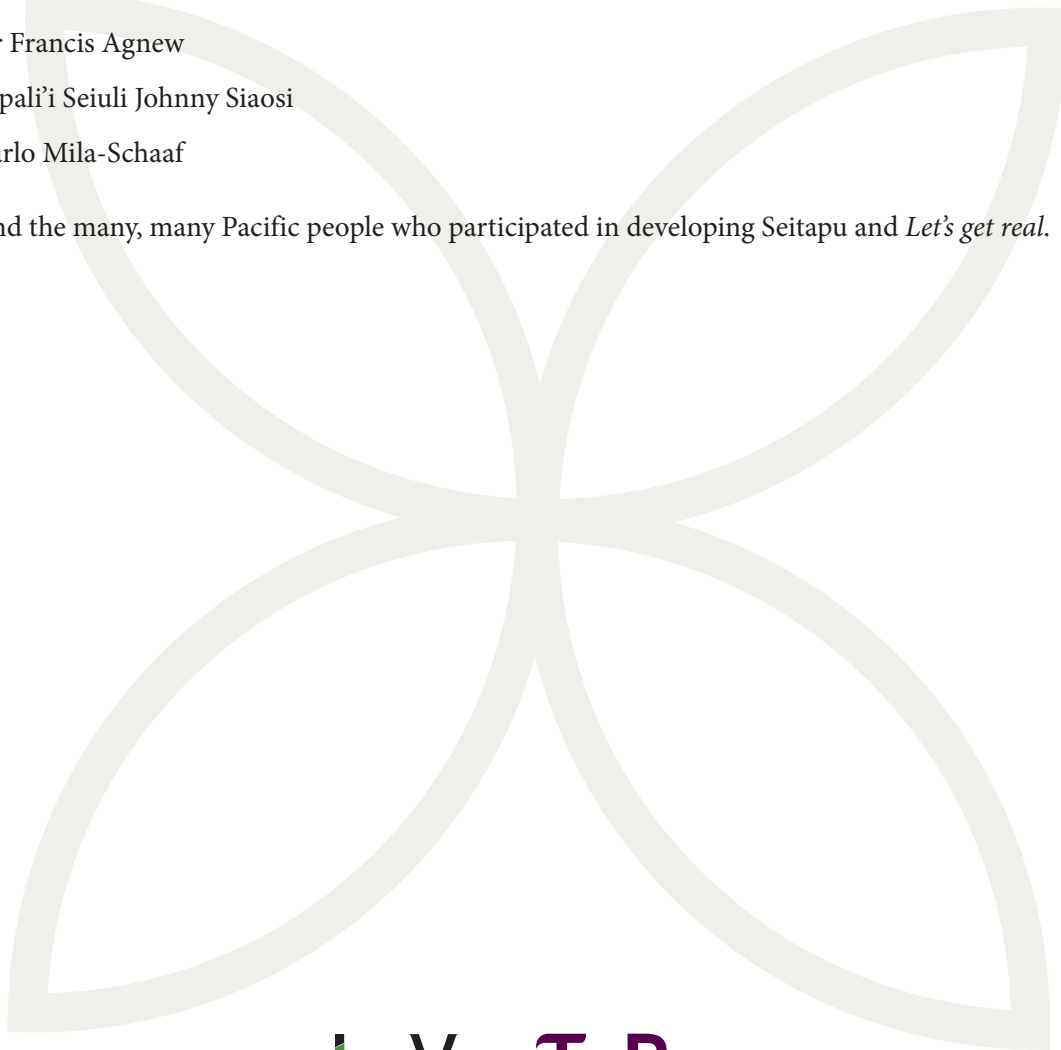
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And the many, many Pacific people who participated in developing Seitapu and *Let's get real*.



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FOREWORD

“Kuo huni e lolo ‘a Halaevalu”

It is my honour to present the *Real Skills plus Seitapu* framework to the sector. *Real Skills plus Seitapu* outlines a foundation cultural competency framework that people working with Pacific service users and their families should endeavour to aspire to. The framework complements and sits alongside the *Let's get real* framework, which describes the essential knowledge, skills and attitudes required to deliver effective mental health and addiction services in New Zealand.

The phrase “kuo huni e lolo ‘a Halaevalu” comes from the Kingdom of Tonga and is intrinsically associated with Vava'u in the north. In English it can be translated as “behold, the spreading oil of Halaevalu smoothes”. A popular explanation of the phrase relates to the legend of a chiefly woman called Halaevalu¹, whose flotilla entered the pristine harbour at Neiafu during a storm. As Halaevalu was about to disembark, she dropped a precious gourd of scented oil she was carrying into the water. The oil spread across the surface and the sea became still and calm. An observer spoke these words in amazement many centuries ago.

The *Real Skills plus Seitapu* framework is like that ancient gourd of oil, but for a different kind of stormy sea. The current economic recession will have immediate impacts and a flow-on effect in the years to come. Within this environment, providing appropriate and effective services to vulnerable communities and families will be critical. Recent research has shown that Pacific people experience mental disorders at higher levels than the general population³. This is further compounded by a number of factors, including low access to services and high demand for a clinically and culturally competent workforce.

This framework builds on the work done by Pava on behalf of the Ministry of Health, of which the *Seitapu* framework of Pacific competencies for practitioners, leaders and organisations was the result. Le Va was given the blessing by the authors of *Seitapu* to utilise and adapt their work into this new framework. I would like to thank Fuimaono Karl Pulotu-Endemann and the other co-authors for their generosity and foresight. I wish to also acknowledge my team and particularly Vito Nonumalo, who led this work for Le Va. I thank all the people from all around the country who have contributed their time, hearts and minds to this piece of work.

It is my hope that this document provides steady and assured calm in turbulent times.

Fa'afetai tele lava



Dr. Monique Faleafa
National Manager, Le Va

INTRODUCTION

This document presents a framework of the essential and desirable knowledge, skills and attitude attributes for any person in the mental health and addiction workforce who is working with a Pacific person, people or their families.

The development of the *Real Skills plus Seitapu* framework has come about largely in response to the Seitapu framework. Seitapu is a framework of Pacific cultural and clinical competencies designed to be used by all mental health workers and organisations providing services to Pacific people (including services specifically for Pacific people, and people in any setting who work with Pacific people).

Seitapu was developed by Pava on behalf of the Ministry of Health in 2006. While, at the time, Pava was a relatively new organisation, the people contracted to undertake the work included some of the most skilled and knowledgeable leaders and practitioners from the areas of social research, addiction practice, mental health practice and mental health consumer advocacy in New Zealand's Pacific communities. They also represented a wide geographical spread both physically and ethnically.

The Ministry of Health also developed a base framework of the knowledge, skills and attitudes required of workers in both district health board and non-government organisation mental health and addiction services in order to deliver the most effective services for service users; *Let's get real: Real Skills for People Working in Mental Health and Addiction*.

This *Real Skills plus Seitapu* framework should not be seen as a replacement for Seitapu, nor should it be seen as a continuation. While the content retains much of the original essence and integrity of Seitapu, *Real Skills plus Seitapu* is a consolidation only of those aspects of Seitapu that can be aligned to the *Let's get real* framework without altering the intent of either framework.

This document is intended as a companion document to the *Let's get real* framework, while Seitapu remains, for all intents and purposes, a framework that applies to the specialised provision of Pacific services (i.e. by Pacific for Pacific).

The *Real Skills plus Seitapu* framework provides an outline of the considerations that should be taken into account by New Zealand's mental health and addiction workforce when working with Pacific people. It is intended to infuse Pacific knowledge, skills and attitude throughout the mental health and addiction sector, empowering services and people to become more responsive and accessible to Pacific service users.

PACIFIC PEOPLE IN NEW ZEALAND

The *Real Skills plus Seitapu* framework will not necessarily apply to all Pacific people in New Zealand.

The changing demographics of Pacific people are such that it would be difficult to come up with a unified framework that provides a cultural context for them all. It is worth keeping in mind, for example, that the definition of Pacific people is in itself broad, covering a multitude of ethnic cultures, traditions and practices, and spanning geographical distances that are physically challenging to traverse.

What this document does provide however is guidance towards trying to understand, identify or learn about these various paradigms that exist and in essence create space for learning to occur.

MIGRATION

Many of the earlier Pacific people who migrated to New Zealand came for improved educational and occupational opportunities, and at the beckoning of the New Zealand Government, which was seeking to fill a shortfall in labourers.

New Zealand at the time was undergoing an industrial boom, as it strove to meet the demands of a post-war economy thriving as a result of increased wealth and technology. The country's infrastructure was being built on the back of migrant Pacific people who were prepared to leave their island homes to work in New Zealand factories.

The children and grandchildren of those early migrant Pacific people make up the bulk of New Zealand's current Pacific population.

Today immigration from Pacific islands occurs largely as a result of citizenship, such as applies for people from Niue, Cook Islands and Tokelau, or under quota systems, either for skilled migrants or as agreed with individual Pacific islands. An example is the Samoan quota scheme, which each year allows up to 1100 Samoans to be granted residency in New Zealand.

NEW ZEALAND BORN AND ISLAND BORN

There are differences between New Zealand-born Pacific people and those who have migrated from the islands. Nowhere is this more evident than in the results of *Te Rau Hinengaro: The New Zealand Mental Health Survey*, published in 2006, which identified a higher prevalence of mental illness amongst New Zealand-born Pacific people than in those who came to New Zealand over the age of 18.

Factors such as displacement from traditional culture, loss of language and multiethnic genealogy can also lead to differing perceptions and world views.

YOUTHFULNESS

Pacific people in New Zealand are typically more youthful than the general population, with the median age for Pacific people being 21.1 years compared to 35.9 years for the overall population (New Zealand Census, 2006). The New Zealand Census, 2006 identified that Pacific people are more likely to have been born in New Zealand than in the Pacific; six out of 10 Pacific people are said to have been born in New Zealand.

LANGUAGE

Despite attempts to foster and maintain both language and culture amongst the children of migrant Pacific people in New Zealand, language appears to be one of the sacrifices that have occurred as a result of migration.

The 2006 New Zealand Census indicated decreases in the number of Pacific people who could speak their own language. For instance, only 44 per cent of New Zealand-born Samoans had the ability to speak Samoan, a decrease of 4 per cent on the previous census. Cook Islanders were the least likely group to speak their own language (only 17 per cent claimed to be able to do so).

FAITH

Faith has played an important part in Pacific islands culture since the arrival of the first missionaries in the Pacific.

According to the 2006 New Zealand Census, 83 per cent of Pacific people stated they had at least one religion, which compares to the figure for New Zealand overall of 61 per cent.

As would be expected, 97 per cent of those who said they had at least one religion, identified with Christianity, with the largest number of people being Catholic.

There has been an increase in the number of Pacific people who did not identify with a religion. The make up of this group is almost entirely New Zealand-born (9 out of 10 people in this category) and half are aged less than 15 years.

THE RATIONALE FOR REAL SKILLS PLUS SEITAPU

Results from *Te Rau Hinengaro: The New Zealand Mental Health Survey*³ painted a relatively grim picture of mental health and addiction for Pacific people in New Zealand, both in terms of prevalence and in people's access to, or use of, services.

In essence, the survey indicated:

- higher rates of mental disorder amongst Pacific people than the general population
- higher rates of suicidal ideation than the general population
- lower rates of access to both primary and secondary mental health and addiction services by Pacific people than the general population.

There is further evidence showing that Pacific people:

- carry a disproportionately high “burden” of mental illness
- have gaps in service provision and service use
- show a complex profile of compounding risk and protective factors
- are a rapidly growing, changing, youthful demographic that appears to be carrying the burden of mental disorder
- have an under-represented and under-skilled Pacific mental health workforce.⁴

Given these findings, it becomes clear that New Zealand's mental health and addiction sector needs to be working towards ensuring that its services and staff are more responsive and accessible to all Pacific people.

THE PATHWAY TO DEVELOPMENT

THE NEGOTIATED SPACE

An Occasional Paper developed by Le Va has outlined a conceptual model relevant to cultural competency, research and quality mental health and addiction services.⁵

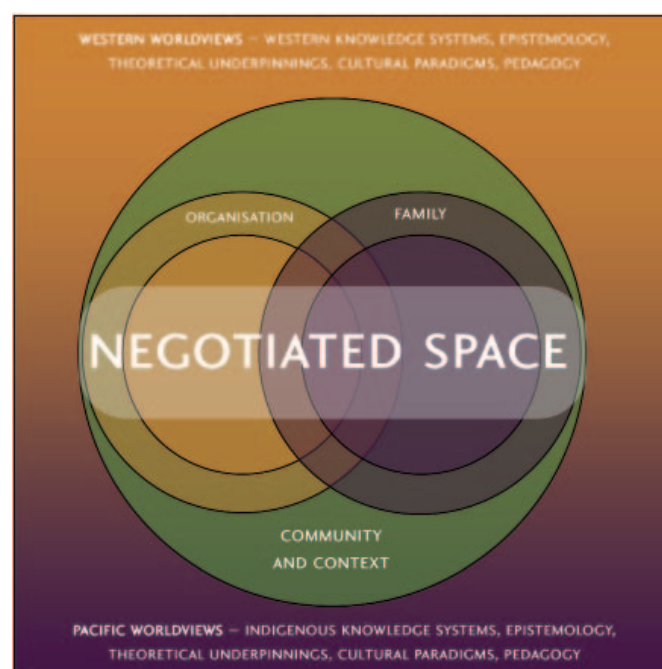
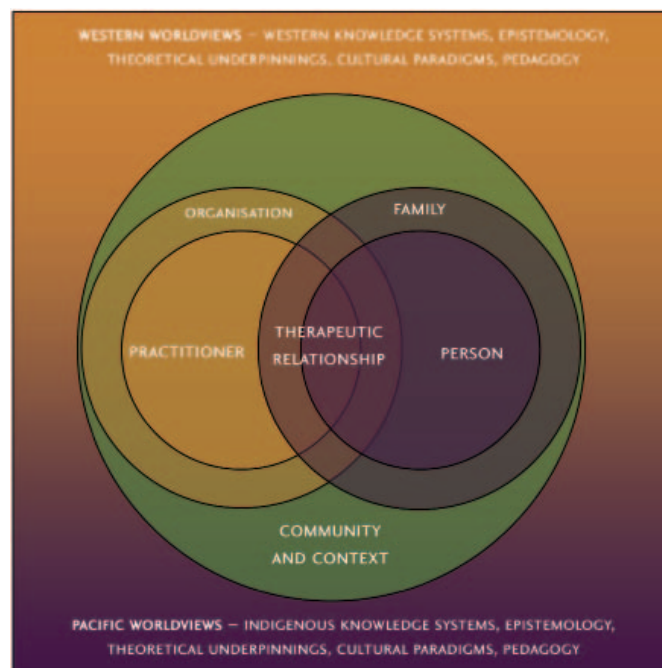
Called the ‘negotiated space’, the model describes the interface between different world views and knowledge systems - in this case Pacific indigenous world views and Western world views (e.g. the bio-psycho-social approach) relating to understandings, causes and treatments of mental unwellness and addiction issues.

It is suggested that the negotiated space could represent shared knowledge and understanding, or alternatively could be the place where discussion occurs around how to reconcile the differences. The negotiated space is a place of balancing, weighing, sifting and deliberating. It is a conceptual site where traditional knowledge bases are potentially expanded, innovated and adapted.

The concept of the negotiated space has resonance for the Pacific mental health and addictions sector on a number of levels. Many Pacific mental health and addiction practitioners are trying to balance, bridge and mediate clinical, bio-psycho-social, western approaches with understandings that are derived from Pacific world views and indigenous reference points.

Seeking an optimum balance, whereby cultural and clinical knowledge is adapted and positioned in complementary and innovative ways, characterises most Pacific models of care, measures and tools. In effect, these tend to try and capture the best on offer from both knowledge systems.

DIAGRAM 1: CONCEPTUALISATION OF THE NEGOTIATED SPACE



SEITAPU IN RELATION TO THE NEGOTIATED SPACE

Recent research shows that, “The most effective worker for Pacific people is someone with sound knowledge of AOD (or mental health), Pacific cultures and processes, and has the ability to integrate both Palangi (European) and Pacific knowledge to help the client”.⁶

The Seitapu cultural and clinical competency framework recognises the importance of having the best of both worlds: both clinical and cultural competencies.²

In essence, the competencies required for the mental health and addictions workforce when working with Pacific people are comfortably embraced and enveloped within the concept of the negotiated space, between paradigms of culture and clinical, as represented in this case by Seitapu and *Let’s get real* respectively.

Real Skills plus Seitapu exists within the negotiated space.

THE THREE FRAMEWORKS

Each of the three frameworks (*Let’s get real*, Seitapu, and *Real Skills plus Seitapu*) are targeted at specific workforce audiences, and are adaptable depending on workforce setting, population, service user needs and the service being provided.

The following diagram shows how the frameworks work alongside each other in relation to the workforce.

DIAGRAM 2: THE THREE FRAMEWORKS AND THE WORKFORCE



SEITAPU

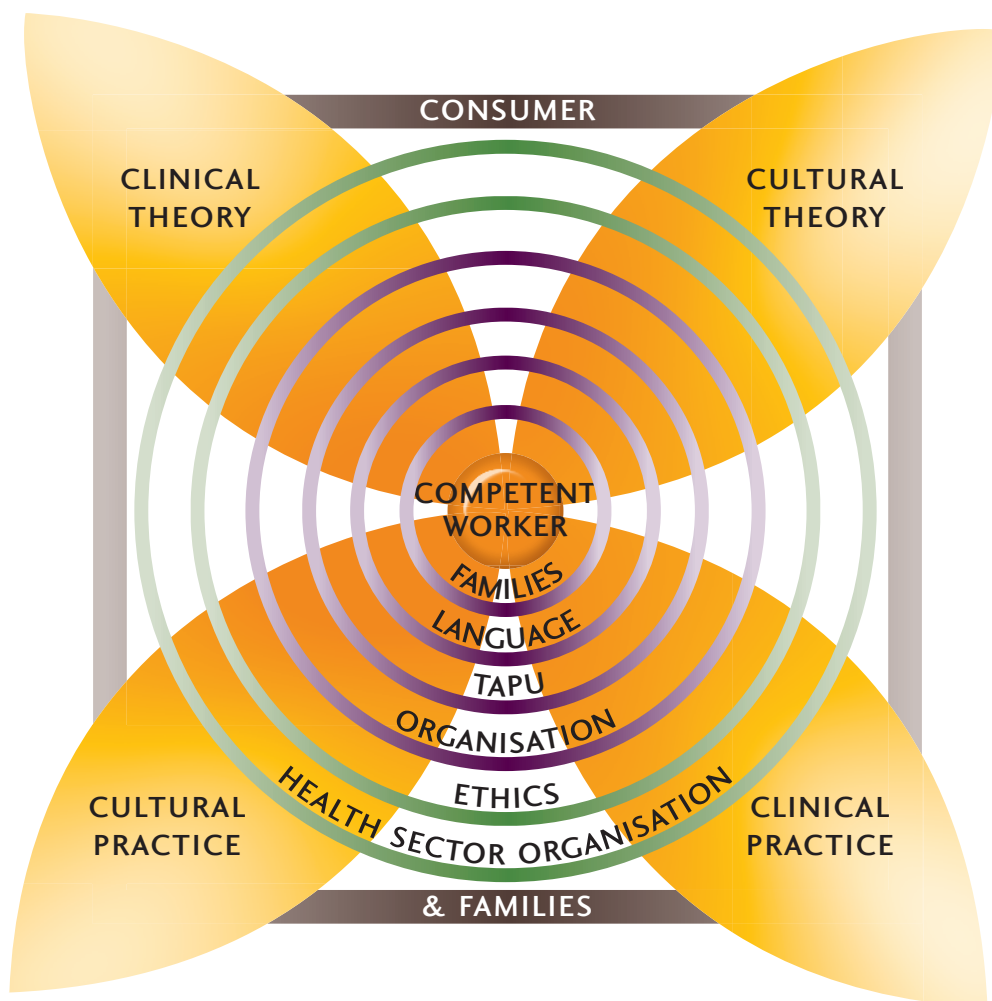
Seitapu consists of a framework of cultural competencies covering core and essential skills.

The Seitapu framework is not restricted to the workforce alone. Instead, the framework focuses on broader interactions with people, covering key theme areas of working with families, language, tapu considerations and organisations.

THEME ONE: FAMILIES	Working with the family (i.e. biological and adopted, nuclear and extended) of Pacific service users is key to the service users' successful recovery.
THEME TWO: LANGUAGE	Language provides the medium for effective communication. Pacific service users and their families speak a variety of different languages, and require access to workers with language competency.
THEME THREE: TAPU	Tapu encompasses and signals the cultural, spiritual and relational markers and boundaries for working with Pacific mental health service users and their families.
THEME FOUR: ORGANISATIONS	Knowledge of the organisation and their responsibilities to Pacific people is critical to a worker's capacity to work effectively with Pacific service users and their families and the wider community.

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.

DIAGRAM 3: THE SEITAPU FRAMEWORK



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 purple 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 he or she progresses through the levels.

The model also suggests that cultural competencies are supported by ethical paradigms and health sector organisations represented by the green concentric circles.

The Seitapu framework also covers organisational cultural competence, outlining the key attributes that a culturally competent organisation would possess.

As the concepts outlined in Seitapu are not easily replicated or transferred to the *Let's get real* framework, they have not been included. This does not mean that they are any less important, and therefore Seitapu should retain its importance as a stand-alone document when working with Pacific people in a context that requires greater cultural knowledge, skills and attitudes.

LET'S GET REAL

Let's get real is a framework describing the essential knowledge, skills and attitudes required to deliver effective mental health and addiction treatment services.

Let's get real is explicit in stating the Ministry of Health's expectations for people who work in mental health and addiction treatment services, irrespective of their role, discipline or position in the organisational structure. *Let's get real* isn't about creating a generic one-size-fits-all workforce. It is about creating a shared language and common understandings for providing effective services for service users.

Values and attitudes underpin all the work of mental health and addiction treatment services. They are expressed in action through each of the seven skill sets. Each skill set has a broad definition and three levels of performance indicators (Essential, Practitioner and Leader), and are also known as Real Skills. The *Let's get real* framework is flexible and may change over time as we learn more about it by using it in mental health and addiction services.

Let's get real does not replace professional competency frameworks. It complements them by having a specific focus on the essential knowledge, skills and attitudes required of all people working in mental health and addiction services. Many elements of *Let's get real* will already be reflected in current professional competency frameworks. Over time specialist professional competency frameworks may change to reflect their alignment with, and the influence of, *Let's get real*.

The essential common values and attitudes that underpin and run throughout *Let's get real* are listed below and are detailed further in the *Let's get real* framework.

These values and attitudes are not intended to replace organisation-specific values statements. They are intended to express the fundamental shared values and attitudes across all mental health and addiction treatment services, whether those services are delivered in Kaitaia or Invercargill, by a kaupapa* Maori mental health service or a regional alcohol and drug service, or contracted by a non-government organisation or a district health board provider arm.

Values

Respect

- Human rights
- Service
- Recovery
- Communities
- Relationships

Attitudes

People working in mental health and addiction treatment services are:

- compassionate and caring: sensitive and empathetic
- genuine: warm, friendly, fun, and have aroha and a sense of humour
- honest: have integrity
- non-judgemental: non-discriminatory
- open-minded: culturally aware, self-aware, innovative, creative and positive risk takers
- optimistic: positive, encouraging and enthusiastic
- patient: tolerant and flexible
- professional: accountable, reliable and responsible
- resilient
- supportive: validating, empowering and accepting
- understanding.

* Maori ideology

REAL SKILLS PLUS SEITAPU

The Essential skills outlined within *Real Skills plus Seitapu* are considered to be the foundation skills that any person working with Pacific people should endeavour to achieve competence in.

These skills are considered to be fluid and transitional. They may not apply to all Pacific people all of the time, however, they do go some way towards providing a Pacific framework for the individual mental health and addictions worker, regardless of their role within the sector.

These skills should not be viewed in isolation, and it is worth noting that a person working in mental health and addictions would also need to achieve the expected levels in *Let's get real*.

Seitapu remains a document that is still applicable for some services, however, it is more aligned to those working within Pacific specific services as described in diagram 2.

Given the ever changing nature of Pacific people in New Zealand it is important to keep an open mind for all people, not just Pacific, and be able to apply appropriate knowledge, skills and attitudes according to the needs of service users.

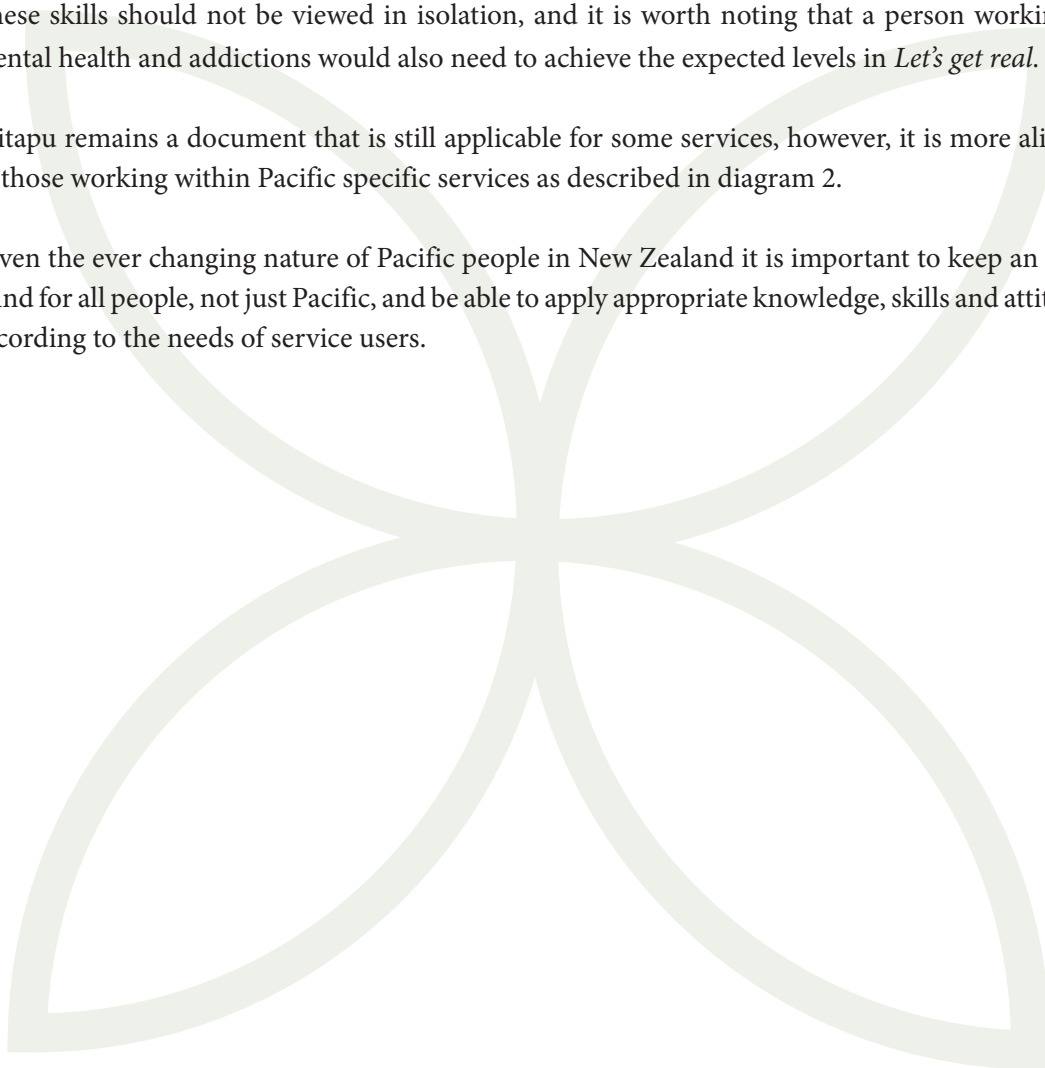
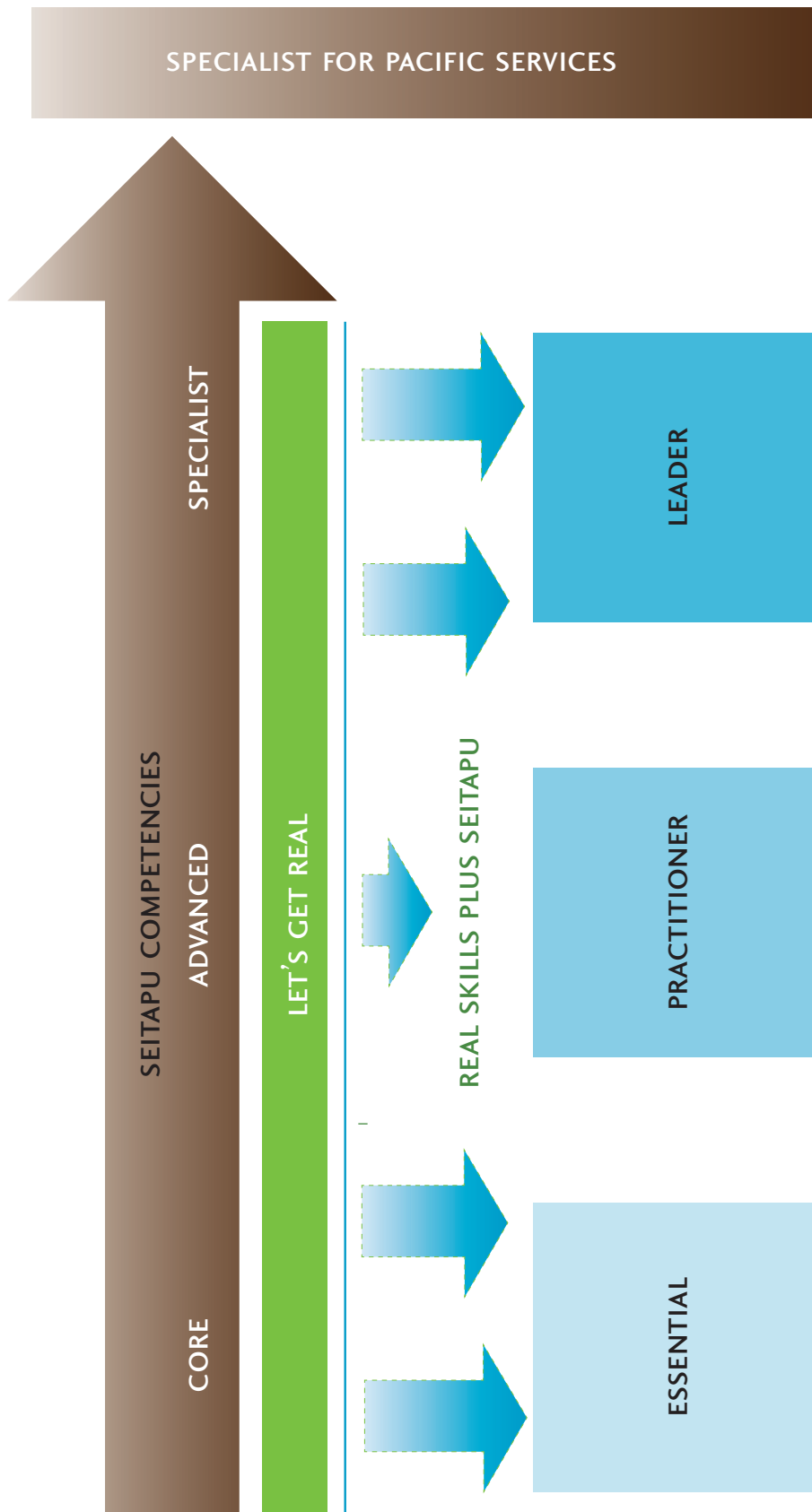


DIAGRAM 4: INFUSING PASIFIKA THROUGHOUT LET'S GET REAL



REAL SKILLS PLUS SEITAPU: WORKING WITH PACIFIC PEOPLES

The framework used to present *Real Skills plus Seitapu* mirrors the one used in *Let's get real*. This has been done to ensure that the skills presented in this framework can be easily transferred into an overall framework setting out all the skills relevant for any particular position.

THE LAYOUT

As you read across the columns in the table you will notice there are more indicators in the Essential level than in the Practitioner or Leader levels. This recognises the fact that people in Practitioner or Leader roles must already be working in accordance with the Essential level performance indicators.

The levels have been structured to recognise the requirements of different roles at the various times a person may enter the workforce. The levels can be cumulative – in other words, a person could aim to progress from Essential to Practitioner and then to Leader – but they can also be used in other ways.

Essential

It is important to remember that everyone will be expected to be able to demonstrate the Essential level performance indicators of all the Real Skills, either:

- when they first start in a role in a mental health or addiction treatment service (e.g., new graduate nurses), or
- after an agreed period of induction, orientation or development (e.g., a service receptionist).

Flexibility and discretion are advised when applying some of the performance indicators to people in roles that have no direct contact or influence on the lives of Pacific service users and their families.

Practitioner

Clinicians who have worked in a service for at least two years will be expected to be able to demonstrate both the Essential and Practitioner level performance indicators of all the Real Skills.

Managers will have an important role in ensuring that people are supported to develop their knowledge, skills and attitudes to achieve the Practitioner level performance indicators.

Leader

People who are managers or clinical leaders, such as clinical directors, portfolio managers, service managers, professional advisors, team leaders and general managers, will be expected to be able to demonstrate both the Essential and the Leader level performance indicators of all the Real Skills.

Only some people in Leader roles will also be required to demonstrate the Practitioner level performance indicators. This recognises that not everyone working in a leadership role in the sector has a clinical background.

KEY THEMES

In following with Seitapu, *Real Skills plus Seitapu* has three key themes:

1. Family
2. Language
3. Tapu

The following sections detail the descriptions set out in Seitapu.

1. FAMILY

At the core competency level for family the 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 service user and their immediate family. The worker at this level is conscious of their own limitations in cultural matters and knows how and who to contact for referral or assistance.

The worker at an Essential level is aware and sensitive to the dynamics of family roles, which greatly enhances their ability to help service users 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 service user, their families and the service so that the service user can receive optimum care and support.

Family and Identity

In the Pacific view, one's sense of identity is more strongly embedded in and connected to identification with family rather than as an individual. At a base level, asking many Pacific people who they are is synonymous with asking, "Who are your family?", "From whom did you come?", and, "From where did they come?". This strong identification with family can be all encompassing and the 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 traditional holistic perspective, the mental health of the service user can not be separated 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, many Pacific families are organised into extended family groups, with the head of the extended family given the overall responsibility for the smooth functioning and wellbeing of the whole family. This person may play a key role in

decision-making and bringing together the available family resources to support the service user. In the first instance, this lead family role in helping and supporting the service user, may in fact be taken by any of the family members, depending on the dynamics of the family and the relationship of the service user to their family.

It must be noted that every Pacific family is different and the extent to which they adopt 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 create family structures that vary on a continuum from an individualistic nuclear family at one end to a traditional communitarian extended family at the other. There may also be situations where the service user is disconnected from their family and receiving no family support.

At the Essential level, the worker should be able to make a basic assessment of the service user's household dynamics and immediate family situation, and determine the support available and the cultural effect of the service user's mental illness on the family.

Creating Rapport with the Family

The process of initial engagement with the family is crucial. Allowing enough time, and approaching engagement from a cultural perspective rather than a clinical one will provide benefits in the long run for the quality of the relationship with the service user 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 island(s) the family identifies with, whether family members speak English, whether they are New Zealand or Pacific born, identification of whether the need for an interpreter is required, etc.

An example from a Niuean perspective, as a culturally appropriate way to build rapport with service users and their families, is through showing the following attributes:

- patience (fakauka, fakamanavalahi)
- respect (fakalilifu)
- humility (mahani fakatokolalo, loto holoilalo)
- passion for the job (manako ke he gahua)
- good appearance and friendly (fuluola e tau tauteuteaga, mahani kapitiga)
- 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)
- positive manner and behaviour (fakakite e tau mahani kua mitaki)
- understanding of the value of cultural activities
- support (lagomatai).

This list of attributes applies to other cultures, as many Pacific people want to see the affective (heart) side of a relationship first before receiving information or the advice that they are looking for (i.e. *“they don't care what you know until they know that you care”* - Vito Nonumalo, personal communication as service user advisor, 2009).

Building trust and rapport with Pacific service users, especially for the first time, often requires using a “roundabout Pacific rapport building technique”.⁷ This technique can be used to find out if there are any potential barriers to working with Pacific service users and their families.

FAMILY REAL SKILLS PLUS SEITAPU

Every person working with Pacific people understands or acknowledges the various dimensions and context of Pacific people, providing their families (biological, adopted, nuclear and extended) with information, encouragement, education and support to engage in the recovery of the service user.

ESSENTIAL

Applies an understanding that Pacific people and their respective cultures are unique, and that each Pacific culture has its own distinctive values, protocols, processes and language.

Recognises that each Pacific family brings with it a broad spectrum of cultural, historical, social and political diversity.

Recognises the concepts of family, the structural make up of Pacific families and traditional Pacific authority systems. Acknowledges the existence of the extended family and is sensitive to cross-cultural and intermarriage contexts.

Recognises contemporary Pacific sub-cultures and their influence on traditional Pacific cultures.

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

Acknowledges that Pacific people’s sense of identity and belonging may be connected to family, village and church.

Acknowledges that Pacific cultural processes are relationally bound and so require sufficient time to be carried out appropriately.

Understands the value of, and difference between, ethnic specific and pan Pacific approaches to service delivery in Pacific mental health, and the influence of these within clinical and organisational contexts.

PRACTITIONER

Communicates in a way that recognises the cultural status of a Pacific service user within their family and community.

Has an understanding of the cultural expectations and obligations on Pacific family members, and the possible impact of this on Pacific service users. Is able to draw on this understanding and knowledge when providing support to Pacific families or service users.

Acknowledges decision-making protocols and processes within Pacific families and communities, and can provide opportunities for facilitating this within clinical practice where necessary and appropriate.

Demonstrates knowledge of Pacific rapport building approaches and techniques, and can apply these at a basic level of competence.

Can undertake assessments at a basic level in the following areas:

- the cultural effect of a service user's mental illness on the immediate family
- immediate environmental dynamics, including the household and any realities of attaining family support for a service user
- whether a service user is disconnected from their family.

Demonstrates knowledge and sensitivity towards cultural protocols when dealing with family, including recognition of the value of prayer, where appropriate, when facilitating Pacific meetings.

Recognises and is aware of other available cultural services and is able to make appropriate referrals and facilitate access to these services as appropriate. Demonstrates respect for Pacific concepts of family and social relationships in his or her work practice when dealing with service users and their families.

Understands and uses Pacific models of health in appropriate circumstances in delivering services.

LEADER

Develops and supports the establishment of organisational systems, protocols, policies and processes that:

- support the participation of the Pacific family unit in a person's recovery
- ensure practitioners are able to deliver a service that supports Pacific families to engage in the recovery of a family member.

Leads or contributes to the development and maintenance of effective relationships and networks with other relevant providers that may assist in supporting service users and their families, in particular with Pacific providers.

2. LANGUAGE

A worker demonstrating the Essential *Real Skills plus Seitapu* skills has a basic skill in language across a range of Pacific languages, which are appropriate to the service user group that they are working with. They are able to greet a person using the correct pronunciation, and use body language that helps create a sense of connection in building rapport with service users and their families.

For example, the worker on entering a Pacific home should remove their shoes and leave them at the door. On invitation from the family, they should enter and take a seat before speaking. After being greeted by the family, the worker should respond by using the appropriate Pacific greeting, e.g. 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, and through actions all help to create rapport with family.

The worker will be aware and sensitive to Pacific language that stigmatises people with mental illness. They will be familiar with more respectful ways that are being developed for referring to mental illness.

The worker at the Essential 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 service user and their family is positive in building a foundation for future communications. Workers also need to understand that language is both verbal and non-verbal.

It is important that actions are consistent with verbal communications. For example when a person has to walk past a sitting person, that person bows their head forward and says “tulou” or “turou”, which both conveys respect in actions and words, or in a situation where a person is making an apology in a raised voice and is highly animated, this is inconsistent with actions of remorse and may communicate that the person is not sincere.

LANGUAGE REAL SKILLS PLUS SEITAPU

Every person working with Pacific people has an understanding of the importance of language, both spoken and unspoken, across a variety of Pacific contexts, and is able to either personally apply appropriate communication techniques in working with Pacific people, or know exactly where such skill is available.

ESSENTIAL

Recognises that a variety of languages are spoken amongst Pacific people, and that within these there are different levels of language, as determined by either formal or informal situations, or traditional versus New Zealand-born cultures and values.

Uses appropriate verbal and body language, which facilitates the building of rapport with Pacific service users and their families.

Uses suitably qualified interpreters or cultural advisors to assist with situations that require a higher level of Pacific language fluency and cultural expertise, where appropriate.

Understands his or her own limitations in respect of Pacific languages, speech or behavioural protocols.

3. TAPU

The 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 service users and their immediate families. The worker at this level is conscious of their own limitations in matters of tapu and knows how and who to contact for referral or assistance.

Tapu is about sacred bonds between people. For Pacific people these bonds stem from 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 service user's mental illness can affect the whole family. The breakdown of the holistic self can result in mental illness. Breach of tapu may also contribute to mental illness. The spiritual can encompass both Christian and ancient cosmological concepts, which coexist, each within its own sphere. Issues may arise when exploring the spirituality of traditional Pacific culture with the more recent spirituality of Christianity, and this can occur particularly with New Zealand born or raised Pacific youth.

TAPU REAL SKILLS PLUS SEITAPU

Every mental health worker is open-minded to the cultural, spiritual and relationship environments and belief systems that may accompany Pacific service users and their families.

ESSENTIAL

Acknowledges that the Pacific concept of self and wellbeing is located in the centre of the collective, rather than the individual. Is also able to acknowledge that the Pacific concept of self is holistic and fluid, in the sense that the parts of the person are inextricably linked.

Is aware of the meaning of tapu for different cultures.

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

Acknowledges that Pacific spiritual concepts of sacred relationships between a Pacific god or gods, people and the land still hold credence in many Pacific circles today.

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

Acknowledges the belief that mental illness may be as a result of a breach of tapu, and that this may be trans-generational.

Presents oneself, verbally and physically in a way that gives respect to Pacific values of tapu, where necessary.

REFERENCES

- ¹ Moala, M. (1994). *Efinanga` : ko e ngaahi tala mo e annga fakafonua 'o Tonga*. Kolomotu'a Nuku'alofa, Tonga : Lali.
- ² Pulotu-Endemann, K., Suaalii-Sauni, S., Lui, D., McNicholas, T., Milne, M, & Gibbs, T. (2007) *Seitapu Pacific Mental Health and Addiction Clinical and Cultural Competencies Framework*. Auckland: Te Pou.
- ³ Ministry of Health. (2006). *Te Rau Hinengaro: The New Zealand Mental Health Survey*. Wellington: Ministry of Health.
- ⁴ Le Va. (2009). *Kato Fetu: Setting a Pacific Mental Health & Addiction Research Agenda. Summary*. Auckland: Le Va, Pasifika within Te Pou.
- ⁵ Mila-Schaaf, K. and Hudson, M. (2009). *Negotiating Space for Indigenous Theorising in Pacific Mental Health and Addictions*. Auckland: Le Va, Pasifika within Te Pou.
- ⁶ Robinson, G., Warren, H., Samu, K., Wheeler, A., Matangi-Karsten, H., & Agnew, F. (2006). *Pacific healthcare workers and their treatment interventions for Pacific clients with drug and alcohol issues in New Zealand*. New Zealand Medical Journal, 119, 1288, p1.
- ⁷ Health Research Council NZ. (2004). *Pacific Models of Mental Health in New Zealand Project*. Clinical Research and Resource Centre Centre, Waitemata DHB, Auckland.





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