Sei Tapu

O le Ala o le Ola

An Evaluation of the National Certificate in Mental Health

REPORT

Prepared for the Mental Health Support Workers Advisory Group

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Fresh

'Sei Tapu - O le Ala o le Ola'

A '*sei*' is a flower that's tucked behind your ear or worn in your hair.
In this context the position where the flower is placed is '*tapu*' or sacred.
'*O le Ala o le Ola*' means the way to life.

'Sei Tapu - O le Ala o le Ola' is a metaphor that illustrates
the sacredness of the human spirit.

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"So you have the most vulnerable population on the whole, being cared for by people who have the least investment in their training and education, and the least rewards"

(opinion leader).

Foreword

This report presents the findings of an evaluation of the National Certificate in Mental Health (Mental Health Support Work level 4). It evaluates the impact of the Certificate on the mental health sector, mental health support workers, and Pacific consumers of mental health services. The report includes background information on the role that community support workers have played since the de-institutionalisation of mental health services in New Zealand.

Pacific mental health support workers work in the community to support mental health consumers to live well with their illness. The National Certificate in Mental Health was introduced in 1996 to provide training for mental health support workers.

Significant numbers of people from nations in the Pacific arrived in New Zealand following post-World War II industrial expansion, when they were recruited to fill labour market shortages. Many came from Samoa, Cook Islands, Tonga, Niue, Fiji and Tokelau. Today Pacific communities are thriving, they make up around 6% of the New Zealand population. The New Zealand-born Pacific population is increasing rapidly.

Mental health services in New Zealand are Government funded. Pacific targeted services have been created to be culturally responsive to Pacific consumers and their families. Some Pacific services were created and are run by Pacific people. Other Pacific services are provided by district health boards.

This evaluation report was guided by champions of Pacific mental health.

Our Thanks

Our sincere gratitude to the Pacific mental health community who have embraced this evaluation and enabled us to capture a broad range of Pacific viewpoints on mental health. Our appreciation goes to those who graciously contributed to this study, including mental health consumers and their families, opinion leaders, mental health support workers, cultural advisors, mental health service managers and tutors.

Special thanks to Fuimaono Karl Pulotu-Endemann for his expert advice and willingness to assist with this evaluation. His commitment to the sector has paved the way for future innovation that will continue to enhance people's lives.

We would like to thank Mental Health Support Workers Advisory Group members - David Lui, Ana Ah Kuoi and Johnny Siaosi. Also Fuimaono Karl Pulotu-Endemann, Philip Siataga and Lina Samu who kindly gave us assistance with reviewing this report. Their suggestions were insightful and added 'real' value to the final report.

We appreciate the enthusiasm and support of Marion Blake of Platform.

Thanks to all of those we met who champion the cause of mental health and who have shown us that,

<div style="text-align:center">"only heroes can work in this area"</div>

<div style="text-align:right">(consumer).</div>

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Executive Summary

"Training and education provide mental health workers with skills and knowledge that enable them, even in the most difficult circumstance, to recognise the humanness of a vulnerable client. You can't rely on people's natural kindness or will to do good when you get into really difficult situations" (opinion leader).

The importance of continued training and education for those involved in the mental health sector cannot be overstated. This evaluation reflects the viewpoints of Pacific people as opinion leaders, consumers, families, community support workers and other mental health professionals. The evaluation is timely given the changing workforce environment and the current emphasis on workforce development.

Stakeholders interviewed for this study propose that an increase in the number of trained Pacific health workers is required to strengthen workforce capability. The health sector looks to mental health as a leader in workforce development. A concentrated effort is required to ensure that this development is strategically directed and continues to enhance service delivery to consumers. Evidence indicates that mental health workforce development has reached a plateau. The way to advance workforce capability is to encompass the diverse needs of service users. Mental health workforce training will need to be customised to meet these needs.

Pacific consumers and their families agree that Pacific community support workers play a critical role in bringing mental health services to Pacific families. They assist consumers and their families to understand mental illness and to seek culturally appropriate treatment.

However, there is a significant under-representation of Pacific people using mental health services in New Zealand. Consumers and their families indicate that there are several reasons for this, including difficulties accessing services and the perception that mental health services are culturally unsafe. Enduring longer periods of psychiatric

distress before seeking help is all too common among Pacific service users.

Key Findings

Cultural Competency

Workforce training can play a critical role in building workforce capability to eliminate some of the barriers that prevent Pacific people from accessing mental health services. The need for cultural competence in the design and delivery of mental health services was endorsed by the Pacific stakeholders interviewed for this evaluation. This is also strongly supported by the Ministry of Health and the Mental Health Commission, who highlight the need for culturally responsive mental health services. The National Mental Health Sector Standards and the Recovery Competencies for New Zealand Mental Health workers, emphasise the importance of culturally competent mental health workers.

Cultural competence should be examined and reflected in any foundation level training for mental health support workers. This includes having a working knowledge and understanding of the unique diversity among Pacific cultures and distinguishing the issues relating to New Zealand and Pacific-born Pacific peoples.

Cultural competence involves the ability to integrate cultural knowledge, values and principles, and apply them to service delivery, according to Pacific opinion leaders interviewed for this evaluation. This includes understanding Pacific interpretations of mental illness, consumers' treatment preferences and how these support the Recovery Competencies. Pacific consumers and their families stress that linguistic competency in Pacific languages is important for those working with non-English speaking Pacific people, who require information about mental health in their language of proficiency.

Furthermore, knowledge about Pacific peoples' migration to New Zealand and their subsequent social and economic experience in New Zealand is also important. These factors provide the foreground to the fragile health status of Pacific peoples today. If social and economic

disparities persist, Pacific communities are at high risk of achieving increased rates of mental illness in the future.

Families

The pivotal role families play in Pacific cultures is well documented. A natural extension of this role is supporting family members with their recovery. The importance of family appears to be overlooked in mainstream medical models and not addressed in the National Certificate of Mental Health (Certificate). Pacific mental health consumers and their families indicated that it is difficult for Pacific consumers to become well, without the support of their family.

Mental Health Support Workers

Service users and their families identified four important attributes or strengths that mental health support workers must have. These are a passion for their work and caring about consumers, listening to what consumers tell them, being culturally competent and understanding the importance of families in consumer recovery.

Mental health support workers play an important role in working with consumers and their families in the community. They support consumers by identifying their support needs, co-ordinating consumers' care and assisting clinicians with treating and assessing consumers. Pacific support workers' approach is recovery based and their philosophy accommodates a holistic approach to mental health recovery. The Fonofale model used by many Pacific mental health practitioners incorporates the spiritual, physical and emotional dimensions of a person's life. A holistic approach reflects Pacific peoples' beliefs and values about mental health. It enables Pacific people to feel connected and comfortable about seeking assistance to manage their mental illness, according to consumers and their families.

More Pacific people need to be recruited into the mental health workforce at different levels and in all occupations, including mental health support work. Mainstream organisations recognise the need to improve their responsiveness to Pacific people and would like more

Pacific practitioners to support their delivery. There is also a growth of by Pacific for Pacific services that employ Pacific health workers.

Those who enter mental health support work have a range of life skills and experiences, strong community links and cultural knowledge. The Ministry of Health reports that Pacific mental health support workers have greatly improved the delivery of mental health services. Anecdotal evidence attributed to Pacific support workers shows high levels of consumer satisfaction and mental health gains.

With the role of community support workers being relatively new, it is timely to review the National Certificate in Mental Health and address the career development needs of support workers. Support workers and service managers interviewed for this evaluation emphasised that training and education must be ongoing to meet environmental and organisational changes and to address any shifts in consumer demand. However, such training will need to be responsive to and build on the cultural capital of Pacific students.

The National Certificate in Mental Health

The National Certificate in Mental Health has created a foundation qualification for those who otherwise may not have embarked on academic study. An entry-level qualification, the National Certificate in Mental Health has played a significant role in upskilling mental health support workers. It was initially designed for those, a number of whom were Pacific, without formal qualifications who were doing support work. With changes in client demand and in the sector generally, the qualification has been recently revised. These changes include the addition of a drug and alcohol component.

Limited time and resource constraints for this review precluded the opportunity to collect and study in-depth overseas literature on qualifications in mental health support work. However, from the information that was sourced, mental health support work qualifications appear to be pitched at a higher academic level than the National Certificate in Mental Health.

Future Directions

Opinion leaders interviewed for this study stress the importance of consideration being given to developing career pathways for community support workers. They say that this is necessary to upskill the mental health workforce to serve its diverse communities.

There has been limited study done on the impact that community support workers have had on the mental health sector, particularly the Pacific mental health workforce. Anecdotal evidence suggests that their contribution has been significant. A formal evaluation of Certificate graduates would establish the impact they have had on the recovery of Pacific consumers and meeting the needs of Pacific families. It may also help to establish their remuneration status and contribute to the development of a career pathway.

Higher Qualifications

If there is scope, changes to the existing Certificate appear to be needed, particularly with regard to cultural competency. Consideration may also be given to creating further qualifications at higher levels. This will give support workers more opportunities to improve their career advancement. It may also contribute to enhancing the profile of mental health support work as an attractive option for prospective workforce entrants.

A generic higher level qualification, such as a diploma in mental health, would give support workers the opportunity to obtain broader qualifications. It may also give them greater work opportunities in mental health. The possibility of cross-crediting diploma papers to a generic health or social service degree programme would shorten the time required to study for other qualifications. It would give recognition to the Certificate as an entry qualification and help to raise its profile.

Work Experience Criterion

Access could be gained to other higher level mental health qualifications by using the National Certificate in Mental Health together with work experience as an entry qualification. The

Certificate provides evidence of academic achievement. Work experience provides the important background knowledge and understanding that is required for a higher level qualification. Lower level qualifications together with work experience are accepted as entry level criteria for qualifications in other sectors such as business.

Recommendations

Recommendations have been formulated although there is an absence of clear direction on the future of mental health support work. The recommendation for diploma and degree programmes is made on the assumption that support workers will be able to obtain recognition from the sector in the form of appropriate remuneration. There also needs to be a defined career path for support workers that makes use of higher level qualifications. Although beyond the scope of this evaluation, it has become apparent during this study that a Pacific mental health workforce strategy is required with particular focus on mental health support workers.

1. **Foundation Standard on Pacific Cultures**
   Respondents in the study identified that a Pacific cultural component is needed in the Certificate. Overwhelming references in the literature review confirmed the explicit need for cultural competency training.

   > It is recommended that a foundation standard on Pacific people and their cultures be included in the Certificate.

   It should provide a basic introduction to Pacific cultures. Topics may include the historical journey of Pacific peoples in New Zealand, push and pull factors that created early Pacific migration and significant factors that have impacted on the social and economic position of Pacific communities in New Zealand.

2. **In-depth Cultural Training**
   There is a strong demand by Pacific mental health support workers for ongoing, in-depth culturally specific mental health training.

This training should be designed by Pacific people. The training design will need to incorporate ethnic specific differences and be delivered by Pacific providers. This will enable Pacific people to maintain cultural integrity and have control over their cultural property.

It is recommended that the Mental Health Support Workers Advisory Group (MHSWAG) advocate to the Ministry of Health, District Health Boards New Zealand (DHBNZ) the Health Research Council and other relevant bodies, the demand for advanced Pacific mental health training that is designed and delivered by Pacific providers.

3. **Code of Ethics**

Presently there is no protection for service users from malpractice and non-professional conduct by practitioners. A code of ethics that could be overseen by a registration board for community support workers would assist in the upkeep of industry standards. It would also provide a benchmark or set of standards that would contribute to enhancing the mental health support worker role. It would provide employers with a set of accountability standards.

It is recommended that MHSWAG advocate for a code of ethics for mental health support workers, which could be monitored by a registration board.

4. **National Diploma**

The Certificate in Mental Health Support Work can be used as a springboard to other qualifications. These could be in mental health or community development. Graduates of the Certificate who participated in the evaluation expressed a keen desire to undertake higher level qualifications in mental health support work or relevant study to build their career pathway. While there are one or two diploma level courses in support work available in New Zealand, national consistency is required.

It is recommended that:

(i)   a national diploma in community support work or mental health be established

(ii)   papers from the Certificate be cross-creditable to a mental health or generic diploma or social service degree programme, such as a diploma in mental health management or a bachelor degree in community development.

5. Child and Adolescent Mental Health
There were a number of specialist learning areas identified by interviewees, that do not appear to be covered in the Certificate or at diploma level. Some felt that these areas should be available on the New Zealand Qualifications Authority (NZQA) Framework. The child and adolescent mental health area was highlighted by a number of interviewees as complex and significant to Pacific peoples' growing populations.

It is recommended that consideration be given by MHSWAG to establishing a separate qualification in the area of child and adolescent mental health or including this area in another qualification.

While this qualification or course will be generic, cultural diversity will need to be integrated into the course content. Pertinent cultural issues include the unique characteristics and inter-relationships that occur in Pacific extended families and the cultural dynamics that exist with Pacific born parents and New Zealand born children.

6. Study Skills Course
Tutors in particular raised the concern that those who do the Certificate, many of whom are second chance learners, require coaching in learning skills.

It is recommended that MHSWAG promote an introductory programme to prepare students for their course of study.

Topics may include learning how to learn, study skills, essay writing and time management.

7. Ongoing Training

Many of the Certificate graduates who participated in the study expressed a desire for ongoing training. Most want to remain within the scope of community support work and extend their knowledge and skills at graduate and post-graduate level. They may want to take part in an update programme designed by MHSWAG, or they may seek to participate in existing mental health Graduate/Post Graduate courses. The following is recommended.

(i) That MHSWAG design an update programme of courses pertinent to mental health support work. These courses may include topics that keep support workers up to date with clinical treatment, health promotion and de-stigmatisation issues.

(ii) That MHSWAG lobby the Clinical Training Agency (CTA) to be more inclusive in their eligibility criteria for mental health courses that are offered through polytechnics and universities. The eligibility criteria would include graduates of the National Certificate in Mental Health.

8. Impact Evaluation

To determine the impact that support workers have on consumers' recovery and meeting the needs of consumers and their families, an impact evaluation of Certificate graduates is required. This would establish the contribution CSWs make to the sector and would help to determine their credibility. It could also help to determine their remuneration status.

It is recommended that consideration be given to undertaking a formal evaluation of graduates of the National Certificate in Mental Health to determine the impact they have had on the mental health sector and the Pacific mental health workforce.

This would include evaluating the contribution graduates have made to consumers' recovery and meeting the needs of consumers and their families.

9. Training for Families

While it is beyond the scope of this evaluation, consumers advocated strongly for mental health awareness training for families of consumers.

It is recommended that MHSWAG advocate to the Ministry of Health, District Health Boards New Zealand (DHBNZ) the Health Research Council and other relevant bodies for mental health training for families of consumers. The topics may include:
- the rights and entitlements for consumers

- accessing mental health services

- ways to support family members with a mental illness

- dealing with stigmatisation.

As stated, an indication of the future strategic direction of the support worker role is critical. It is particularly important for the design of qualifications and the development of a defined career path.

Introduction

This is a report on the evaluation findings of a study about the National Certificate in Mental Health for Pacific mental health support workers. Mental health support workers work closely with mental health consumers and their families, to support consumers to live well in their community. The report also evaluates the impact of the Certificate on Pacific mental health service providers and the mental health sector.

Report Structure

The report is presented in two parts, Part One is a *Literature Review*. Part Two is entitled *Pacific People Speak*.

Evaluation Objectives

The Mental Health Support Worker Advisory Group

The Mental Health Support Workers Advisory Group (MHSWAG) is the standards setting body for the unit standards on the National Qualifications Framework that come under the sub-field of Mental Health. MHSWAG is currently undertaking an evaluation of the National Certificate in Mental Health (Mental health Support Work Level 4) to identify the impact the qualification has had on community support workers and the organisations that employ them.

The Certificate was established to meet the needs of community support workers who were already in employment. There are now students doing the Certificate to gain entry into support work or to gain a qualification in mental health. The purpose of the evaluation is to establish whether the National Certificate in Mental Health continues to meet the needs of community support workers. MHSWAG also wants to know the extent to which the Certificate trains and assesses support workers to meet the Recovery Competencies and the needs of Pacific people.

Strategic Commentary

The Hon. Annette King, quoted in '*Mental Health Workforce: the bigger picture*', states that the basis of the primary health care strategy is to move the focus away from treating patients towards improving the health of people enrolled in Primary Health Organisations (PHOs). Currently specialist mental health services are aimed at 3% of mental health consumers with severe mental illness (de Raad & Smith, 2003). This is where most of the funding goes. However the majority of mental health consumers have mild to moderate conditions. They are treated by General Practitioners (GPs) and other non-government organisations (NGOs), such as Pacific mental health service providers.

Although expenditure on Pacific health increased from $5.4 million in 1999/2000 to $10.7 million in 2002/2003 (unpublished figures from the Ministry of Health) opinion leaders maintain that this does not reflect the relatively high level of need among Pacific peoples. Currently the majority of the funding goes to the treatment of critical consumers. The majority of Pacific consumers are not critical and require community based services. Opinion leaders claim that still more resources are needed to reduce disparities.

Employment Growth

Employment in the health and community services sector has grown faster than total employment over recent years. During the period 1998 - 2002, annual employment growth averaged 6.2%, compared to 1.5% across all industries (de Raad and Smith, 2003). General employment has had steady growth during the 1998-2002 period whereas health and community services employment has had peaks and troughs. Employment in the sector peaked at the end of 2001 and had a rapid decline during 2002. In 2001-2002 there was a 9% increase in funded staff positions compared to the previous year (Mental Health Commission, June 2003:35).

These statistics do not include non-registered health workers such as support workers. The Mental Health Commission (April, 2003) gathers statistics from only 32 out of 140 NGO health providers. The

majority of these appear to be mainstream providers. Without statistics for 2003, it is not clear whether this decline is a trend, or temporary aberration. The implication for support workers is also unclear. It is clear from people working in mental health that there are not enough clinical workers or Pacific support workers to meet demand.

Employment Growth

Annual per cent change
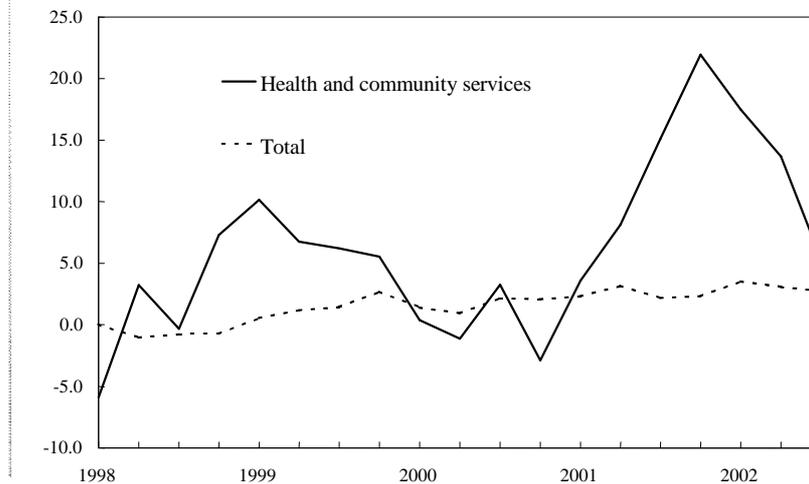
Source: Statistics New Zealand

Change in Focus

The rapid growth in Pacific populations and growing disparities and inequalities in health between Pacific people and European New Zealanders are driving the demand for an increased Pacific health workforce. Existing services are not meeting the needs of Pacific people adequately. The Health Workforce Advisory Committee (HWAC) suggest that this is due to the poor accessibility of services and an inadequate understanding by clinicians of the extent to which cultural values and practices affect recovery (Health Workforce Advisory Committee, 2002).

In 'Mental Health Workforce: the bigger picture' (de Raad et al., 2003) it is suggested that with the change in focus from treating patients to improving their health, there will be an increased demand for specialist services from PHOs. PHOs may find meeting this demand challenging. An indication of this was the recent lack of uptake by GPs for a Diploma in Mental Health that was recently developed for them. GPs saw the returns from doing the Diploma as being insufficient to make it worthwhile (de Raad & Smith, 2003). Opinion leaders interviewed for this evaluation suggest that mental health support workers are instrumental in helping people to improve their health and stay well.

Support worker training by way of the National Certificate in Mental Health only takes one year. It takes three years to train as a nurse and seven years to train as a GP. Support workers could be employed quickly in larger numbers to assist NGOs and in the future PHOs, to improve consumers' mental health. By concentrating their effort on prevention, the need for specialists could be reduced. Support workers could be encouraged to move into other areas of mental health to progress their career. This would assist with the general shortage of mental health workers as well as providing support where it is needed most, in the community.

It has been suggested that barriers to increasing the Pacific mental health workforce include the failure of the education system to support Pacific people in training and a lack of recognition by the education and health sectors of Pacific people's family and cultural responsibilities. This is compounded by Pacific young people being more likely than the rest of the population to leave school without qualifications (Health Workforce Advisory Committee, 2002).

Pacific Mental Health Services

The first Pacific services were attached to the District health Boards (DHBs). This assisted with access to consumers, as these services came under the same umbrella as mainstream clinical services. They attracted both Island and New Zealand born people. These services were different. They were staffed by community support workers,

rather than doctors and nurses like mainstream services were. Community support workers were aligned with the community, where the consumers were and they worked in co-operation with clinicians.

Service Focus

The focus of Pacific mental health support services was on:

- supporting Pacific consumers through their recovery process and advocating for them where appropriate
- improving access for Pacific people to mainstream services
- assisting with the rehabilitation of Pacific people who had been in mainstream acute services. It was hoped that readmission would be prevented for some people and reduced for others.

The first referrals to support workers were typically consumers who were "too hard" for mainstream services to deal with. Pacific services also attracted Pacific consumers who hadn't previously used mainstream acute services. Consumers felt comfortable using these services because support workers were able to understand their needs, knew their cultural practices and protocols and could speak Pacific languages. They were culturally and socially equipped to work with Pacific people.

Consumers saw support workers as a friend rather than as a health professional. Their relationships were on a more equal footing. Support workers also had the ability to work with Pacific families. They could often help to deal with conflicts, which can occur when one is diagnosed with a mental illness. This included resolving misunderstandings that arise between consumers and their families.

Today the number of Pacific service providers is growing steadily. Statistics from the Mental Health Commission (June 2003) indicate that there are currently twenty providers of mental health services targeted at Pacific people. Fourteen of these are NGOs and six are DHB providers. Most Pacific targeted services are provided in the community. Over 75% are for adult mental health or alcohol and drug services.

Mental Health Support Workers

The role of mental health support workers was developed to support consumers in the community, identify their support needs, co-ordinate consumers' care and assist clinicians with treating and assessing consumers. Initially support workers faced resistance from clinicians, some of whom saw them as a threat. The perception of the community support role included basic tasks like transporting consumers to appointments and assisting them with activities of daily living.

Pacific Support Workers

Pacific support workers performed a range of tasks. They had broad experience and expertise including Pacific language and cultural knowledge. It's not surprising that their role grew to include higher level tasks. They assisted with advocacy for consumers when seeking permanent residency, court work and working with families. With no one else skilled and competent to do this type of work, support workers carried out these tasks.

Eventually support work became more acceptable to mainstream services as community support workers proved their value in bridging the gap between the community and social service agencies.

Culturally Responsive Services

The philosophy of community support is compatible with Pacific paradigms and ways of viewing health and healing. Pacific people and their communities are comfortable with community support workers because they are able to view mental health holistically and their work practices complement the Recovery Competencies. Pacific community support workers also understand the importance of families in assisting with recovery. They are able to work at a personal level yet maintain balanced client relationships.

They use an inclusive and customised approach that coincides with community support work. This includes recognising that every consumer is different and has different needs. Pacific support workers shift the traditional paradigms of mental health service provision away from professional control and consumer isolation to empowerment in

cultural and social contexts. Support workers have played a critical role in closing gaps that obstruct recovery.

NZIER in a report to the Mental Health Commission acknowledged that mental health workers must become aware of and be responsive to the cultural issues and needs of diverse service users (de Raad and Smith, 2003). According to an opinion leader, the mental health sector wants a workforce that has social skills and can act as an advocate to help people with mental health issues to maximise their potential. Mental health workers must be able to apply cultural competencies in their service delivery.

The Future for Support Workers

The mental health sector is expected to expand over the next decade. There is also expected to be a skill shortage during that time. The skill shortage will, according to de Raad and Smith (2003), encourage service providers to think creatively about how their services are delivered. The skill shortage is also likely to push wages up. The level of wage increase is likely to be constrained in the short term by funding as well as professional and regulatory constraints (de Raad and Smith, 2003).

With the evolving role of support workers and changes in consumer demand, the specifications for support workers requires ongoing review. Attention may need to be directed to support workers who have completed the Certificate soon after finishing school. They could have a defined role and work with young people. A more experienced support worker could act as their mentor. This would help to develop the workforce to meet the needs of young consumers, according to opinion leaders.

There have been no clear indications from the sector or the Ministry of Health as to where mental health support work is headed.

Due to a lack of accessible written information about Pacific mental health, this commentary has been developed to incorporate the views of opinion leaders as well as unpublished and published literature. We would like to thank David Lui and Fuimaono Karl Pulotu-Endemann for contributing to the Strategic Commentary.

Part One Literature Review

Overview

The literature review brings together relevant information about mental health support services for and by Pacific people. It explores contextual issues surrounding mental health services. Pacific perspectives on mental health are identified, with linkages drawn to the kinds of service delivery that will inherently reflect a Pacific world view.

Future directions for Pacific mental health services are highlighted with specific reference to mental health support work. The role of mental health support workers is examined in depth and pertinent workforce issues are raised. Focus is placed on the National Certificate in Mental Health and other mental health qualifications. Pacific peoples' experiences in tertiary level education and training are provided as background information.

Underpinning mental health support work in New Zealand are the mental health Recovery Competencies for New Zealand Mental Health Workers and the National Mental Health Sector Standards. These are discussed in relation to service delivery and mental health workforce development for Pacific people.

Background

Context

The poor health status of Pacific peoples in New Zealand is well documented. Social and economic factors such as poor housing conditions, low income and low educational achievement have contributed to evident disparities. Studies abroad link the distress migrant communities experience as a result of adjustment to new host environments and social and economic inequality to mental illness (The Sainsbury Mental Health Centre, 2002). Ongoing generational patterns that carry over socio-economic gaps are likely to increase the

rates of mental illness among Pacific people in the future (Mental Health Commission, September 2001).

Addressing health inequalities for Pacific populations is a major priority requiring ongoing commitment across the sector. Concentrated efforts to reduce inequalities in mental health for Pacific peoples, requires a robust mental health workforce development strategy that will significantly increase the number of trained Pacific mental health workers.

Mental Health Services

There is significant under-representation of Pacific people receiving mental health services. This is due to several factors including:

- difficulties accessing services

- some Pacific people perceiving mental illness differently

- an unwillingness to seek help from existing mental health services due to the stigma attached to mental illness and the fear of being institutionalised

- preference by some Pacific people to care for their own.

It is unlikely that Pacific people have fewer mental health issues than the rest of the population. The lack of current Pacific statistics makes it difficult to draw informed conclusions. An epidemiology study that is currently being undertaken, may provide the answers.

According to the Mental Health Commission (2003), only $9.7 million of mental health funding went to services specifically for Pacific people in 2002. This signals that lack of services may also be a barrier to Pacific people seeking help. Poor recognition and recording of Pacific ethnicity may influence the data and distort the actual count of Pacific service users.

Discrimination

The Ministry of Health contends that Pacific people significantly underuse mental health services because they feel the services are culturally unsafe (Ministry of Health, March 1995). Sarah Pokoati, quoted by Leibrich (1999:27) speaks frankly about her experiences with mental health services.

> "When I was in hospital I found all Pakeha nurses used to treat their race better. We were looked at like underdogs. Like they always got their dinners served first. They got special privileges. Us Islanders didn't."

In his paper, Malo (2000) describes what consumers thought about their experiences with mental health services as they used to be.

> "For most it was an ugly and unhappy experience, one that they can fortunately put well behind them" (Malo, 2000:10).

Pacific people's experience of mainstream mental health services has been mixed. Recent literature highlights these experiences as generally negative.

Discrimination creates a major barrier for Pacific consumers and their families to participate fully in mental health services. According to Malo (2000), some consumers don't want to admit that they have a mental illness because they think there might be reprisals from family and friends. Others don't have the information they need to self-diagnose. This says Malo, is due to the stigma the community places on mental illness.

Pacific consumers can face double discrimination as a result of the stigma attached to being a mental health consumer and stereotypical or racist beliefs about Pacific ethnic or cultural identity. Consumers claim that discrimination occurs within mental health services. Some mental health staff see male Pacific consumers as, "intimidating and potentially violent" (Malo, 2000:19).

Discrimination is not limited to the health sector. Pacific people confront discrimination in their everyday lives, whether it is accessing housing or pursuing employment and educational opportunities.

The damage of discrimination can be insidious and far-reaching. A study of African Caribbean mental health consumers in Britain found that the distress caused as a result of racism can bring people into contact with mental health services. This phenomenon coupled with the adverse experiences that some ethnic communities face in mental health services, presents a disturbing picture (The Sainsbury Mental Health Centre, 2002).

Parallels can be drawn to other migrant communities worldwide, including Pacific migrants in New Zealand. It is important that staff at all levels of mental health service provision have an understanding of discrimination and work to eradicate it. The Mental Health Commission (September 2001:38) says it is important that mental health services:

> "from senior management to those delivering service directly to consumers, understand barriers to effective Pacific user participation, and have a commitment to eliminating these within services."

Rates of Mental Illness

There are few statistics available about the rate of mental illness for Pacific people. Statistics obtained from the Ministry of Health for the period 1992 to 1995 are shown below. There were 160 Pacific people admitted to hospital each year during this period. There were 206 re-admissions.

Pacific First Admissions to Psychiatric Hospitals 1992 – 1995

Disorder	Admission Rate
Schizophrenia	31%
Affective psychoses	22%
Alcohol dependence abuse	16%

Dual Diagnosis (alcohol and drug related plus another mental disorder).				3%

Pacific peoples' admission rates were almost half those of non-Pacific people. This may be due to Pacific peoples' reluctance to seek treatment from hospital services.

Pacific Peoples – Demographic Snapshot

The Pacific community in New Zealand consists of seven main ethnic groups that originate from countries in the Pacific. Each group has their own culture and language, although there are similarities among these ethnic groups. These similarities have led to their identification as one group (Ministry of Health, 1995).

The following statistics were obtained from Statistics New Zealand (2001 and 2002). At the 2001 Census, just over 6% (243,400) of people in New Zealand were of Pacific ethnicity.   They were distributed as follows:

Country	New Zealand Population	Population Born in New Zealand	% Born in New Zealand	% Speak own Pacific Language
Samoa	115,000	66,700	58%	67%
Cook Islands	52,500	36,750	70%	18%
Tonga	40,700	20,757	51%	60%
Niue	20,100	12,395	62%	28%
Fiji	7,000	3,150	45%	28%
Tokelau	6,200	2,714	44%	44%
Tuvalu	1,965	1,179	60%	72%
Totals	**243,465**	**143,645**		

- Nearly all New Zealand born Pacific people speak English fluently, whereas Pacific born are likely to have English as a second or third language.

- Increasingly, Pacific people are born in New Zealand. The Pacific born population is becoming older. Nearly 40% (56,500) of overseas-born Pacific people had arrived in New Zealand by 1981.

- Pacific peoples have a younger age structure compared to the total population, with a median age of 21 years in 2001 compared with 35 years for the total population.

- The number of Pacific people aged under 20 is growing rapidly. Nearly 39% (90,000) of Pacific people were aged under 15 years in 2001.

- The median annual income for Pacific adults recorded in the 2001 Census was $14,800. This compares to a median annual income of $18,600 for the total population.

- Largely urbanised, 98% (238,595) of Pacific populations live in cities. The majority are heavily concentrated in Auckland, followed by Wellington. There are also increasing populations in other parts of New Zealand including Christchurch, Dunedin and Waikato.

The pivotal role families play in Pacific cultures is reflected in the high proportion of Pacific peoples who live in a family situation. The following statistics were obtained from Statistics New Zealand, 2001 census.

Pacific Family Statistics

	Pacific Population	Total Population
Living in a family situation	82%	77%
Living in an extended family	29%	8%
Average number of occupants for all households	5.4	3.5
One-parent families. (Pacific one-parent families are more likely to be living with extended family.)	21%	17%

Education and Training

Pacific people tend to leave school with lower qualifications than the rest of the population. The most common qualifications they leave school with are Sixth Form Certificate (31%) and School Certificate (19%). Only 5% are likely to leave school with University Bursary or entrance qualifications compared with 19% of all school leavers for Bursary and 8% of all school leavers with entrance qualifications (Statistics New Zealand, 2002).

Entry Qualifications of Tertiary Education Institute Students by Ethnicity, 2000

(Anae et al., 2002:26)
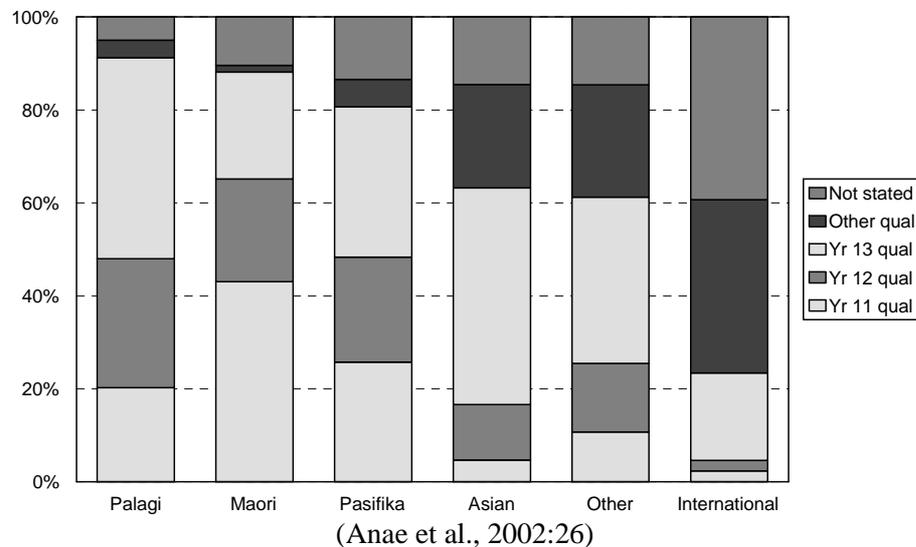
The following is a table that presents the qualifications and tertiary enrolments for Pacific people over the age of 15 years in 2001 (Statistics New Zealand, 2002). It shows that Pacific students are more likely to be enrolled in certificate and diploma level courses and less likely to be doing degrees or post-graduate study than the rest of the population. It also shows that Pacific women are more likely to participate in tertiary education than Pacific men. This mirrors the rest of the population.

Pacific Education Statistics - 2001

Highest Qualification Gained	No. of Pacific People	% Pacific Population	% Total Population
Tertiary qualification.	22,720	16.0%	32.0%
- University degree	5,500	3.9%	11.8%
School qualification	66,700	47.0%	40.0%
No qualifications	51,000	36.0%	28.0%

Enrolments in Tertiary Courses	No. of Pacific People	% Pacific Enrolments	% National Enrolments
People in tertiary education	12,400	15.0%	32.0%
Certificate courses	5,300	43.0%	
Diploma courses	2,200	18.0%	
Degree courses	4,200	34.0%	
Post graduate courses	500	4.0%	
Men	5,300	43.0%	43.0%
Women	7,100	57.0%	57.0%

Further statistics show the following.

- In 2001 there was about the same proportion, just under half, of Pacific people aged over 25 in tertiary education, as there was non-Pacific people. Pacific people have a lower age profile within the age group.

- The 18-24 age group is under-represented for Pacific people in tertiary education. They represent less than half of the national average (Statistics New Zealand, 2002).

- Pacific students are more likely to study full-time than part-time.

- Tongans have the highest rates of full-time attendance at tertiary courses, while Niueans and Cook Island Maori have slightly higher rates of part-time attendance.

- Pacific students are more likely to be female than male.

- The majority of graduates are female, and the greatest number are Samoan.

- Although the majority of Pacific graduates were in their early 20s in 1999, there was a significant number who were over 30.

- Most Pacific people in 1999 graduated from polytechnics followed by universities and then colleges of education (Anae et al., 2002).

Age Group Distribution of Pacific Tertiary Students 2000

	<20 yrs
	20-24 yrs
	25-29 yrs
	30-34 yrs
	35-39 yrs
	40+ yrs
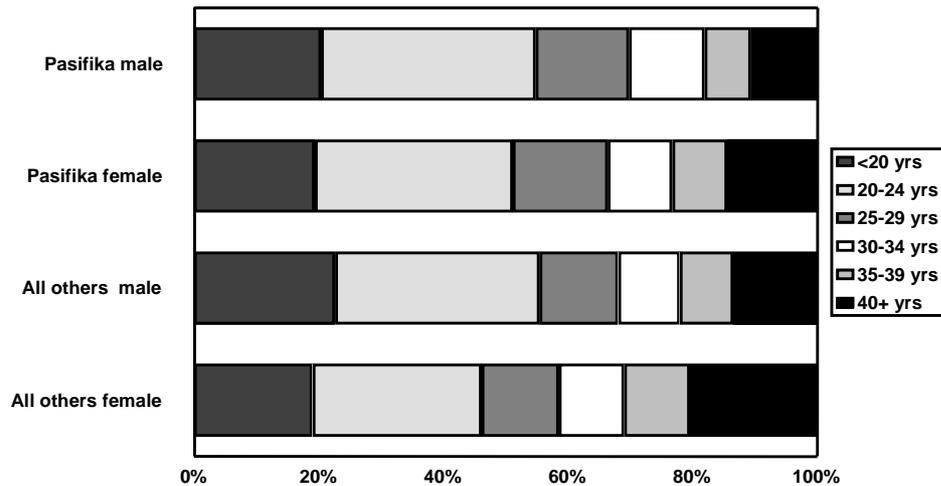
(Extract: Ministry of Education, Anae et al., 2002:40.)

Statistics quoted in 'Pacific Peoples and Tertiary Education' (Anae et al., 2000) show that the most popular subjects for Pacific students to study are Commerce and Business, Humanities and Education. Medical and Health falls midway in the range of tertiary subjects that Pacific students study. A table showing the number of students enrolled in formal programmes of study at tertiary institutions in 1999 can be found at Appendix 2.

Private Training Establishments

Until recently, the majority of Pacific students attended polytechnics. Since 2000 the numbers of Pacific students at universities has increased significantly. A steady rise in students enrolled at Private Training Establishments (PTEs) continues.

Pacific peoples enrol in courses at PTEs in higher proportions than the rest of the population. According to Anae et al. (2002) when these students enter employment or continue their education, they achieve better results than other students. As a result of grants to establish Pacific PTEs, 32 out of 780 PTEs had a Pacific focus in 1998. Based

on case studies of five successful PTEs, Pasikale and Yaw cited in Anae et al. (2002:24) claim that these particular PTEs offer a:

> "culturally welcoming environment for learners, many of whom have had predominantly negative experiences in schools".

Learning Issues

Existing research on Pacific peoples' involvement in education indicates inequitable outcomes for Pacific peoples as a result of difficulties accessing and participating in the education system. This occurs throughout all stages of education, including the tertiary sector. However literature on Pacific education in New Zealand focuses mostly on student learning in schools, with little or no research on polytechnic education (Anae et al., 2002).

A recent study identified factors that impact on Pacific learning in teacher training. The issues raised related to the composition of the class, teaching methods used by tutors and lecturers and the availability of some learning support services. Also important are the nature of the relationships that tutors develop with Pacific students and the location of Pacific knowledge and experience within courses (Coxon et al., 2002). These issues are likely to be relevant to Pacific learners undertaking other courses of training.

Cultural Capital

Learning that blends the cultural uniqueness of Pacific students with training design and delivery, will create greater learning outcomes. Pacific students bring with them 'cultural capital,' which is culturally based values and experiences. Whether these contribute to or hinder success, depends on whether or not school-based structures and processes are able to build on them. Opportunities for success are increased if the cultural capital of students aligns with their courses of learning (Coxon et al., 2002).

Bourdieu (1973), a proponent of cultural capital alludes to the differences in achievement levels between students who are familiar

with dominant or mainstream cultural capital and those who are not. In situations where learning systems institute mainstream pedagogy, the inference is drawn that those without mainstream cultural capital are less likely to succeed academically. He contends that this may explain the academic gap between diverse students, whose cultural capital is not mainstream.

Pedagogy

Culturally responsive pedagogy or teaching is relevant to the social and cultural realities of students. Gay cited by Howard (2003) defines culturally responsive teaching as using:

> "the cultural knowledge, prior experiences, frames of reference and performance styles of ethnically diverse students to make learning more relevant, appropriate and effective for them; it teaches to and through the strengths of these students".

Coxon et al. (2002) refer to a study undertaken by Pasikale (1999) of 81 Pacific learners on TOPS programmes. The study identified that Pacific learners have preferences in learning and teaching styles. It highlighted that all learners have individual needs. Effective teaching processes should encompass individual differences including ethnic and social variations. According to Coxon et al. (2002:85) this does not mean integrating generalised assumptions about Pacific students as "group learners, shy participants and non-performers" into teaching practice.

Tutors and lecturers need to get-to-know their students. Critical reflection would enable them to reflect on the moral, political and ethical contexts of teaching. This process could include issues concerning equity, access, and social justice (Calderhead, 1989).

Educational research supports pedagogy, which is culturally and socially relevant to learners, as being an effective way to meet the academic and social needs of ethnically diverse students.

Pacific Languages

The use of Pacific languages, particularly by older fluent language speakers in tertiary study, can be a significant success factor for learning, according to Anae et al. They quote one key informant:

> "We can see it happening here when we give the chance to Samoans to express themselves in Samoan vocabulary and also in their written form and they come out with As, because it's easier to express themselves" (Anae et al., 2002:66).

However a different perspective on Pacific language use at tertiary level is raised in the study. Another informant expressed the view that Pacific people in New Zealand are operating in workplaces where English is the language used. To prepare students for the business world, she contends that learning should be in English. The informant states that the proposed use of Pacific languages in tertiary study, is pandering to a fashionable norm (Anae et al., 2002). There is no apparent evidence to support this view. It should be noted that many Pacific social service organisations, including mental health providers, deliver services using a range of Pacific languages.

Support Courses

Pacific students enter tertiary education with lower entry qualifications than other non-Pacific entrants. As well, significant numbers of Pacific people speak English as a second language. It is unclear from information available what percentage of Pacific people entering polytechnics and PTEs have received their former education outside of New Zealand. With these factors in mind, Pacific entrants to tertiary study may value the opportunity to attend short bridging programmes.

Student support programmes can provide an introduction to academic study. They may include study planning, essay writing skills, navigating library systems and foundation level computer studies. According to Anae et al (2002) these kinds of programmes have proven to be successful for students, regardless of race.

Understanding Mental Health

Recovery

Recovery occurs when an individual can live well in the presence or absence of his or her mental illness. Living well is different for everyone (Mental Health Commission – Recovery Competencies, 2001). Pacific people generally believe that mental health depends on all aspects of a person's life being in sync. This includes spiritual, physical and emotional elements and family connectedness. This holistic approach to mental health is embedded in the different belief and values systems of Pacific peoples (Mental Health Commission, September 2001).

Mental health services need to be responsive to Pacific peoples' holistic view of mental illness. A range of interventions may be used to support mental health consumers on their journey to wellness, including conventional medicine and the use of spiritual and other forms of traditional healing.

Families

Extended family plays an important role in the lives of Pacific people. In many situations they are likely to have direct impact on the recovery of consumers. The importance of their involvement appears to have been overlooked in mainstream mental health services. As one Pacific consumer expressed, mental health services were "created to serve Palagi (European) clients" (Malo, 2000:21). This means that services are not designed to include consumer families as part of the recovery process.

Kinship is considered to be the foundation that underlies Samoan social relations. Aiga or family is the backbone of Samoan society. Everyone in Samoa belongs to an Aiga. The Aiga teaches discipline, problem solving and social skills. All aspects of life including prosperity, health, spiritual and social wellbeing are viewed as collective and shared experiences. When a family member is unwell in any way, the entire Aiga is affected in some way (Lui and Iuli, 2000). Other Pacific cultures place a similar importance on families.

Lack of Understanding

When situations arise and families have difficulty understanding an individual's illness, it can cause distress for Pacific service users. The role of mental health services in helping families to understand mental health can be crucial to an individual's recovery. Others from whom Pacific families obtain information about mental health issues are people in their communities. Sometimes Pacific people receive incorrect information, which may put them at a disadvantage (Mental Health Commission, September 2001).

This is what a consumer had to say about lack of understanding:

> "What hindered my recovery? I think lack of understanding mainly. From health workers and family members. It was actually more hurtful when it came from family members, and some still don't understand unfortunately" (Malo, 2000:16).

Non-English speaking Pacific people require information about mental health in Pacific languages. This will assist them to understand mental illness and the phases of recovery. Unfortunately there is limited information on mental health available in Pacific languages in New Zealand (Mental Health Commission, September 2001).

Holistic View of Health

Translating the meaning of Mental Health

Salk (1981) quoted in Durie (1984), says that separating health into physical and mental doesn't allow for a holistic view of health. For many Pacific people mental health is only one aspect of wellbeing. Many find it conceptually difficult to isolate any one aspect of health (Ministry of Health, 1995).

Dr Leopino Foliaki cited by Crawley et al., (1995) tells the story of a Tongan man who had severe migraines at the same time every day. No physical cause could be found for this illness. Hospital treatment didn't help. While he was still suffering from migraines some of his relatives visited their grandparents burial grounds and found that plant

roots had grown through their grandparents' bones. When they cleaned the grave, wrapped the bones in tapa cloth and reburied them, the migraines stopped. Many Pacific cultures embrace spiritual and physical connectedness with their ancestors. In Tonga this kind of belief is known as 'akafia' which refers to roots penetrating through the remains of the body.

Lee (2002) in an American report gives an example of how the concept of mental illness can be different in different cultures. She gives an example of people talking to dead family members. The report says that from a Western perspective such people would be diagnosed with schizophrenia, but in some Pacific cultures talking to and having visions of the dead is part of the grieving process.

The paradigms and models of modern health systems do not acknowledge spiritual beliefs. They are based on scientific models and western paradigms that deal with the symptoms of an illness, not the cause. Treatment often involves medical treatment. These methods can be inappropriate for Pacific people. They don't acknowledge the traditional beliefs, information and logic that lead to effective diagnosis and treatment of traditional and spiritual illnesses and conditions (Lui and Schwenke, 2003).

Pacific Interpretations of Mental Health

Fonofale Model

According to the Mental Health Commission, most Pacific people have a holistic view of health, which is captured by the Fonofale model. The Fonofale model was created by Fuimaono Karl Pulotu-Endemann (2001) as a Pacific model of health for use in New Zealand. In the Fonofale view, mental health is integrated with physical and spiritual health.

Using a Samoan *fale* or house as its metaphor, the family is the foundation. The family can be any type of family that is bound by kinship, titles, marriage, partnership or covenant. The floor is the genealogy that ties the family together. It also ties them to the land, the sea, the Gods of the Pacific as well as to the other cultures located there.

The roof represents cultural values and beliefs that shelter the family for life. These can include belief in traditional healing methods as well as belief in western methods. The *Pou* or posts sit on the foundation and hold the roof up. They connect the culture and the family and are continuous and interactive with each other. The spiritual Pou relates to wellbeing stemming from a belief system. The belief system includes Christianity and traditional spirituality. The physical Pou is related to physical wellbeing and the mental Pou is related to the health of the mind. The 'other' Pou relates to other things that can affect health. This can include gender, sexuality, age and economic status.

The Fale, or house, is encased in a cocoon containing dimensions that can have direct or indirect influence on each other. One dimension is the environment, which "addresses the relationships and uniqueness of Pacific people to their physical environment". The other dimensions are time and context (Pulotu-Endemann, 2001). The holistic approach is consistent with the recovery approach, which is supported by the Mental Health Commission (Malo, 2000).

Pacific cultures include the culture of New Zealand-raised Pacific people as well as that of people who were born and reared in the Pacific. Different families may adopt various combinations of culture, including Palagi orientated values and beliefs.

Reluctance to Use Services

Bathgate and Pulotu-Endemann (Ministry of Health, 1997) suggest that Pacific peoples' beliefs shape the way they respond to mental illness. Their beliefs about the causes of mental illness and the ways in which mental illness is addressed are different from those held by medical clinicians. They may have traditional Pacific views or views that have been modified by Christian values. Due to the difference in views, some Pacific people feel uncomfortable using psychiatric services and so become reluctant to do so. As a result Pacific people may come to mental health services as a last resort as committed patients in psychiatric hospitals.

Pacific health care workers are the people best placed to help Pacific families identify mental illnesses and seek treatment at an early stage (Ministry of Health, 1997). The Ministry of Health (1998:49) says, "services need to come to Pacific families". Home based services are appropriate when there is a reluctance to get a family member clinically assessed early, or at all, because of a fear of being separated from the family during treatment.

Treatment Preferences and Expectations

Pacific peoples expect mental health services to acknowledge their belief systems and to have a genuine commitment to ensure that mental health services reflect a holistic approach to wellness. Many prefer to be treated by Pacific staff, who understand the intricacies of Pacific culture including their belief systems.

Fa'aolatoto Iuli (1999), a Pacific mental health consumer describes her heart-warming experience at Lotofale, a Pacific mental health service in central Auckland, after leaving a mainstream mental health service. The community support workers of Lotofale successfully integrated family involvement and broader cultural and spiritual dimensions in their service delivery. Iuli explains how rewarding this experience had been. It enabled her to build a closer relationship with her family and to use cultural metaphors to make sense of her recovery process.

Services that target Pacific people and are run by Pacific personnel seem to give the most benefit to Pacific consumers of mental health services. Palagi services that employ Pacific staff are also beneficial for Pacific people (Malo, 2000).

Pacific Primary Health Organisations (PHOs)

The recent emergence of PHOs, that work alongside District Health Boards (DHBs) is likely to enhance the services Pacific people receive at a local level. PHOs are being established to oversee the delivery of primary health care, with the aim of improving health and reducing health inequalities. They are required to be culturally competent and meet the needs of their Pacific communities effectively (Ministry of

Health, 2002). PHOs may in time play a greater role in providing mental health services.

American Study of Pacific and Asian Consumers

A study by Lee (2002:31) of Pacific and Asian mental health service users in the United States found that they are likely to "endure longer periods of psychiatric distress" than others, before getting help. Similar behaviour patterns have been found with Pacific communities in New Zealand. The study identified that barriers to adequate care include language barriers, cultural inhibitions such as stigma and shame and lack of access to culturally appropriate services with culturally competent personnel. It was suggested that to provide culturally competent services, providers should include cultural, social, political, family and community influences in the mental health assessment of Pacific people.

Sue et al., quoted in Lee (2002) found that for Pacific people with English as a second language, treatment outcomes were positive for longer if their mental health worker was of the same ethnicity as them and spoke the same language. Lee also found that the strength of families and empowerment should be used when working with Pacific people. A relationship also needs to be established between the provider and the family. Providers need to show that they have knowledge of and sensitivity to the relevant history and culture.

The Future of Pacific Mental Health Services

Authoritative sources that discuss the future directions of Pacific mental health, state emphatically the need for mental health services to inherently reflect cultural competency. Accordingly, workforce training and development plays a key role in building workforce capability to meet these challenges.

The Ministry of Health (2002) says that the continuing development of Pacific providers will be necessary in order to meet the needs of

Pacific people. Primary health care providers and communities will need to develop closer links. There will be a greater emphasis on the role of primary health care in providing mental health services in the community. There will also be greater utilisation of the expertise and skills of a wide range of health professionals.

Recommendations by the Ministry of Health

Recommendations by the Ministry of Health (1995) for the future of Pacific mental health in New Zealand include addressing cultural advocacy, cultural safety, mainstream services development, parallel providers and liaison with tangata whenua. In 2001, the Mental Health Commission indicated the following as being some of the key issues in the provision of mental health services for Pacific people.

- The cultural responsiveness and capacity of mainstream services to meet Pacific people's health needs must be improved. Pacific-focussed services are only likely to be viable in areas where Pacific people are concentrated. In other areas there is no choice but to use mainstream services.

  Therefore mainstream services must provide culturally appropriate care and culturally acceptable methods of treatment. Preferably these will be in Pacific cultural or family settings. In order to achieve this, training must be available for non-Pacific staff so that they can improve their responsiveness to Pacific service users. Cultural responsiveness is required by National Mental Health Sector Standard 2 (April 2001).

- The quality and sustainability of Pacific service providers must be increased to provide Pacific people with a choice of mental health services. There needs to be more skilled staff to meet the high attrition rates due to burnout and competing demands. There also needs to be an increase in the management, governance and accountability skills of Pacific providers so that they can obtain funding.

Leadership, management and governance are included in Mental Health Sector Standard 12 (April 2001).

- As a large number of Pacific people use services provided by traditional healers, there needs to be a variety of culturally safe options available. This is required by the National Mental Health Sector Standard 3 (April 2001) for Pacific people.

- Links promoting appropriate services for Pacific people need to be established between Pacific and mainstream services and between mental health and other services. Integration of the different aspects of care for mental health consumers will achieve maximum health gains. Clinical and community support services as well as Pacific primary care providers must work closely together to achieve this.

- Effective partnerships need to be developed between service providers and Pacific service users. According to the Blueprint for Mental Health Services in New Zealand, they should be involved as equals. Such partnerships recognise the diversity of Pacific cultures and Pacific perspectives on health. They help to eliminate discrimination in the way that Pacific service users are treated (Mental Health Commission, September 2001).

Recommendations by Others

Bathgate and Pulotu-Endemann cited by the Ministry of Health (1998:49), suggest that the following factors apply as much to clinical assessment as they do to prevention services. They are:

- clinical services and workshops on mental health promotion need to move from individuals to families

- clinicians need to be more aware of cultural beliefs and family-based decision-making processes. They will then be better placed to provide an environment that encourages

more Pacific people to seek clinical treatment, particularly in the earlier stages of their illness

- services need to be taken to Pacific families. Home based services are appropriate where there is reluctance to get treatment for family members, due to the fear of being separated from the family while they are treated

- there needs to be increased training and development of Pacific mental health workers so that more Pacific people become involved in mental health promotion work and identifying illness within families.

Health Workforce Advisory Committee (HWAC)

At the March 2003 summit on health workforce development (Health Workforce Advisory Committee, 2003), inter-sectoral, multi-layered approaches were proposed to grow and nurture Pacific workforce capability. They would include the Health and Education ministries, the health sector broadly, including the diverse range of health practitioners, and education providers. A focal point of discussion for Pacific participants related to career pathways and opportunities for ongoing learning. HWAC recommended that DHBs:

- develop the capacity and capability of Pacific health providers and their Pacific workforce

- share resources and develop links with and between Pacific and mainstream providers

- develop organisational tools to address individual and institutional discrimination

- develop strategies for Pacific workforce development.

By Pacific for Pacific approaches, provided by Pacific non government organisations and emerging ethnic-specific services, were highlighted by the Mental Health Commission (1998) as important ways of achieving positive health outcomes for Pacific communities.

It was emphasised that services must acknowledge and affirm Pacific peoples' cultural needs, including their languages, customs, values and cultural practices (Mental Health Commission, 1998). These service elements will need to be reflected in mainstream services, as well as the separate services run by Pacific people, where there is sufficient local population.

The Pacific Mental Health Workforce

The demand for an increased Pacific workforce is influenced by the increasing disparities and inequalities in the health of Pacific people. This points to the failure of existing delivery systems to provide adequate accessible services to Pacific people. The failure is partly explained by the lack of response by health practitioners to the needs of Pacific people, especially the way that cultural values and practices affect assessment, treatment and rehabilitation (Health Workforce Advisory Committee, 2002).

Demand Grows

Mainstream organisations are recognising the need to improve their responsiveness to Pacific peoples. They would like more Pacific practitioners to support their delivery. There is also a growth of by Pacific for Pacific services, who employ Pacific health workers. Presently the demand for Pacific health workers is not being met. Consequently Pacific health practitioners are not participating at all levels of planning and delivery within the health sector (Health Workforce Advisory Committee, 2002).

Pacific people currently make up about 6% of New Zealand's population. In a mental health workforce of around 7,000 people in 2000, it is estimated that Pacific people only made up 2.5% or 175 people. The composition of the Pacific mental health workforce is similar to the Pacific population except for the Cook Island Māori workforce, whose representation is less than their percentage of the total Pacific population (Mental Health Commission, September 2001).

Workforce Composition

In 2000 there were approximately 47 Pacific community support workers, which is 31.5% of the Pacific mental health workforce. Over half of the Pacific workforce is aged between 25 and 38 years, 30% being aged between 25 and 31 years. Almost two-thirds of the Pacific mental health workforce have been in their current position for three years or less.

Approximately 41, (23.5%) of the Pacific mental health workforce has an NZQA certificate in health. 117 (67.3%) have a diploma or degree in health. As can be expected, Auckland has the greatest number of mental health workers (over two-thirds) followed by Wellington (one-fifth) with a few workers spread around Northland, Waikato, Palmerston North, Christchurch, Otago and Southland (Mental Health Commission, September 2001).

Key Issues

More Pacific people need to be recruited into the mental health workforce in all occupations and at every level including mental health support workers. The percentage of Pacific mental health workers with qualifications and competency in working with Pacific service users also needs to be increased. Key issues in developing a sustainable Pacific workforce include upskilling workers and promoting a culture of learning. "Ideally, all Pacific mental health workers should have as a minimum qualification, the National Certificate in Mental Health (Mental Health Support Work)" (Mental Health Commission September 2001:24). However the Certificate will need to be extended to increase the skills of support workers.

Barriers faced by many Pacific mental health workers in gaining qualifications include course costs, a lack of supports for Pacific students, difficulties of returning to study as an adult, English as a second language and family and community obligations that hinder study (Mental Health Commission, September 2001). These barriers need to be addressed.

The Development of Mental Health Support Workers

According to de Souza (2003), there were three reasons for the development of the mental health support workers' role as follows.

1. Support workers fill the gaps in community care. This particularly applies to their work with clients whose complex needs are not met within the mental health system (Davies, Harris, Roberts, Mannion, McCosker & Anderson, 1996, cited in de Souza, 2003).

2. Support workers have a recovery philosophy and meet social needs of consumers, which are largely ignored by clinical health services.

3. There is a reported lack of culturally safe services for Pacific people. More trained mental health workers are needed to provide the appropriate services.

The factors above also led to the development of the National Certificate in Mental Health (Mental Health Support Work).

Support Worker Role

According to Lui (2000), the role of support worker was developed to support consumers in the community, assess support needs, co-ordinate consumers' care and assist clinicians with treating and assessing consumers. It involved basic tasks like assisting consumers with household chores, transporting them to appointments and assisting them with the activities of daily living. Support workers helped clinicians, by making sure consumers took their medication and did what clinicians required of them.

Some support workers, who had relevant experience and cultural knowledge, did a lot more than that. They advocated for clients, assisted them with getting permanent residency and acted as interpreter for consumers. One of the reasons support workers did higher level tasks was that there was no one else skilled and competent to do this type of work. Also the philosophy of community

support is compatible with the Pacific paradigm and way of viewing health and healing.

The intention had been for support workers to provide a rehabilitation service for people who had been in mainstream acute services. It was hoped that readmission would be prevented for some people and reduced for others according to Lui (2000).

The Current Role of Mental Health Support Workers

According to Roen (1999 in Ministry of Health, 2001:6) community support workers are pioneers. He says:

> "The very existence of community support workers continues to challenge traditional medical models, to break down the professional/patient dichotomy. In this era of de-institutionalising mental health services, community support workers are pioneers."

Community support workers generally work with clients in their own communities and spend several hours or more with a client each week. Support is structured around client needs and goals are established. Their work practices focus on practical day-to-day supports that help people with mental illness to maintain the basic elements of a 'regular' life. This includes decent housing, satisfying work, mutual caring, intimate relationships and usual life roles (Ministry of Health, 2001). This is supported by Roen who:

> "…emphasised that a key element of community support work is the important role of workers supporting people to do things for themselves, as opposed to their role of doing things for them" (Ministry of Health, 2001:7).

Pacific people who enter community support work are employed mostly by mainstream providers and increasingly by Pacific health providers. They have a range of life skills and experiences, strong community links and extensive knowledge of cultural matters. According to the Ministry of Health, health providers have found that Pacific support workers have greatly improved the delivery of

services. Anecdotal evidence shows high levels of Pacific consumer satisfaction and mental health gains as a direct result of access to Pacific support workers. Pacific service users have helped mainstream providers to understand their needs better (Mental Health Commission, September 2001).

Relationship Building

Building sound relationships with consumers is crucial to a support workers role. Such relationships enable support workers to interact effectively with consumers. In particular it provides the means for them to identify and respond to consumers needs. It also helps consumers to feel comfortable about expressing their concerns and needs to support workers. It provides "pathways for the healing process to happen" (Lui and Iuli, 2000). Support workers need to be sensitive to consumers' needs. They need compassion and a caring nature so that they can establish a trusting relationship with consumers (Lui, 2002).

Building Capability

Mental Health Commission Survey

Findings of a 1999 survey of the mental health sector, commissioned by the Mental Health Commission, showed that concentrated efforts are required to increase the numbers of Pacific mental health workers with appropriate qualifications. There is also an urgent need to upskill the Pacific mental health workforce to ensure they are culturally and clinically competent (Mental Health Commission, September 2001).

The Royal Australian and New Zealand College of Psychiatrists

The Royal Australian and New Zealand College of Psychiatrists promote that career development is necessary for Aboriginal and Torres Strait Island mental health workers. They say that there needs to be a realistic career path that provides professional and managerial advancement opportunities for mental health workers within the organisations they work for.

They go on to say that indigenous communities value continuity with health workers and trainees who have valuable skills and knowledge of their local community. These issues should be taken into account when developing programmes for mental health workers.

They suggest that:

> "mature indigenous people with no formal educational qualifications may possess a unique knowledge and particular skill in dealing with mental health issues within their local community".

The lack of educational qualifications should not be an absolute barrier to the employment of a mental health worker. They say that cultural awareness courses are valuable tools for any service dealing with indigenous people. These courses should be part of mental health workers' continuing education (The Royal Australian and New Zealand College of Psychiatrists).

Health Sector Standards

Recovery Competencies

Health workers need to refer to the recovery competencies when they are using a recovery approach to their work. The recovery approach requires mental health services to develop and draw on their own resources as well as the resources of people with mental illness and their communities. People with mental illness must take an active role in improving their lives in order to recover. Their family and communities must also interact with each other. The recovery approach can be applied to any model that draws on the resources of the service user and their community as well as mental health services. It is not itself a model of service delivery (The Mental Health Commission, March 2001 – Recovery Competencies).

Literature on a recovery approach for people with major mental illness comes from the United States. In this literature three key philosophies underpin recovery:

- generic recovery, which is a self-help approach

- the mental health service user movement, which has a philosophy of human rights and self-determination

- psychiatric rehabilitation, which focuses on community integration and overcoming functional limitations.

The recovery competencies are more influenced by the service user movement than the other two (The Mental Health Commission, 2001 - Recovery Competencies).

Competencies include the attitudes, skills, knowledge and behaviour required of the mental health workforce. Recovery based competencies are described in terms of attitudes and knowledge rather than behaviour or skills. They provide a fundamental change to all aspects of the education of mental health workers. As well as requiring new material to be taught, they also require some existing material to be taught differently. The level of competency required depends on the job that the worker does and the competency in question (The Mental Health Commission, 2001 – Recovery Competencies).

There are ten major categories of recovery competencies. These cover things that mental health workers need to know, to do their job effectively. They involve attitudes towards mental health consumers and acknowledgement and understanding of consumers' culture and beliefs. They also involve knowing about support services that are available to help people with mental illness.

The inclusion of competencies and standards in training, work practices and performance agreements would integrate the Pacific workforce more effectively with current competency requirements. Competencies need to include those that are specific to Pacific mental health workers.

National Mental Health Sector Standard

The aim of the national mental health sector standard is to achieve better mental health services and to ensure that there is consistency in the delivery of mental health treatment and support for every New Zealander who needs to use mental health services. The standard is an integral part of the Government's strategy for mental health and for supporting implementation of the Mental Health Commission's Blueprint for Mental Health Services in New Zealand (Standards New Zealand, 2001). It requires mental health workers to work effectively with Pacific people.

The parts of the standard that apply to services for Pacific people include the delivery of culturally safe services and understanding the diverse cultures and concepts of Pacific peoples' health. This should include the historical and social factors affecting their mental wellbeing (Standards New Zealand, 2001).

American Standards

The Asian and Pacific Island American (APIA) Panel has established competency standards for mental health service providers within a managed care setting. The standards are separated into three primary areas, overall system standards and guidelines, provider competencies and clinical standards and guidelines.

The prevention, education and outreach standard requires each managed care health plan to include a prevention, education and outreach programme. It must incorporate culturally competent approaches, behaviours and communication styles in its development and implementation. The standard also indicates that consumers, their families and community organisations should be involved in the development and implementation phases of the plan. The APIA panel states:

> "Prevention, education and outreach programmes should include APIA culturally specific knowledge of psychiatric impairment and treatment as these apply to the occurrence of

mental illness, its distributional pattern, and help seeking behaviours, of APIA consumers."

The implementation guidelines include specific services for youth at risk in consumers' families. Recommended performance indicators include having procedures in place to provide linkages with APIA community based organisations including religious organisations.

Pacific Mental Health Services

A Pacific service includes involvement in governance and management of the service by Pacific staff and health professionals. The service is based on Pacific beliefs, values and models of health, with a focus on providing for Pacific people in culturally appropriate ways (Mental Health Commission, September 2001). This is to gain community acceptance of the service so that Pacific consumers will use it and gain benefit from the cultural focus of the service.

Pacific services can be offered through NGOs or by Pacific teams attached to DHBs. NGO Pacific providers are developing their own models of Pacific mental health service delivery according to local needs and priorities. They are not subject to the same constraints as DHBs. They can provide 'by Pacific for Pacific' approaches which include pan-Pacific or ethnic specific approaches. They are better able to adapt to changing local needs (Ministry of Health, 2002).

The Mental Health Commission (September, 2001) says that although there is no single Pacific approach to mental health issues, they expect Pacific mental health services to adopt common principles. The suggested principles include:

- commitment to and use of the Fonofale model of mental health. This emphasises a holistic approach to mental health service delivery. It includes mental, spiritual, emotional and family wellbeing

- the acknowledgement, support and accommodation of cultural differences within Pacific groups and communities and between Pacific people and others

- responsiveness to the different needs, experiences and circumstances of Island-born and New Zealand-born Pacific people

- "Pacific knowledge, including traditional knowledge, must be valued and protected, with appropriate controls over access to and use of such knowledge

- the values of interdependence, collectivity, alofa (love), anticipation and collaboration must be fundamental to the service" (Mental Health Commission, September 2001:11).

Knowledge and Understanding

The Mental Health Commission (September 2001) says that all mental health services that provide services to Pacific people need their staff, including support workers, to have an in-depth knowledge and understanding of cultural matters. The Certificate may be an appropriate place for support workers to gather some of this information. Cultural issues identified by the Commission include:

- diversity within different Pacific cultures with regard to language, customs, traditions and rules of conduct

- the central importance of language, family, religion and traditions in Pacific cultures

- differences between island-born and New Zealand-born Pacific people

- the importance of involving Pacific families, communities and service users in individual and service planning as well as treatment processes

- service users' right to access traditional healing and conventional medical treatments at the same time

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- barriers, such as lack of transport or information that make it difficult for some Pacific service users to access the care they need

- discrimination that Pacific people can experience as Pacific people and as people with mental illness (Mental Health Commission, September 2001).

Mental Health Qualifications

Overseas Programmes

Mental health/health qualifications from overseas that we are aware of appear to be at degree level. It is interesting that the Bachelor of Indigenous Health Studies (Mental Health) from the Batchelor Institute of Indigenous Tertiary Education in Australia, includes telling histories and holistic approach to mental health as year one courses (www.batchelor.edu.au). Other approaches to mental health qualifications include the following.

- The Canadian Mental Health Association offers a Mental Health Support Worker Certificate Programme. It provides skills training over a 39-week period (www.ouc.bc.ca).

- Okanagan University College offers a Social Service/Mental Health Support Worker programme. It runs over a 10-month period and has a practical placement. Students are trained to provide individual and group support to individuals who face emotional, behavioural and/or mental health challenges (www.ouc.bc.ca).

- Pro-soft Training Institute in Canada offers a Youth Psychiatric Aide/Outreach Worker Certificate Programme. The programme enables students to develop the necessary knowledge and skills to support various clientele and their families in the community. The course lasts for 42 weeks. It includes a field placement, but has no obvious cultural content (www.prosoftcanada.com).

New Zealand Mental Health Courses

Several tertiary providers offer their own mental health qualifications. They include certificate and diploma programmes. Some incorporate practicum placements. These programmes are not on the Qualifications Framework and so are not nationally recognised.

Te Whare Wänanga o Raukawa, Diploma in Oranga Hinengaro

There is also a one-year Diploma in Oranga Hinengaro that provides a Mäori approach to recovery but also encompasses broader social and community development issues. This diploma is not on the Qualifications Framework. It is offered by Te Whare Wänanga o Raukawa in Otaki and is available by distance learning. It includes a course on the wellness of family. The course outline follows.

Course	Topics Covered
Introduction to Mätauranga Mäori	Concepts of Mätauranga Mäori.
Te Rangahau	Original research.
Oranga Whänau: Wellness of Family	Assessment models requiring care and treatment, human development as they relate to Mäori.
Hapü / Iwi health: Tribal Hauora	Hauora planning, methods of caring for the elderly.
Te Oranga o te Kainga	Principles of community health in Oranga Hinengaro practice.
Mauriora	Historical aspects of psychoactive substance use amongst Mäori.

The National Certificate in Mental Health

The National Certificate in Mental Health (Mental health Support Work Level 4) is a first qualification for those wishing to enter mental health support work, or for those who may already be working as mental health support workers. The support work is undertaken with people who have been or are experiencing mental illness or disability. Support workers develop and implement individual lifestyle or support plans. They work in a collaborative manner alongside consumers, and sometimes with their families (www.nzqa.govt.nz).

Graduates of the National Certificate in Mental Health Support Work 1998 – October 2003

	PACIFIC	MAORI	CHINESE	EUROPEAN	INDIAN	OTHER	NOT STATED
Cook Island Maori	13	260	2	424	6	16	189
Fijian	6						
Niuean	4						
Samoan	40						
Tokelauan	3						
Tongan	8						
TOTAL	**74**	**260**	**2**	**424**	**6**	**16**	**189**

(Source: New Zealand Qualifications Authority)

971 people in total have graduated with the Certificate. Of those 74 (7.6%) have been of Pacific descent. This is higher than their 6% representation of the whole population. Some Pacific people may also be included in the "Not Stated" category which would increase their representation.

In 2001, the mental health workforce was estimated to be around 7,000. Pacific workers made up 2.5% (175) of those. 31.5% (55) are estimated to be community support workers (Mental Health Commission, September 2001). This suggests that either more Pacific people have attained the Certificate than are working as support workers or that there has been a significant increase in the number of support workers since 2001.

Certificate Changes

The Certificate was initially established to provide a qualification for people doing support work. Many support workers have no other formal qualifications. As a result of changes evolving in the sector, the content of the Certificate was revised. The qualification was issued as version 3 in April 2003. The changes that were made to the Certificate are listed below.

- Removal of Unit 13425, *Establish and maintain a supportive relationship with a whanau as a mental health support worker*. This has been rewritten into a new unit standard.

- Revision of all unit standards in the *support a mental health consumers/tangata whai ora* domain. This took account of feedback from moderation and the update of legislation and standards.

- Addition of Unit 18547, *Support a mental health consumer/tangata whai ora in their management of alcohol or other drugs*.

- Addition of Unit 19750 *Establish supportive relationships with families and whanau in mental health support work*.

- Removal of the elective section so that all units are compulsory.

- The credit total was increased from 120 to 123 (www.nzqa.govt.nz).

Further revision of the contents and relevance of the Certificate is now required.

Benefits of Qualifications to the Sector

Most of the Pacific people training in Mental health Support Work programmes, work for mainstream health service providers. These providers have found that access to Pacific mental health workers has greatly improved service delivery. Pacific consumer satisfaction levels have increased due to mainstream providers gaining a better understanding of Pacific users' needs (Mental Health Commission, September 2001).

As well, the Certificate has enabled those already working in the mental health sector, to gain a qualification. Through up-skilling, workers have been given the opportunity to achieve greater job mobility.

Part Two Pacific People Speak

Overview

Pacific peoples' perspectives on the National Certificate in Mental Health (Certificate) and surrounding issues are presented in this part of the report. Care has been taken to present this information, as much as possible, in the language used by participants. The sections are divided as follows.

- Consumers Views.
- Family Perspectives.
- Community Support Workers (according to different stakeholders).
- The Mental Health Sector (the impact of the Certificate and CSWs on the sector).
- The National Certificate in Mental Health (discussion on the Certificate's content).
- Summary of Key Points.

The information from participants has been gathered through one-to-one interviews and focus groups. Participants included consumers of mental health services and their families, mental health support workers, tutors, opinion leaders, cultural advisors, mental health service managers, clinicians and alcohol and drug workers.

A number of issues are raised, including the support worker role and how consumers and their families perceive this role, the strengths and weaknesses of the Certificate and the extent to which it equips Pacific support workers to do their job.

This section concludes with an analysis of the key findings and recommendations are presented to improve the Certificate. Suggestions are made about future qualifications. The methodology used for the evaluation can be found at Appendix 1.

Consumers Views

"Only heroes can work in this area"

consumer.

Support Workers' Role

Community support workers work alongside consumers and their families to assist consumers with their recovery process. Consumers interviewed identified a variety of attributes or skills they require of support workers. These range from teaching new skills and informing consumers about entitlements to acting as advocates. Consumers identified the most important attributes or strengths of community support workers as:

- passion for their work and caring about consumers

- listening to what consumers tell them

- being culturally competent

- understanding the importance of families in consumer recovery.

Key Areas

Passion and Caring

Consumers know when their support worker is passionate about their work. Support workers, who have passion for their work, genuinely want to help people. They are caring and non-judgemental. They show flexibility and willingness to work with consumers to help them meet their goals. They offer options and don't expect consumers to conform to what they think is the right thing to do. Consumers prefer support workers who care about them.

Support workers see consumers more often than clinical personnel. In most situations support workers have a closer relationship with

consumers than clinicians. According to consumers, clinicians look after their medical needs. They don't assist with everyday living in the way that support workers do.

> "If it wasn't for my support worker, I wouldn't be here today. I wouldn't speak to anyone or take my medicine" (consumer).

When a consumer is experiencing a difficult or challenging situation, good support workers work alongside clinicians to ensure the situation is assessed and managed correctly. They encourage consumers to do things for themselves.

> "Sometimes when you're having off days and not functioning as well as you want to, the support worker helps. They remind you that you can do it for yourself" (consumer).

> "They encourage me and empower me to do things for myself as opposed to the clinician who sees you in the office for half an hour every two months" (consumer).

Listening

For many consumers, a good relationship with their support worker is dependent on their support worker listening to what they say and believing them. It helps consumers to feel included in decisions that are made about their own treatment.

> "I didn't get along with the first social worker I had. She didn't believe what I was saying because I had a lot of spiritual beliefs. The social worker gave help, but it wasn't what I wanted. It didn't give me the answers I was looking for" (consumer).

Support workers, who listen to and understand their clients, can recognise the signs that indicate that a client needs help. With this understanding they can seek help for consumers when it's necessary. Consumers may be reluctant to share important information with support workers who don't understand them.

> "I like someone who can see behind the issues. I used to depend on people a lot and the real issue with me is that I don't think much of myself" (consumer).

Cultural Competence

Spiritual Healing

> "It's about seeing and understanding the unknown"
>
> (consumer).

Culturally competent support workers stood out as being very important to Pacific consumers. Cultural competence includes knowing about different Pacific spiritual beliefs relating to mental health and how they can affect a person with mental illness. It is also important that support workers understand that there are different kinds of spiritual healing and cultural beliefs about health matters.

> "I know someone who gets agro when she doesn't take her medication. She believes that if she takes all those tablets they will grow in her. It's an old Island belief. You will grow like a tree" (consumer).

Ethnic Specific

Some consumers think that support workers should be of the same ethnicity as consumers. Others think that having a worker who can traverse the barriers of culture, sex and age is sufficient. Ethnic matching of consumers and workers is not as necessary for some, as effective communication skills.

> "You could have a Palagi and a Cook Islander who get together for a while and solve their problems due to the communication levels of one person. It's all about communication" (consumer).

However, most consumers' think it is important for support workers to understand cultures other than their own. Some consumers think that culture can't be learnt from a textbook, it has to be experienced.

Pacific support workers generally have a grounded understanding of Pacific cultures. Consumers perceive that clinicians on the whole, do not have the same level of cultural understanding.

> "There is an emphasis on culture and language. It is something the clinicians don't really know about. Clinicians need to understand that our people are not all the same" (consumer).

New Zealand and Pacific born Workers

> "There is a difference now between the younger generation and the older people from the past. Support workers who were born in Samoa, come here and try to relate to a person who was born in New Zealand. It is very different to the New Zealand born" (consumer).

Consumers recognise that mental health support workers who are born in the Pacific have a greater knowledge and understanding of things Pacific. These workers have the advantage of skills and knowledge that enable them to connect and build relationships with consumers who have migrated to New Zealand from the Pacific.

New Zealand born support workers are able to understand more readily the pressures and the issues facing New Zealand born consumers. They can identify with the tension that sometimes arises with blending New Zealand and Pacific cultures. But they can be on a 'back foot' when it comes to understanding cultural matters.

> "You could have a guy who is born in New Zealand who doesn't know about the cultural aspects" (consumer).

However there are some New Zealand born support workers who are grounded in their cultural knowledge and practice, who are able to work effectively with Pacific born, as well as New Zealand born people.

Language

People with English as a second language must be able to have their illness and treatment explained in their first language. Consumers said that many Pacific ideas about mental illness are hard to translate into English. Some expressed that it is difficult for them to understand technical information in a language that isn't their first language. A support worker, who can speak the same language as they do, is able to explain their illness and treatment in a way they can understand.

Families

Families are very important to Pacific people and are part of their everyday lives. They influence decisions that are made. Including family in their care plan often helps consumers' recovery. Some families have difficulty understanding and accepting mental illness within their families. Many Pacific families blame themselves if a family member experiences mental illness. Some are ashamed of having mental illness in their family. This can hinder consumer recovery.

> "The shame factor is what stops a lot of Pacific Islanders from recovering and moving on" (consumer).

Support workers assist families to understand mental illness and the stages of recovery for consumers. They include families as part of a consumer's journey to wellness, but also respect a consumer's wishes to not include family in certain situations.

> "They run family meetings where they meet with the family with your permission. You can either be at the meeting or not and they discuss the issues that are important for you with your family" (consumer).

> "If you don't want your family to be involved you can arrange to meet [support worker] in a restaurant or somewhere like that" (consumer).

Being a listening ear and providing support to families is generally welcomed and appreciated by consumers.

> "Often the support worker can be alleviation for the family themselves. They bring forward the issues that the client has with the illness. It provides a break for the family to know that there's someone outside of the family and outside of the people that are closely knit, that can give an objective view and be able to say, what would help the consumer the best. I think that families need that" (consumer).

Some consumers think it would be helpful if workshops could be run for families to explain mental illness and identify the support needs of their family member.

> "My CSW has stepped in for my family at times when I haven't felt that I've had the family support" (consumer).

Discrimination

One consumer expressed a concern that some support workers do not treat consumers as equals. In some circumstances they use their power of authority to make decisions that suit them rather than putting the interest of consumers first. He commented that this is often done unintentionally. It can have adverse effects on a consumer's confidence and sense of self worth.

In addressing the different forms of discrimination that consumers face, the Certificate content must also challenge the thinking and attitudes of trainees about mental illness.

Family Perspectives

> "To fix the client you have to fix the family too"
>
> (family member).

Most of the families we talked to indicated that their family member with a mental illness had been in contact with a number of support workers over the years. Many of them had been non-Pacific support workers working for mainstream organisations. With the rise in recent years of Pacific focussed services, consumers now have greater service options. This includes the option to utilise Pacific CSWs.

The things that consumers consider are important that support workers do are also important to their families. This includes listening to consumers, having passion for what they do, not imposing their views on consumers, being non-judgmental and including families in consumers' recovery.

> "You are asking clients to expose their souls. The last thing they want to do is look into the eyes of someone who judges them. They don't need or deserve it. My son has felt this on a number of occasions and has walked away feeling worse and insecure" (family member).

Effectiveness of Support Workers

Families highlighted that mainstream providers employ many of the support workers who they have found to be less effective with their family member. There is a perception that Maori and Pacific workers tend to take a more flexible approach to working with Pacific consumers, than mainstream workers.

> "The ineffective ones [support workers] weren't able to cope with my son's sense of timing. He felt restricted and community workers felt frustrated because my son didn't fit into their model" (family member).

Support workers take over from where a clinician leaves off. In most cases they have a closer relationship with consumers. Clinicians evaluate consumers and make a diagnosis of their condition. This role is different to that of the support worker. A good support worker provides a link with people who influence consumers' lives. They keep families informed of what is happening and include them in their interaction with consumers.

> "The good ones always kept in touch and told me what had happened and how they were dealing with it and would get back when they had worked through it. They didn't want to breach confidentiality. They would be forthright in saying he was having a bad time or a crisis and would decide whether or not to divulge it internally. They would always ask my son's permission" (family member).

> "She [the support worker] hugs every one of us just like we're family" (family member).

Families expressed the need for more Pacific community support workers.

Families and Culture

Cultural competence is important to families. They say it helps the support worker to understand consumers and why they do certain things. It also enhances their ability to understand family relationships and cultural dynamics. The support worker must understand consumers' cultural needs, particularly the role of families.

> "Where are they going to go when they recover if their family isn't ready for them?" (family member).

> "It's important for support workers to keep in touch with family, when a consumer is living away from home. The family will know how to approach their family member, if they get in touch. They will know what mood they are likely to be in" (family member).

While some families think that Pacific culture is accessible and easy for everyone to understand, others think it is more complex. Pacific cultures are not all the same. They say that there is a lot of guilt that families carry, which is hidden from public view.

To accommodate cultural differences, support workers need to be tolerant and flexible. They also need good relationship building skills. Support workers require training to enhance their ability to work with families, as well as consumers. Support workers need to understand that other people, such as family, influence consumer's thinking and are often the key to their recovery.

> "I bet 90% of the time when you talk to a Pacific consumer, inevitably they always say 'but I hurt my family'. Their own pain is secondary to what the family is feeling" (family member).

Understanding the differences between New Zealand and Pacific born people is also important families say. Community support workers require good communication skills that can cater for these differences.

"There is a difference between New Zealand born and Island born. But what happens if you have Island born parents and New Zealand born children? It's difficult, and most of us are like this. How are you going to communicate with the parents as well as the consumer?" (family member).

Families and Stigma

Stigma affects consumers and their families. Sometimes, families feel it more strongly. They also have to deal with the reaction of their community, and may have to shield their family member from potentially hurtful comments. One family member suggested that the "Like Minds" campaign has been good, but doesn't go far enough. She said:

"We need a targeted approach with our people. We need the kind of campaign where someone says to us, this is what it's really all about, so that our communities take action" (family member).

The 'Like Minds, Like Mine' campaign is focussed on TV advertisements that seek to raise awareness of and eliminate the stigma that some people attach to mental illness. Well-known identities with a mental illness are shown going about their daily lives. The latest advertisements feature everyday people. The punch line is 'know me before you judge me'.

Some tutors and opinion leaders think the "Like Minds" campaign is sufficient to combat stigma and discrimination in the general population. Tutors say that coverage of discrimination is entwined throughout the unit standards that make up the Certificate. However there is also a feeling that stigma and discrimination need to be covered in greater depth than is allowed for in a level 4 qualification.

Community Support Workers

> "They are the factory workers of the mental health sector. They do far beyond what they are employed to do. We need to improve their lot by improving their educational achievements."

> A service manager, talking about support workers.

The Current role of Community Support Workers

The role of community support workers (CSWs) has developed from managing relatively basic tasks to the complex role it is today. CSWs work collaboratively with consumers and those around them to re-integrate consumers into the community. Support workers broker relationships with clinicians and advocate for consumers. There is positive affirmation by stakeholders about the difference support workers make to consumers' lives. Clinicians roles are perceived differently.

> "It's not the number of clinicians that's important, it's the number, quality and calibre of the community support workers that we have in the service" (opinion leader).

Support workers say that clinicians "don't do the cultural stuff". They assess clinical risk, whereas support workers provide consumers with support and information that will help them with their daily lives. They have a holistic approach to their work.

> "They [community support workers] are the ones who help them stay well and keep well. The community support worker works holistically with all the things that influence wellbeing and wellness" (service manager).

Cultural Competence

Cultural competence involves understanding and respecting the ethnicity, values and beliefs of others. It is vitally important to the support worker's role. Support workers, service managers and tutors

say that it is not recognised adequately in the Certificate or by mainstream service providers.

> "Your culture is all of the intangibles that make you know that you belong to a particular place and a particular group of people. To be en-culturated means to be able to take some things for granted. To try and turn that on its head and say, what is it that we take for granted, is really hard to do" (opinion leader).

Some opinion leaders believe that support workers should be able to speak a Pacific language and know the cultural practices and beliefs of the person they are working with, to do their job effectively. All agree that they have to be accepted by the culture they are working with. They also agree that there is a baseline of cultural knowledge that everyone needs to know about Pacific people. This includes knowing the Pacific networks that operate in a client's community.

There is a view held by some opinion leaders that there should be a move away from treating all Pacific people the same, to offering ethnic specific services. This is to recognise the cultural differences that exist between Pacific groups. However others challenge a strong emphasis on ethnic specific services where there is not a workforce or resources to support customised approaches. The importance of service some believe, rests with compassion and empathy, which are qualities that go the beyond the cultural divide.

> "It's not just about ethnicity, it's about how you are with people" (opinion leader).

According to most service managers, support workers have a good understanding of cultural issues. They say that Pacific communities understand how each culture operates, but they, understandably, know their own culture best.

> "The strength that Pacific providers have is their understanding of nuances, but it depends on what culture the person is coming from. Samoan people understand Samoan people really well. Tongan people understand Tongan people really

well, but a Samoan may not understand a Niuean point of view very well and a Niuean mightn't understand a Tongan person's point of view very well" (service manager).

Opinion leaders, service managers and support workers agree that Pacific support workers need more training on cultural competencies.

Recognition

According to the opinion leaders and tutors interviewed, support workers are undervalued in the mental health sector. Some employers make it difficult for CSWs to study for the certificate. They may roster CSWs on late shift the night before class. This often results in students having difficulty concentrating in class. Some employers do not reinforce the classroom learning by providing opportunities to apply the knowledge learnt in class. This is of concern because employers manage the practical learning of support workers who do the Certificate.

Service managers say that some clinicians don't recognise the value of support workers. They don't accept that support workers' knowledge is just as valuable as clinical knowledge. It's just different knowledge.

> "I won't accept that a doctor knows more than a Pacific person…They need to talk to our support workers because they have a much bigger contribution than what our services today are prepared to accept" (service manager).

The undervaluing of support workers is reflected in the undervaluing of the Certificate by the sector. When many support workers have completed the Certificate they get no recognition from their employer. Their remuneration and work status remains the same. It is as if nothing has changed even though the CSW has gained knowledge and experience.

Career path

Currently there is no obvious career path for mental health support workers. A career path is important for gaining recognition for the profession and for staff retention. The industry needs to recognise the importance of the support worker role, and pay support workers what they are worth. Higher level qualifications could provide the education backing that support workers need to give their role more credibility. Allowance should be made for specialisations in areas such as children and adolescents which could make them highly sought after as specialists in their field. An opinion leader suggested that competencies could be developed to broaden or narrow support workers' roles.

> "It may be possible for an individual worker to demonstrate they've got competency and perform whatever that task is and broaden the work they can do. Instead of having doctors doing one thing and nurses doing another, I think we will get used to some people having core skills and then they will develop competencies that will broaden or narrow their role. Going down that route is making better use of the work force that we've got" (opinion leader).

The Mental Health Sector

According to an opinion leader, the mental health sector wants a workforce that helps people with mental illness to maximise their potential. To do this they need training. She says that the sector:

> "… largely wants a work force that endorses advocacy, social skills and helping people with mental health issues, to maximise their potential. There have been publicised issues about people with mental illness that have been cared for by people who have had insufficient training to recognise when a person is becoming unwell again".

The Certificate's Impact on the Mental Health Sector

A major impact of the Certificate has been the increase in the number of Pacific community support workers as well as the number of Pacific people in the mental health sector. These workers have contributed to the growth of Pacific mental health services. They have also helped to improve levels of care, by providing personalised and ongoing service. They are key mental health workers because they work closely with consumers and their families in the community, according to opinion leaders.

The Certificate provides a New Zealand Qualifications Authority (NZQA) accredited qualification with a known skill-set.

> "The Certificate is a tool to be used as it suits the mental health support worker" (support worker).

> "Clients often ask me if I am qualified because they want a qualified person to look after them" (support worker).

Sector Support for Mental Health Support Workers

Providers of mental health services, as employers, have a strong influence on how support workers do their job. They assist support workers in their role by providing supervision and guidance. They also sponsor them to do the Certificate to increase their knowledge and skills level.

Service providers must be sufficiently resourced in order to provide tools or resources that support workers need to fully utilise what they have learned on the Certificate. Without adequate funding, support workers can't be paid what they are worth. This is likely to deter people from becoming support workers. It may also result in support workers exiting from the sector workforce.

> "So you have the most vulnerable population on the whole, being cared for by people who have the least investment in their training and education, and the least rewards" (opinion leader).

Consumers have indicated that they want a more informed workforce. For this to happen, employers will need to support higher level training such as a diploma for support workers and/or upskilling programmes. Employers need to recognise the added value that training gives to workers and remunerate them for their efforts, according to opinion leaders. Employers are also obliged to provide adequate supervision for support workers. Opinion leaders and tutors say that this doesn't always happen at present.

> "The Mental Health Commission might say 'great idea' as might the Health Workforce Committee, but unless the sector itself is willing to acknowledge it and remunerate it accordingly, there is no point."

> (Opinion leader talking about introducing a diploma in mental health.)

Code of Ethics

> "The moment you put a vulnerable stranger with a powerful stranger, it's potentially a very risky relationship" (opinion leader).

Although it is beyond the scope of this report, some opinion leaders discussed their concern about identifying and maintaining sector standards. Reference was made to Minister of Social Development, Steve Maharey's recent announcement that social workers are to be registered. A similar proposal to establish a registration board or professional body for Community Support Workers was presented. This would give consumers the protection of having support workers conforming to a known standard. It would protect them from unprofessional conduct.

> "The purpose of registering health professionals is to be able to say that the registered person has a particular training and knowledge level so there is some confidence in the safety of that person to practice" (opinion leader).

A registration board or professional body would also provide a code of ethics for support workers. As well, it may enhance the perception of the mental health support worker profession. This in turn may give greater recognition for mental health support qualifications. For a registration board to be successful, it must have the backing of the sector.

Privacy Issues

Privacy issues continue to be discussed by Pacific people in the mental health sector. Legislation requires absolute privacy for consumers, unless they give consent for their personal information to be disclosed to others. It is important for recovery that consumers' families are involved in their care.

To be involved with consumers' recovery families require information about their family member's health. Sometimes consumers don't want their families to have access to certain information. Opinion leaders consider it to be the responsibility of the worker asking for consent, to ensure that the request is couched in a way that signals to consumers, the importance of releasing such information.

Opinion leaders say the Privacy Act should not be used by mental health workers as an excuse for not disclosing important information to families or caregivers. Furthermore, opinion leaders suggest that when a consumer is discharged from hospital into the care of their family, the family should be given the same information that residential facilities are entitled to when a consumer is discharged into their care. Although they are entitled to such information, families do not often get it. This is probably because they are unaware of their entitlements and so don't ask for the information.

The Future for Community Support Workers

> "It would be good to have a national vision for support work to know where the group is going" (tutor).

There is no clear indication where the support worker role is headed. This makes it difficult to design appropriate qualifications and set a career path.

It was suggested that the mental health support worker role was set up to act as a buffer until enough nurses and clinicians could be trained in mental health. Setting up the role has raised the expectations of support workers that there will be a career path to follow. While some may be content to stay as support workers, others want to challenge themselves and aspire to other positions. Unless there is a way for them to do this, they may move on to something else.

Dual Competency

> "We are professionalising a whole lot of roles, but underneath it is tucked the cultural skills. We have a dual competency, but these other skills are not being acknowledged. If we are going to train the young people coming through, we should be teaching that this body of knowledge is just as valuable as clinical knowledge" (service manager).

Many Pacific support workers have dual competency. They have cultural knowledge and experience and they are skilled at support work tasks. An opinion leader suggested that the support worker position be split into two roles. One role would be cultural adviser, which would include performing cultural assessments. Another role would involve supporting consumers to function well in their everyday lives. Those responsible for the latter role would also be required to have a level of cultural competence.

Other opinion leaders suggest that the cultural component is too important to be separated. One of them feared that separating the roles may create a hierarchy and cause tension among community support

workers. It is noted that already the role of cultural advisor exists in some services. Service managers and opinion leaders agreed to the importance of services having a matua (elder) to act as a cultural expert.

The service manager quoted above considers cultural knowledge to be as valuable as clinical knowledge. Many of the informants were concerned that cultural competency is not recognised as it should be.

The Certificate in Mental Health

> "Prior to this (the Certificate) there was nothing and things were learnt through experience as a nurse aide…" (opinion leader).

The Certificate in mental health provides a qualification for mental health support workers. It assists the sector by providing an entry point to mental health services. It provides generic knowledge and equips support workers to work with Pacific people and others with mental health issues. The practicum requirement of the course provides practical experience.

> "For those people wanting to move into the health arena, the starting point has to be where it's not taking too much away from being able to earn, but still being able to progress yourself" (opinion leader).

Pacific Students

Many of the first Pacific people to do the Certificate had experience working in hospitals. Others had done voluntary work and some wanted to work in the community while earning money for their family. Most just wanted to work in mental health, according to an opinion leader. Most people who do the Certificate today are already working in the sector. Some are consumers who want to help others with a mental illness and others just want to become mental health support workers.

Although many Pacific graduates of the Certificate have had limited educational backgrounds, their pass rate for the Certificate is high. They are motivated to succeed and good tutors help them to break down any learning barriers. Most Pacific students who do the Certificate are aged over 25, culturally competent and have work and life experience.

> "I think that young people come to us having experienced some pretty awful stuff in their formal education. Unless you break down that learned behaviour right early on, it is quite difficult for Pacific students to succeed" (opinion leader).

Appropriateness of the Certificate as a First Qualification

Everyone agreed that the Certificate is appropriate as a first qualification in mental health support work.

> "The Certificate is like a first learner licence where you learn what you should be doing" (support worker).

However, some service managers think that the Certificate is trying to be all things to all people. Everyone agreed that there is too much material in it. This makes it hard for students. They can't afford to miss a class because several topics may be covered in one day

Support Work

Support workers say that the Certificate gives clarity to their role. It also provides a stepping-stone for getting jobs. Tutors say that the Certificate gives support workers an awareness of Pacific people's needs. They also build networks with their Pacific colleagues. These networks are very important in the workplace. Tutors also say that students of some education providers are taught to think holistically and gain an understanding of other approaches to mental health. The Certificate validates what support workers do.

> "Students are opened up to other approaches and have a base of knowledge to refer to when they are working" (tutor).

Service managers say that completing the Certificate improves the performance of support workers. The learning helps them to bridge the gap between nurses and social workers.

> "The big role of the Certificate is developing a workforce that bridges the gap between nurses and social workers" (tutor).

Missing Elements

While some support workers found the Certificate useful in their work, others suggested that there are vital elements missing. They identified the most important of these as being cultural components, information on families and information on children and adolescents. Some tutors agree that more cultural content is needed in the Certificate. They also say that there is no room to fit any more into the Certificate in its current form.

> "Presently in the Certificate families don't seem to feature. Families are it" (support worker).

> "You can fix the child, but the child goes back to the parents so you need to get the parents on board" (support worker).

Certificate Focus

Some support workers indicated that the Certificate places too much focus on management and not enough on the support worker's role. Others say it would be helpful to know how to put the theory into practice. They all think that there should be a balance between theory and workplace content. Some suggest that there should be more action learning content such as role-plays, to communicate feelings such as compassion and sympathy. Students want to know how to perform their role effectively.

> "It is no use having people who can rattle off a response to performance criteria. We require an integration of knowledge – a blending of the heart and the head" (tutor).

Meeting Learning Needs

> "The Certificate did not cover what we were doing at work, but the Certificate allows people who are new to the practice to know their role" (support worker).

Some support workers said that the Certificate only met their learning needs in the early stages of the course. They said it did not cover what they were doing at work.

According to opinion leaders Pacific people learn better when there are other Pacific people to share their language and experiences with. This helps less experienced students to understand what is important and must be applied at work. It allows more experienced students to discuss their experience with others and broaden their understanding of community support work.

> "There is nothing practical that could be applied remembering that it is a Certificate that leans more towards the theory. For those who don't work in mental health, they need to practice" (support worker).

Some support workers indicated that it would have been helpful if the links between the content of the Certificate and practice had been explained.

As not everyone does things in the same way, service managers say that there is an advantage in learning about different models of care. They also say that support workers need more cultural content in the Certificate to fully equip them for their role.

> "It's good to have different models because different models do different things. The Certificate gives guidelines, but it is up to services to decide how they will deliver" (service manager).

Cultural Content

> "We are employed as CSWs, we are not employed as cultural but we bring in those things that we are not trained to do. They're not provided by any institution in terms of the National Certificate. Nothing was in the Certificate for Pacific Island people on how we work with families. How do you conduct a family meeting? How do you track people? How do you know where to find Pacific Island services? There's nothing in the Certificate" (support worker).

Support workers said that there are cultural aspects of their role that are not included in the Certificate. Cultural aspects they would like included in the Certificate are listed below.

- Pacific protocols and etiquette including how to approach families.

- Pacific languages.

- The differences in culture between ethnic groups.

- Spirituality and the overlap between culture, spirituality and Christianity.

- Training on how to work with Pacific elders.

  > "The cultural content is not only for Pacific people, but informing others about Pacific cultures" (support worker).

Support workers pointed out that the cultural content of the Certificate is not just for Pacific CSWs. It is also for other CSWs who need to know about Pacific cultures so that they can work effectively with Pacific consumers.

Assessment and Culture

Some support workers would like to be able to do their assignments in a Pacific language. They say it would help them to express their thoughts more fluidly. In particular, it would help them to express

cultural concepts, in an appropriate way. A Samoan support worker was able to complete his counselling qualification in this way. The institute where he was studying had his work translated and assessed by a Samoan marker. This method of assessment should be available to students of the National Certificate in Mental Health.

> "Pacific people know the Pacific theory and how to do it, but translation changes the values" (service manager).

Service managers suggest that students should be assessed and given credit for what they already know about language and culture. They also say that the quality of the cultural component of the Certificate depends on the education provider and their delivery methods.

Mental Health Models

Participant groups agreed that the medical model is necessary for people who are very unwell. For people who are in recovery, Pacific cultural models were thought to be more appropriate. Service managers suggest that support workers should be trained to work with a broader range of health-related workers including traditional healers. Support workers need to know and understand cultural practices and be abreast with safety issues.

> "You don't pick up knowledge about traditional healing in training and it can't be taught because it has to do with identity. It is either in your family or it isn't" (support worker).

> "There's a need to make sure that workers are safe in their practices and don't take risks" (service manager).

According to tutors, the reason that students need to learn about other models is so that they don't push their own views on to consumers.

> "Clients often say that they have a different understanding of their illness to that indicated by the literature" (tutor).

"We can never be competent in another person's culture" (tutor).

Further Training - Upskilling

There was consensus among support workers and service managers that there is no programme for upskilling support workers. A number of support workers and managers had participated in a five-day intensive course that was focussed on Pacific culture and mental health. The course assessment was rigorous. Participants were able to present their assessment in whatever form they chose, including a Pacific language they are proficient in. The assessment panel included a consumer, a clinician and elders from the presenter's ethnic group.

Support workers and service managers rated the course highly and found it very useful because it related directly to their work and client groups. Although they attended the course three years ago, it was still making an impact on their work. Unfortunately that course was not available to every support worker. Cultural issues were mentioned as being an important part of any upskilling programme.

Future Qualifications

There were several suggestions made for future qualifications. These ranged from having a multi-level Certificate to a staircase of qualifications that start at the Certificate and go through to degree level. There was general agreement that the Certificate doesn't cover the care of children and adolescents adequately. They are a significant and growing part of the Pacific population. There are likely to be increasing numbers of children and adolescents with mental illness in the future.

It was indicated that a module or course should be devoted to this group because they are complex to work with. It was also thought that there is not enough material on alcohol and drug related illnesses and dual diagnosis. This issue may be addressed adequately in the new unit standard on drug and alcohol dependency.

Most people think there is a need for higher level qualifications. Reservations on the part of tutors and opinion leaders were based on the concern that there would not be appropriate jobs available for support workers with higher qualifications. There was also concern that the higher qualifications wouldn't be recognised in pay structures and that this would deter support workers from gaining them.

Summary of Pacific People Speak

Following is a summary of the main points arising from stakeholder interviews.

Support Workers

The role of Pacific mental health community support workers has developed from providing basic assistance to clinicians and consumers to a complex role requiring higher level skills. The role of a Pacific support worker today includes advocacy, cultural competence and the ability to empower consumers to stay well and take charge of their daily lives. Following are the key competencies that consumers and their families indicated support workers should have.

- Support workers must know what consumers need and how to meet these needs. They must be compassionate, listen to consumers, include families in care plans and be culturally competent. Cultural competence includes understanding Pacific cultural concepts, spiritual beliefs, language and customary practice. Support workers must respect consumers' views about their mental health and how they can maintain wellness.

- Consumers' families thought it important for support workers to be flexible in their approach. They found Pacific and Maori support workers to be more flexible than mainstream support workers. They said that good support workers provide links with people who influence consumers' lives.

- According to consumers and their families there are insufficient numbers of Pacific support workers.

Mental Health Sector

- Support workers are undervalued by the mental health sector. They do not get the remuneration or the recognition they deserve. In addition there is no obvious career path for them.

- Service providers must be properly resourced so they can provide the tools and remuneration that support workers needs. This includes ensuring that upskilling programmes are available to provide a more informed workforce.

- It was suggested that a code of ethics should be provided for support workers. This could be administered by a registration board or similar body. A code of ethics would help to professionalise the role.

Strengths of the Certificate

- The Certificate has increased the number of support workers and improved the level of care for consumers.

- It provides an NZQA qualification with a known skill set.

- The Certificate provides an entry point to mental health work. It also provides general knowledge about mental health support work and gives clarity to the role of support workers.

Weaknesses of the Certificate

- There is too much content in the Certificate, but some subject areas are missing or not adequately covered. These include:

  - cultural issues including the involvement of families

  - information about children and adolescents

  - issues to do with stigma and discrimination associated with mental illness.

- There is too much focus on management and not enough focus on the support worker's role.

Future Qualifications

- A higher level qualification such as a diploma is required.

Ongoing Training

- Ongoing training is needed, particularly cultural training on mental health issues.

Key Findings

Analysis of the Literature Review and Participant Views

Role of Mental Health Support Workers

The role of support workers stemmed from the need to fill a gap that clinicians were not able to meet. This was to support consumers to live well with their mental illness in different aspects of their lives. Initially this entailed assisting consumers to carry out practical everyday tasks. This role has evolved to include a range of more complex activities.

Mental health support workers today assist with the ongoing process of shifting consumers from a position of marginalisation to integration in the community. This is no easy task. Consumers too often find themselves in hardship situations caused by low disposable incomes. This translates to poor living conditions including substandard housing and problems with isolation from services. On top of this they are confronted with different forms of discrimination, while trying to move through their stages of recovery.

Mental health support workers are required to assist consumers with managing an array of challenges, while establishing and maintaining relationships with consumers and their families. To do their work effectively, they must be culturally and linguistically competent. The literature review supports the view of informants interviewed for this study, that mental health support workers must understand Pacific interpretations and the holistic view of mental health if they are to work successfully with Pacific people.

Career Path

Mental health support workers and service managers have indicated that a career path is needed that is linked to higher level qualifications. Recommending how the career path and qualifications should look is difficult because there is no clear indication from the sector about where support workers are headed in their career development. The

Mental Health Commission has indicated that there should be a diploma in mental health support work.

However, the sector seems reluctant to give support workers and the existing Certificate the recognition that is needed for a career path to be available to support workers. Employers must be willing to pay workers adequately for their increased qualifications and skills. They must also be willing to pay for support workers' upskilling. Most importantly, they need to provide adequate supervision so that support workers can do their job effectively.

Code of Ethics

Some opinion leaders suggested that a registration Board or similar organisation for support workers would give some protection to consumers and support workers. It would provide a code of ethics and gain recognition for mental health support work as a profession.

Impact of the Certificate in Mental Health

The Certificate has had a positive impact on the sector. The numbers of support workers has increased, the level of service delivery has improved and so has the standard of care. Support workers are key to mental health services as they work in the community and provide an essential service that bridges the gap between clinicians or registered staff and consumers and their families.

Consumers and their families agree that good support workers deliver the care that consumers want and need. Indications are that more training is needed on cultural issues and spiritual healing.

The Certificate

The Certificate was considered by those in the study to be a good first qualification in mental health support work. An informant in the study described the Certificate, as a leading health qualification that is innovative.

Strengths of the Certificate

The Certificate is a qualification that gives credibility to the support worker role. It provides a good baseline for the care of mental health consumers. It also provides a stepping-stone to diploma level qualifications. The content is comprehensive. It includes clinical information and training about medication that support workers have found to be useful in their work. Students gain confidence and build networks with other support workers. It has also allowed consumers to complete the Certificate and become support workers. This is a triumph, as who can better understand consumer needs than someone who has first hand experience of mental illness.

Areas for Improvement

Tutors, support workers and service managers all agree that there is too much information in the Certificate. There was concern expressed by tutors that the two new unit standards on alcohol and drugs and family relationships will have too much content. The workload is considered to be too demanding already.

The literature reviewed, which includes international studies, indicates that cultural competency is important when working with Pacific mental health consumers. All the groups interviewed, had some concern about this area not being covered adequately in the Certificate. The areas of concern included:

- knowledge of different Pacific beliefs about mental health

- knowledge of spiritual beliefs in relation to mental health

- knowing how to approach Pacific families

- understanding different family inter-relationships and structures

- understanding Pacific languages

- including families in care plans

- understanding what stigma and discrimination means for Pacific families.

The inclusion of families was thought to be vital to consumers' recovery. This is supported by the findings of the literature review that families are an integral part of Pacific consumers' lives. As mentioned previously, some information on family relationships has now been included in the Certificate.

Another area that stood out as not being covered adequately was information about young people and adolescents. As indicated in the literature review, there has been a large increase in the numbers and rate of increase of Pacific children and adolescents. This trend is expected to continue.

Assessment

Support workers would like the opportunity to do assignments in their first language. This would help them to express concepts in a more meaningful way. It was suggested that existing cultural skills should be recognised and acknowledged as part of the Certificate.

Tutors indicated that standard assessments for the Certificate should be available so that consistency is achieved across the qualification.

Future Qualifications

Overseas literature indicates that most qualifications for support worker type roles are at diploma or degree level. Some New Zealand providers offer local diplomas. A national diploma is being considered. It is important to note that informants in the study agreed that the Certificate is necessary as an entry qualification.

Some tutors and opinion leaders think that qualifications pertaining to in-depth cultural knowledge should be outside of the NZQA Framework. This is so that:

- Pacific people can have control over, what may be termed, their 'cultural property'

- cultural integrity can be upheld and not compromised by having to conform to the NZQA system

- Pacific people can have direct input into course content.

There was general agreement among those interviewed that higher qualifications are needed for support workers. This is so that some material can be covered in more depth. It would also provide a development path for support workers. It was made clear that higher level qualifications must be linked into a career path.

Some tutors and opinion leaders were concerned that specialist Pacific programmes might limit where a support worker could work. They thought that working with mainstream consumers might become unavailable to them. There was also a concern that Pacific tagged qualifications are often not highly regarded by mainstream.

There is currently no easy way to keep current with the support worker's role. Regular update courses are needed.

Other Training

Participants emphasised the need for ongoing training particularly in the area of cultural competence, which may or may not be in the Certificate. Informants mentioned an intensive five-day course on Pacific mental health, which they found challenging and thought-provoking. While the training had theoretical elements it also had practical information directly related to their work. Participants could present their assessment projects in their own language if they wished. The assessment panel consisted of elders, clinicians and consumers. Some stated that this is the only 'real Pacific' training they have undertaken.

It was suggested that it would be helpful if the Certificate and any other training could be assessed in a Pacific language. It was also suggested that support workers must know the different Pacific

greetings as a minimum language requirement. Pacific methodology should be used for courses and training that have large numbers of Pacific participants. Pacific students learn best when the location of Pacific knowledge and experience is encompassed in course training and culturally responsive pedagogy is used.

Recommendations

Recommendations have been formulated although there is an absence of clear directions on the future of mental health support work. The recommendation for diploma and degree programmes is made on the assumption that support workers will be able to obtain recognition from the sector in the form of appropriate remuneration. There also needs to be a defined career path for support workers that makes use of higher level qualifications. Although beyond the scope of this evaluation, it has become apparent during this study that a Pacific mental health workforce strategy is required with particular focus on mental health support workers.

1. **Foundation Standard on Pacific Cultures**
   Respondents in the study identified that a Pacific cultural component is needed in the Certificate. Overwhelming references in the literature review confirmed the explicit need for cultural competency training.

   > It is recommended that a foundation standard on Pacific people and their cultures be included in the Certificate.

   It should provide a basic introduction to Pacific cultures. Topics may include the historical journey of Pacific peoples in New Zealand, push and pull factors that created early Pacific migration and significant factors that have impacted on the social and economic position of Pacific communities in New Zealand.

2. **In-depth Cultural Training**
   There is a strong demand by Pacific mental health support workers for ongoing, in-depth culturally specific mental health training. This training should be designed by Pacific people. The training

design will need to incorporate ethnic specific differences and be delivered by Pacific providers. This will enable Pacific people to maintain cultural integrity and have control over their cultural property.

It is recommended that the Mental Health Support Workers Advisory Group (MHSWAG) advocate to the Ministry of Health, District Health Boards New Zealand (DHBNZ) the Health Research Council and other relevant bodies, the demand for advanced Pacific mental health training that is designed and delivered by Pacific providers.

3. Code of Ethics

Presently there is no protection for service users from malpractice and non-professional conduct by practitioners. A code of ethics that could be overseen by a registration board for community support workers would assist in the upkeep of industry standards. It would also provide a benchmark or set of standards that would contribute to enhancing the mental health support worker role. It would provide employers with a set of accountability standards.

It is recommended that MHSWAG advocate for a code of ethics for mental health support workers, which could be monitored by a registration board.

4. National Diploma

The Certificate in Mental Health Support Work can be used as a springboard to other qualifications. These could be in mental health or community development. Graduates of the Certificate who participated in the evaluation expressed a keen desire to undertake higher level qualifications in mental health support work or relevant study to build their career pathway. While there are one or two diploma level courses in support work available in New Zealand, national consistency is required.

It is recommended that:

(i)   a national diploma in community support work or mental health be established

(ii)   papers from the Certificate be cross-creditable to a mental health or generic diploma or social service degree programme, such as a diploma in mental health management or a bachelor degree in community development.

5. Child and Adolescent Mental Health

There were a number of specialist learning areas identified by interviewees, that do not appear to be covered in the Certificate or at diploma level. Some felt that these areas should be available on the New Zealand Qualifications Authority (NZQA) Framework. The child and adolescent mental health area was highlighted by a number of interviewees as complex and significant to Pacific peoples' growing populations.

> It is recommended that consideration be given by MHSWAG to establishing a separate qualification in the area of child and adolescent mental health or including this area in another qualification.

While this qualification or course will be generic, cultural diversity will need to be integrated into the course content. Pertinent cultural issues include the unique characteristics and inter-relationships that occur in Pacific extended families and the cultural dynamics that exist with Pacific born parents and New Zealand born children.

6. Study Skills Course

Tutors in particular raised the concern that those who do the Certificate, many of whom are second chance learners, require coaching in learning skills.

> It is recommended that MHSWAG promote an introductory programme to prepare students for their course of study. Topics may include learning how to learn, study skills, essay writing and time management.

7. Ongoing Training

Many of the Certificate graduates who participated in the study expressed a desire for ongoing training. Most want to remain within the scope of community support work and extend their knowledge and skills at graduate and post-graduate level. They may want to take part in an update programme designed by MHSWAG, or they may seek to participate in existing mental health Graduate/Post Graduate courses. The following is recommended.

(i) That MHSWAG design an update programme of courses pertinent to mental health support work. These courses may include topics that keep support workers up to date with clinical treatment, health promotion and de-stigmatisation issues.

(ii) That MHSWAG lobby the Clinical Training Agency (CTA) to be more inclusive in their eligibility criteria for mental health courses that are offered through polytechnics and universities. The eligibility criteria would include graduates of the National Certificate in Mental Health.

8. Impact Evaluation

To determine the impact that support workers have on consumers' recovery and meeting the needs of consumers and their families, an impact evaluation of Certificate graduates is required. This would establish the contribution CSWs make to the sector and would help to determine their credibility. It could also help to determine their remuneration status.

It is recommended that consideration be given to undertaking a formal evaluation of graduates of the National Certificate in Mental Health to determine the impact they have had on the mental health sector and the Pacific mental health workforce.

This would include evaluating the contribution graduates have made to consumers' recovery and meeting the needs of consumers and their families.

9. Training for Families

While it is beyond the scope of this evaluation, consumers advocated strongly for mental health awareness training for families of consumers.

It is recommended that MHSWAG advocate to the Ministry of Health, District Health Board New Zealand (DHBNZ) the Health Research Council and other relevant bodies for mental health training for families of consumers. The topics may include:

- the rights and entitlements for consumers

- accessing mental health services

- ways to support family members with a mental illness

- dealing with stigmatisation.

As stated, an indication of the future strategic direction of the support worker role is critical. It is particularly important for the design of qualifications and the development of a defined career path.

Glossary

A & D	Alcohol land Drug
Certificate	National Certificate in Mental Health (Mental Health Support Work, Level 4)
CSW	Community Support Worker
CTA	Clinical Training Agency
DHB	District Health Board
DHBNZ	District Health Boards New Zealand. Sector grouping of District Health Boards
GP	General Practitioner
HWAC	Health Workforce Advisory Committee
Level 4	The National Certificate in Mental Health is a level 4 certificate. National certificates range between level 1 and level 4. National diplomas start at level 5
MHC	Mental Health Commission
MHSWAG	Mental Health Support Workers Advisory Group
NGO	Non-government Organisation
NZQA	New Zealand Qualifications Authority
Palagi	Samoan term for European or non-Pacific person
PHO	Primary Health Organisation
Qualifications Framework	National Qualifications Framework. Nationally recognised qualifications administered by NZQA
Recovery Competencies	Recovery Competencies for New Zealand Mental Health Workers. Competencies mental health workers need when using a recovery approach to their work
Unit Standard	Name for a course within a qualification on the Qualifications Framework.

Appendix 1

Methodology

Methodological Approaches

A literature review was undertaken that brought together relevant information about mental health support services training. It also included pertinent information on contextual issues relating to mental health support work and Pacific communities in New Zealand. To a lesser degree, international information on mental health training and cross-cultural service delivery was also included.

To capture the views of Pacific people, qualitative approaches were used to elicit information. This entailed verbal and face-to-face approaches. Topic guides were used for focus groups and interviews.

Selection of Interviewees

The target groups interviewed were selected in consultation with representatives from MHSWAG. These groups included:

- consumers
- consumer families
- mental health support workers
- service managers
- senior cultural advisors
- alcohol and drug workers
- opinion leaders in the area of Pacific mental health
- clinicians
- tutors.

Interviewees were located through service providers and by the recommendations of sector advisors. Participant groups and their respective organisations included the following.

- **Opinion Leaders**

Fuimaono Karl Pulotu-Endemann	Mental Health Sector Specialist, Principal Consultant, Alo-o-Tuatagaloa
Auimatagi Epa Auimatagi	Pacific Island Cultural Advisor, Regional Forensic Psychiatry Services, Waitemata Health
Maria Glanville	Hibiscus Co-ordinator Like Minds, Like Mine Project Pacific Trust, Canterbury
Eseta Nonu-Reid	Mental Health & Addiction Service Manager, Healthcare Services, Hawkes Bay District Health Board
Dr Margaret Southwick	Director, Pacific Health Education and Research, Whitireia Polytechnic
Dr Frances Agnew	Clinical Director, Isalei Pacific Mental Health Services and Lotofale Pacific Mental Health Services

- **Service Managers**
  - Isalei Pacific Mental Health Services, Auckland (Waitemata DHB)
  - Lotofale Pacific Mental Health Services (Auckland DHB)
  - Malologa Trust, Auckland (NGO)

- Pacificare Trust, Auckland (NGO)
- Pasifika Healthcare, West Auckland (NGO)
- Whariki: Whaiora & Family Whanau Services, Challenge Trust, Auckland (NGO)
- Hutt Valley DHB, Wellington
- Pacific Community Healthcare Inc., Wellington (NGO)
- Pacific Trust Canterbury, Christchurch (NGO)
- Pacific Island Evaluation, Christchurch (NGO).

- **Support Workers** (mental health and alcohol & drug)
  - Isalei Pacific Mental Health, Auckland (Waitemata DHB)
  - Lotofale Pacific Mental Health Service (Auckland DHB)
  - Malologa Trust, Auckland (NGO)
  - Pacific Community Health Inc., Wellington (NGO)
  - Taeaomanino Trust, Wellington
  - Fagai Trust, Wellington
  - Pacific Trust Canterbury, Christchurch (NGO)
  - Pacificare Trust, Auckland (NGO)
  - Pasifika Healthcare, West Auckland (NGO).

- **Consumers**
  - Framework Trust, Auckland (NGO)
  - Lotofale Pacific Mental Health Services (Auckland DHB)
  - Pacificare Trust, Auckland (NGO)
  - Pasifika Healthcare, West Auckland (NGO)
  - Pacific Trust Canterbury (NGO)
  - Pacific Community Healthcare Inc., Wellington (NGO).

- **Tutors – National Certificate in Mental Health, Course Co-ordinators**
  - Caril Cowan, AUT, Auckland
  - Ruth de Souza, Unitec, Auckland
  - Heather Reeves-Timms, Whitireia Polytechnic, Wellington.

- **Senior Cultural Advisors**
  - Regional Forensic Psychiatry Services, Auckland (Waitemata DHB)
  - Kari Centre (Auckland DHB)
  - Campbell Lodge, Middlemore Hospital, Auckland (Manukau Counties DHB)
  - Health Pasifika Mental Health, Wellington (Capital & Coast DHB).

Most of the consumer families were recommended by service managers. They live in Auckland, Wellington and Christchurch.

Numbers of Focus Group Participants by Stakeholder Groupings

Stakeholder	No. of Focus Groups	Pacific	Non-Pacific	Total People
Support Workers	3	21	NA	21
Service Managers	4	12	NA	12
Consumers	4	29	NA	29
Consumers Families		4	NA	4
Tutors			3	3
Opinion Leaders		4		4
Totals	**11**	**70**	**3**	**73**

Data Collection

A semi-structured interview format was used to explore participants' experiences and views about mental health support work and other relevant issues. The opinions of support workers, service managers and consumers were gained by way of focus group. Opinion leaders, tutors and consumer families were interviewed individually. Tutors and one opinion leader were interviewed by telephone. Most interviews were recorded on audio-tape. In Wellington and Christchurch support workers and service managers were combined into one focus group.

Topic Guides

Topic guides were developed for each group and approved by Platform Inc. on behalf of MHSWAG. Consent forms, which each participant signed, were also developed. Participants gave their consent to have the session recorded. They also gave consent for their anonymous opinions to be reflected in the final report.

Information Gathering

Focus groups and interviews were held in Auckland, Wellington and Christchurch. Participants were asked to sign consent forms before interview sessions began.

Literature Review

Due to time and resource constraints, the literature review was limited. The New Zealand Health Technology Assessment (NZHTA), a clearing house for health outcomes and health technology assessment, was used to provide an information search. Bibliographic references were sourced as a result of cross database (Medline, Embase, Cinahl and Psychinfo) searches. These searches included Index New Zealand and New Zealand Bibliographic.

Internet searches were undertaken using different search engines and topics were sourced through the Proquest full text journal service. In addition to this, information was located through the Ministry of Education, Ministry of Health and the New Zealand Mental Health Commission websites. Members of the Pacific review team for this evaluation and Platform Inc. also provided relevant reports, conference papers and further documentation.

Data Analysis

Tape recordings from interviews were transcribed and key data tabulated using the topic guide questions as headings. The tables were used to analyse the data and thematic categories were devised. A similar process was used for the collection and review of literature. The information from the literature review and the participant interviews were then incorporated into a report. Recommendations were formulated based on the findings of the data analysis. A review

team of those involved in mental health were invited to critique the draft report.

- **Evaluation Review Team**

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Dissemination of findings

Evaluation participants will be sent the key findings of this report. They will also have access to a copy of the full report.

Appendix 2

Students enrolled at Tertiary Institutions 1999

Number of students* enrolled in formal programmes of study at Public tertiary institutions, July 1999.

Subject	Samoan	Cook Is	Tongan	Niuean	Tokelauan	Fijian	Other PI
General	71	18	35	11	14	13	10
Literacy & numeracy	59	8	10	3	4	1	2
Education	518	151	116	80	29	78	19
Art, music, handcraft	116	50	22	11	9	19	9
Humanities	598	136	182	56	34	86	34
Religion & theology	22	5	15	2	0	0	0
Social, behaviour & comm. Skills	233	95	76	40	18	34	11
Commercial & business	896	316	254	116	36	231	75
Law	183	32	35	26	8	29	6
Natural & applied sciences	200	65	82	35	5	67	27
Mathematics	2	1	2	3	0	0	0
Computing	137	34	23	16	16	33	10
Medical & health	173	40	72	43	22	60	13
Industrial trades & crafts	285	122	101	39	17	67	13
Engineering	103	52	46	27	12	50	17
Arch. & town Planning	51	16	10	8	0	10	5
Ag., hort. forestry & fishing	25	24	7	9	5	3	11
Transport & communication	13	3	7	1	3	4	1
Service trades	180	82	57	36	14	33	11
Mass communication	28	10	5	4	2	11	3
Para-professional Occupations	15	8	0	1	2	2	0
Sport & recreation	86	33	12	13	6	7	5
General foundation programmes	72	27	38	17	3	12	2
Other programmes.	19	14	6	2	0	4	1

* Includes multiple enrolments (Anae et al., 2002:42).

Appendix 3

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