Kato Fetu:
review of the Pacific mental health and addiction research agenda
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Background

In 2009 Le Va was commissioned by the Ministry of Health to develop a research agenda that would identify priorities for mental health and addiction research that would support New Zealand’s Pasifika population.

The rationale was that little was known about contributing factors and solutions to the high prevalence and severity of mental illness within the Pasifika population, within the context of:

- Pacific people experiencing higher rates of mental disorder than the general New Zealand population.
- Inequitable access, late presentation and longer, more costly hospital stays.
- A complex profile of compounding risk and protective factors different from other ethnic groups.
- A rapidly growing, changing and youthful Pacific demographic that appears to be carrying the burden of mental disorder.
- An under-represented and under-skilled Pacific mental health and addiction workforce.
- Pacific innovation as a response to high unmet needs requires support and validation to contribute to the evidence base.

Pasifika leadership was critical in developing the scope, mandate and priorities for the research agenda, and included: Pasifika people with experience of mental illness, researchers, service providers, clinicians, the Northern Region Matua Council, primary health organisations, community support workers, district health boards, the Ministry of Health, government and non-government organisations, and groups involved in Pacific mental health and addiction. Several meetings were held in Christchurch, Wellington and Auckland and a Technical Advisory Panel of Pacific researchers, clinicians and sector leaders oversaw the development of the agenda.

The Technical Advisory Panel identified that setting the research agenda would support a coordinated approach to growing the Pacific mental health and addiction research and knowledge, so we are asking and answering the right questions that will ultimately contribute to improving the lives of pacific people who experience mental illness and addiction related problems.
Kato Fetu: setting a Pacific mental health and addiction research agenda

The *Kato Fetu Pacific mental health and addiction research agenda*\(^1\) aimed to strategically and systematically build a comprehensive body of knowledge available to inform the Pacific mental health and addiction sector, services and workforce development, and ultimately improve mental health, recovery and addiction outcomes for Pacific people.

*Kato Fetu* identified **19 research questions** for future investment, organized into **four areas of research priority**:

1. Understanding mental health and addiction – risk and protective factors and other determinants of mental health disorders for pacific people.
2. Enhancing service responsiveness – the effectiveness of services for pacific people.
3. Developing the workforce – cultural competency, developing capacity and capability, workforce planning.
4. Pacific people with experience of mental illness – service user perspectives in research.

The meaning behind ‘Kato Fetu’

*Kato Fetu* is a mix of terms – *Kato* meaning bag or basket in Tonga, Niue and Fiji (*ato* in Samoa and Tuvalu, *kete* in Cook Islands), and *fetu* meaning stars in Samoa, Tuvalu and Niue (*etu* in Cook Islands, *fetu’u* in Tonga and *kalokalo* in Fijii). Combining the two words, *Kato Fetu* translates conceptually to a basket or container of stars.

*Keto* has been selected because stars metaphorically resonate in a number of ways.

Stars light up darkness and therefore signify the discovery of research findings (illumination), where nothing is currently known. Pacific people have a shared heritage of being the descendants of great seafaring people, renowned for their navigational skills. Successful voyaging depended on the traditional knowledge of expert navigators. Unaided by maps or instruments, Pacific navigators

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relied on their intimate knowledge of stars, as well as sea conditions, wind and weather patterns. Therefore, it was appropriate to use the metaphor of stars as illuminating the way forward and providing navigational assistance across an unknown terrain. The basket represents the resources we share and draw from to implement the agenda.

The vision of Kato Fetu is:

‘A constellation of new knowledge to illuminate and navigate the way forward for the Pacific mental health and addiction sector.’
Kato Fetu: how far have we come?

For Pacific mental health and addiction, where there is a paucity of relevant research, it is essential to continually assess what information is available to ensure the delivery of quality services for Pacific people and their families, and to support our workforce with evidence based best- and promising-practice.

_This review has identified 262 unique publications that address the 24 research questions in the 5 priority areas of Kato Fetu._

**Purpose**

This review of the research identifies research publications in response to the priority questions outlined in _Kato Fetu_ relevant to Pacific mental health and addiction in New Zealand. It does not purport to be all-encompassing of all related publications to date.

This review contributes to strategically and systematically building a comprehensive body of knowledge available to inform the Pacific mental health and addiction sector, services and workforce.

**Methodology**

Research literature searches of published material using online databases was conducted utilizing the key words from the research agenda themes and priority questions for the period January 1985 to July 2017. A stocktake of mental health and addiction research carried out in 2011 was also utilised, which included contacting tertiary institutions to include non-published research. This review includes international research and replaces Le Va’s 2011 stocktake. A recent 2017 review of Pacific Psychology Research was also utilized.

Before the review of the research was carried out, a fifth area of research priority was added given the high population needs: Pacific child and adolescent mental health (including risk and protective factors and other determinants of suicide, violence, behavioural problems, substance abuse, wellbeing and body image). This fifth priority area consists of 5 research questions, making the total number of research questions to be addressed 24.

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Findings summary

It is clear that the 2009 research agenda set by Pacific mental health leadership, has positively influenced areas of research and literature, and/or accurately identified the gaps and priority areas.

A total of 262 unique research publications were identified that respond to the five priority areas in *Kato Fetu*. The majority were addressing gaining an understanding of mental illness and addiction for Pasifika people, and over the last 5-10 years a large growth in publications focusing on the Pacific child and adolescent population, as illustrated in Figure 1. There is a clear gap in the research on Pacific peoples lived experience of mental illness and addiction issues.

Figure 1. Total of number of research publications addressing the five Kato Fetu priorities for period 1985-2017 (n=295*)

*NB: the actual literature count is 262. Some research addressed multiple priority areas hence were counted twice.

Ninety-two publications were ethnic specific (Samoa, Tonga, Fiji, Cook Island Maori, Tokelau, Palau, Vanuatu, Hawaii, New Caledonia, American Samoa), with the largest number of publications focusing on the Samoan population, followed by Tongan. The remaining 170 publications addressed the population of interest as a Pan-Pacific group.
Of the 262 unique publication, most focused on mental health (181 publications), with the remainder address addiction and other related areas of wellbeing, as outlined in Figure 2.

Figure 2. Proportion of publications dedicated to Pacific mental health and/or addiction (n=262)
Priority area 1: Understanding mental health and addiction

Summary

In total, 123 publications were identified and categorized into the priority area for understanding mental health and addiction. Specifically, in reference to Kato Fetu research questions:

- 28 publications referred to the determinants of mental health and addiction among pacific people;
- 20 publications were categorized as addressing what constitutes a mentally healthy pacific individual, family and community;
- 21 publications examined inter- and intra-pacific prevalence rates, including comparisons with international epidemiological data particularly in the pacific region;
- 31 publications focused on traditional understandings of mental illness and recovery, and culture bound syndromes;
- 5 publications focused on an understanding of co-morbid disorders among pacific people; and
- 18 publications focused on early life experiences determinants of mental health and addiction outcomes among pacific people, including maternal and infant mental health.
**Kato Fetu research question**

1. What are the determinants of mental health and addiction among pacific people, including:
   - knowledge with respect to culture and ethnicity, migration and acculturation or cultural change
   - differences and commonalities between ‘New Zealand-born’ and migrant pacific populations including New Zealand-based Pacific populations remaining in or returning to Pacific nations
   - socio-economic status (including housing, unemployment, underemployment, low income and socio-economic deprivation and disparities)?

**Published**


Unpublished


Kato Fetu research question

2. What constitutes a mentally healthy pacific individual, family and community?

Published


Unpublished


Sinisa, V. (2013). The reflections by Tongan parents or caregivers on various factors that may have contributed to the suicide of their child. (Unpublished Master’s Thesis). The University of Auckland, Auckland, NZ.

**Kato Fetu research question**

3. Examine inter- and intra-Pacific prevalence rates, including comparisons with international epidemiological data particularly in the Pacific region.

**Published**


**Unpublished**


Kato Fetu research question

4. What are traditional understandings of mental illness and recovery, and culture bound syndromes?

Published


**Unpublished**


**Kato Fetu research question**

5. What is our understanding of co-morbid disorders among Pacific people, including: dual diagnosis and co-existing addiction and mental illness the relationship between non-communicable diseases and mental health?

**Published**


Kato Fetu research question

6. To what extent are early life experiences determinants of mental health and addiction outcomes among pacific people, including maternal and infant mental health?

Published


Priority area 2: Enhancing service responsiveness

Summary
In total, 37 publications addressed the priority area for enhancing service responsiveness. Sub-topics identified strong relevance of culturally appropriate services and a culturally competent workforce to effectively support Pacific access and outcomes. Specifically, in reference to Kato Fetu research questions:

- 18 publications referenced the identification of the most valid, reliable, effective and appropriate measurement, evaluation, assessment or outcome tools to use with Pacific people,
- 9 publications addressed how effective are the mental health and addiction services that currently serve Pacific communities,
- 9 publications were categorized to address the question of what impact the changes in Pacific demographics will have on mental health and addiction services provision, models of service delivery and workforce, and
- 1 publication addressed the question of why Pacific people have longer hospital stays, under-utilise, and/or present late to mental health and addiction services.
Kato Fetu research question

7. What are the most valid, reliable, effective and appropriate measurement, evaluation, assessment or outcome tools to use with pacific people?

Published


**Unpublished**


**Kato Fetu research question**

8. How effective are the mental health and addiction services that currently serve pacific communities?

**Published**


**Kato Fetu research question**

9. What impact will the changes in pacific demographics have on mental health and addiction services provision, models of service delivery and workforce?

**Published**


Unpublished


**Kato Fetu research question**

10. Why do pacific people have longer hospital stays, under-utilise and/or present late to mental health and addiction services?

Unpublished

Priority area 3: Developing the workforce

Summary
In total, 35 publications addressed the priority area for enhancing service responsiveness – three quarters of these were focused on investigating effective methods of improving the cultural competency of the workforce and growing the capacity and capability of the Pacific workforce. Specifically, in reference to Kato Fetu research questions:

- 14 publications investigated effective methods for improving the cultural competency of the mental health and addiction workforce;
- 2 publications focused on how can the experiences of Pacific people with mental illness, and the unregulated workforce (particularly the use of cultural support workers and Matua), contribute to enhancing the quality of services;
- 11 publications identified strategies and methods for growing leadership, building capacity and capability, and developing the pacific mental health and addiction workforce; and
- 8 publications were focused on identifying the training needs of the mental health and addiction workforce that will lead to more responsive services for pacific people.
Kato Fetu research question

11. What is the most effective method to improve the cultural competency of the mental health and addiction workforce?

Published


Kato Fetu research question

12. How can the experiences of Pacific people with mental illness, and the unregulated workforce (particularly the use of cultural support workers and Matua), contribute to enhancing the quality of services?

Published


Kato Fetu research question

13. What are the most effective strategies and methods for growing leadership, building capacity and capability, and developing the pacific mental health and addiction workforce?

Published


**Kato Fetu research question**

14. What are the training needs of the entire mental health and addiction workforce that will lead to more responsive services for pacific people?

**Published**


Priority area 4: Pacific people with experience of mental illness

Summary

In total, 15 publications addressed the priority area for Pacific people with experience of mental illness. Overall there is a dearth of literature related to Pacific service users experience of the New Zealand mental health system and a clear need for further research of Pacific people with lived experience.

Specifically, in reference to Kato Fetu research questions:

- 9 publications were categorized as addressing the question: what constitutes Pacific service users or consumers, and their perspectives of mental health and addiction recovery, support, treatment, prevention, promotion, service use or service development?
- 6 publications focused on pacific family and community attitudes to mental health and how are these influenced by traditional beliefs and attitudes.
**Kato Fetu research question**

15. What constitutes Pacific service users or consumers, and their perspectives of mental health and addiction recovery, support, treatment, prevention, promotion, service use or service development?

**Published**


**Unpublished**


Sinisa, V. (2013). *The reflections by Tongan parents or caregivers on various factors that may have contributed to the suicide of their child*. (Unpublished Master’s Thesis). The University of Auckland, Auckland, NZ.
Kato Fetu research questions

16. What is our understanding of non-voluntary committals of pacific people (including use of forensic services)?
17. What is our understanding of the role diagnoses play for pacific people?
18. How do sedation, seclusion and restraint practices affect pacific people utilising mental health services?

No research literature found.

Kato Fetu research question

19. What are Pacific family and community attitudes to mental health and how are these influenced by traditional beliefs and attitudes?

Published


Unpublished

Priority Area 5: Pacific child and adolescent mental health

Summary

In total, 85 publications addressed the priority area for Pacific child and adolescent mental health. Specifically, in reference to Kato Fetu research questions:

- 26 publications focused on enhancing our understanding of Pacific youth suicide;
- 12 publications contribute to increasing knowledge about Pacific youth violence and crime;
- 4 publications were categorized to respond to the question: how are behavioural problems linked to mental illness in Pacific child and adolescents? And,
- 24 publications contribute to identifying the risk and protective factors of substance abuse in Pacific children and adolescents.
- 19 how can community impact on wellbeing and self-image for Pacific youth?
Kato Fetu 2017 research question

20. What is our understanding of pacific youth suicide?

Published


Henare, K., & Ehrhardt, P. (2004). Support for Maori, Pacific and Asian family, whanau and significant others who have been bereaved by suicides – an analysis of the published and grey literature. Wellington, New Zealand: Ministry of Youth Development.


**Unpublished**


Sinisa, V. (2013). *The reflections by Tongan parents or caregivers on various factors that may have contributed to the suicide of their child*. (Unpublished Master’s Thesis). The University of Auckland, Auckland, NZ.
Kato Fetu 2017 research question

21. What do we know about Pacific youth violence and crime?

Published


Unpublished


**Kato Fetu 2017 research question**

22. How are behavioural problems linked to mental illness in pacific child and adolescents?

Published


**Kato Fetu 2017 research question**

23. What are the risk and protective factors of substance abuse in pacific child and adolescents?

Published


Unpublished


Kato Fetu 2017 research question

24. How can community impact on wellbeing and self-image for Pacific youth?

Published


**Unpublished**
