UNDERSTANDING PASIFIKA MENTAL HEALTH IN NEW ZEALAND

A review of the literature

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Abstract

Pasifika mental health continues to be a growing concern in New Zealand. This article reviews and presents online available research concerning the mental health of Pasifika in New Zealand. A comprehensive online literature search was conducted. In total, 967 online articles were identified, and 58 met the criteria to be included in the final review. The review identified overarching research themes related to Pacific mental health in New Zealand, specifically regarding mental health prevalence, mental health services, mental health perceptions, mental health prevention or intervention, and suicide. Further, this review explores the role that education, culturally appropriate services, and engaging community activities can play in preventing further mental health disparity among Pasifika in New Zealand.

Keywords

mental health, Pasifika, Pacific peoples, New Zealand

Introduction

Preview on terminology

We use the terms *Pacific peoples* and *Pasifika* interchangeably to refer inclusively to a group of peoples in New Zealand that have ethnic roots from many Pacific nations. The terms do not imply homogeneity. Unless a research study specifically uses the term *mental illness* or *mental disorder*, the review uses the terms *mental distress* and *mental health issues/concerns* to broadly refer to diagnosis of a mental illness or any other challenges or experiences with mental health. The choice in terminology was made to shift the focus away from a deficit model of health, to those that are more consistent with Pacific views of health and wellbeing (Anae et al., 2002).

Pasifika in New Zealand

Research pertaining to Pasifika in New Zealand (NZ) has greatly increased in more recent years, and there is a wealth of research that highlights the powerful levels of health and economic inequality between Pasifika and other ethnic groups in NZ (Ministry of Health [MoH], 2016; Pacific

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Perspectives, 2019). When we look more closely at research concerning mental health in NZ, annually, we see 1 in 5 New Zealanders experience mental illness, compared with 1 in 4 Pasifika (Foliaki et al., 2006). Pasifika mental health status in NZ is well documented as having higher rates of mental illness, mental distress and suicidal behaviour (Ataera-Minster & Trowland, 2018; Foliaki et al., 2006). Given the current landscape of Pasifika mental health in NZ, this paper reviews existing research and identifies overarching themes concerning Pasifika mental health in NZ. This paper also unpacks the concept of mental health literacy, which is defined as the knowledge and beliefs about mental illness that aid their recognition, management or prevention (Jorm et al., 1997). A key implication from this review is the need to strengthen research concerning Pasifika mental health and mental health literacy in NZ.

Pasifika (or Pacific peoples) are a young, flourishing and diverse group in NZ. While currently comprising just over 8% of the NZ population, Pasifika are expected to increase to 10% by 2038 (Stats NZ, 2018). There are many Pacific nations, but the four largest groups in NZ are Samoan (47.8%), Tongan, (21.6%), Cook Island Māori (21.1%) and Niuean (8.1%) (Stats NZ, 2018). Although members of the NZ Pasifika community are often positioned similarly, the various Pacific ethnic groups possess distinct cultural traditions and histories. This emphasises the need not only for more Pacific research more generally but also for more Pacific ethnic research. Despite the diversity and complexities of Pacific research, this paper focuses on Pasifika as a collective group more broadly, although this type of collective approach can be limiting as it can overlook the value of each Pacific culture. However, we propose this paper as only a starting point, which can be used as a platform to advance research concerning mental health and mental health literacy for Pacific ethnic groups in NZ.

Pasifika mental health in New Zealand

NZ currently obtains mental health data from the Project for the Integration of Mental Health Data (PRIMHD). PRIMHD was initiated in 2008 and is an MoH (2018) national mental health and addiction information collection of service activity and outcomes data for health users. Prior to PRIMHD, data was collected within the Mental Health Information National Collection and stored in the Mental Health Data Warehouse, which was started in 2000. Before this, early records of mental health data were unreliable, more so

for Pacific peoples. Up until 1999, inadequate ethnicity recording in official admissions led to inaccurate reporting of mental health service use among Pasifika. In 2006, Te Rau Hinengaro, the first national study on mental health in NZ, was rolled out (Oakley Browne et al., 2006). Prior to 2006, there was little reliable evidence about the mental health prevalence estimates of Pacific peoples. Te Rau Hinengaro, although a one-off study, changed this by providing an accurate snapshot of mental health prevalence for our Pasifika, as well as the use of health and other related services by Pasifika who experience mental health issues.

The recording of mental health statistics in NZ has progressed, and allows us to paint a better picture of the mental health climate in NZ. It also allows us to determine mental health trends and the potential to drive positive change as a nation moving forward. Many surveys have now been introduced nationwide, providing rich datasets concerning the health and wellbeing of New Zealanders. Some of these surveys are the New Zealand Mental Health Monitor (NZMHM); the Health and Lifestyles Survey (HLS); the New Zealand Health Survey and the New Zealand Attitudes and Values Survey.

Te Rau Hinengaro was the first and (remains the) largest mental health study in NZ, with responses from 12,992 New Zealanders, including 2,374 Pacific respondents. Te Rau Hinengaro found that almost half of the NZ population met the criteria for a mental illness at some point in their lives. Demographic patterns showed the likelihood of having experienced a mental illness at one point in their lifetime was highest for people who were younger, female, had lower education qualifications, had lower income, lived in areas of higher deprivation, or were of Māori or Pacific ethnicity (Wells et al., 2006). These findings have remained relatively stable across time. The NZMHM was conducted for the first time in 2015 (previously known as the New Zealand Mental Health Survey) and is a nationally representative survey exploring overall mental health and wellbeing in NZ. The findings supported Te Rau Hinengaro findings that suggested females, younger age groups (25–44 years), and Māori and Pasifika experience higher levels of anxiety and depression (Hudson et al., 2017; Stats NZ, 2015).

Research also suggests that cultural beliefs can influence many aspects of mental health, including how service users express their symptoms, their style of coping, their family and community supports, their understanding of mental health, and their willingness to seek treatment. Likewise, the

cultures of the service provider and the service system can influence diagnosis, treatment and service delivery (Jimenez et al., 2012; U.S. Department of Health and Human Services, 2001). Previous work has demonstrated that Pacific mental health beliefs can differ from Western beliefs due to their contrasting perspectives regarding mental distress, cultural identity, and social and familial connection and obligation (Canfield & Cunningham, 2004; Culbertson, 1999; Hezel, 1994; Tiatia-Seath, 2014; Vaioleti, 2006; Vaka, 2014). Higher rates of mental distress among Pacific populations in NZ may reflect greater barriers to accessing mental health services, greater burden of economic inequality and cultural differences in mental health beliefs. Findings from the NZMHM indicate that 85% of NZ Europeans were more likely to say that they were able to identify anxiety and depression, compared with 69% of Māori and 51% of Pasifika (Hudson et al., 2017).

The evidence base concerning Pasifika mental health in NZ (lower recognition and service use) suggests that mental health literacy is lower for Pasifika than for non-Pasifika in NZ. With such a diverse and growing Pacific population in NZ, and the limited mental health literacy research in NZ to draw upon, a focus on building Pasifika mental health literacy in research and practice could prove a positive way forward.

Aim of the review

Pasifika mental health continues to be a growing concern in NZ, and understanding our history in order to move forward and drive positive change is important. More recently, online evidence-based research discussing mental health and Pacific peoples in NZ has risen. In supporting such research, the aim of this review is to (a) present online accessible research concerning Pasifika mental health in NZ; (b) identify broader overarching themes related to Pasifika mental health in NZ, which may be conducive to unpacking the concept of mental health literacy for our Pasifika; and (c) recommend future directions for strengthening research concerning Pasifika mental health and Pacific mental health literacy in NZ.

Methods

Search strategy

The search and selection for online articles included in this review were guided by the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) statement (Moher et al., 2009). The following databases were used to search and select online articles between January 1980 and April 2019: Google Scholar, Informit, PsycINFO and PubMed. At the time of the 1981 NZ Census, Pacific peoples made up approximately 3% of the population—and since then, the Pacific population has continued to grow (Statistics New Zealand and Ministry of Pacific Island Affairs, 2011). Although Pasifika have called NZ their home since as early as the 1940s (comprising 0.2% of the population), the review begins from 1980 due to the growing prominence of Pasifika in both NZ and research from that time.

Care was taken when choosing search terms. For instance, the term "Pacific" not only describes an ethnic group in NZ; it also describes a region. There are also many derivatives of Pacific peoples, such as Pasifika, Pacific Islander and Polynesian. We were also mindful that there are many specific Pacific ethnic groups in NZ, such as Samoan, Tongan and Cook Island Māori, and such search terms would generate valuable research. However, as a starting point, we were interested in what was accessible from a collective perspective, as is often used in NZ. For these reasons, only the terms "Pacific", "Pacific Islander", "Pasifika", and "Polynesian" were used as search terms.

The term mental health can be best understood as our state of mind, and we all have mental health across a spectrum from poor to excellent (HPA, 2019). There are various derivatives of the term mental health, such as mental illness and mental disorder, which are often located in mental health research despite not aligning with the holistic and strengths-based views of Pasifika mental health (Anae et al., 2002). Another derivative of mental health is *wellbeing* (or *well-being*), which describes a state of complete physical, mental and social wellbeing (Kim, 2012). Due to its ambiguity outside of mental health—that is, it is often used to refer to the overall health of a person—the term wellbeing was excluded. The review also expanded its search to include *depression* and *anxiety* due to their prevalence (Mental Health Foundation, 2016) and specific focus within the larger research project (this review is part of the lead author's PhD project). For these reasons, only the terms, "mental health", "mental illness", "mental disorder", "depression" and "anxiety" were used as search terms.

The term "New Zealand" was also included to limit the search to articles that are specific to data or discussions relevant to the population of NZ. The Pacific population is widespread internationally, so it was important to restrict the search to not include any Pacific mental health data from other countries. For example, the term *Asian Pacific*

Islander is common in American literature and is a problematic term because it conflates diverse populations, as is the term *Asia-Pacific*, which again is inclusive of various countries and ethnicities who have varying experiences and challenges that are not specific to Pasifika in NZ.

The review focuses on articles related to Pasifika mental health in NZ that were accessible online and were found as part of the selection process. For the purposes of this review, no additional articles (independently searched or known) were added to supplement the results (be they online or offline). For a full overview of the type of search and search terms used within each search database, see Table 1.

Selection process

To be included for the review, articles were required to be found through the specified online databases, available to view online (no paper-only articles were included) and relevant to mental health for Pacific peoples in NZ, including Pacific mental health data/prevalence; Pacific mental health services (user and provider); mental health perspectives by Pasifika or related to Pasifika mental health more generally, that is, Pasifika prevention or intervention strategies, or Pasifika self-harm or suicide.

Results

Search results

The search through Google Scholar returned 30 results. The search through Informit returned 34 results. The search through PsycINFO returned 799 results. The search through PubMed returned 104 results. All 967 online articles were reviewed initially by their title and abstract by the same person to determine their eligibility for the final review (see Figure 1). To be included, articles had to follow the selection process criteria and then all other articles were excluded for review. As mentioned previously, there is more literature on Pasifika mental health than what is included in this review. For the purposes of this review, the focus was on the articles identified through the online database searches that were available to view online only, to determine what was accessible given the terms used. Each study was assessed against its purpose, whether the purpose was achieved, how the researchers carried out the research and its significance within the realm of Pasifika mental health in NZ (see Table 2).

Literature selection

Initial screening of the titles and abstracts of the 30 results from Google Scholar indicated that 14 articles were duplicates and so were excluded

TABLE 1   Overview of search database and search terms used

Search database	Search field(s) used	Search terms used
Google Scholar	Title of the article	"Pacific" AND "mental health" AND "New Zealand"
	Title of the article	"Pacific" OR "Pacific Islander" OR "Pacific peoples" OR "Pasifika" OR "Polynesian" AND "mental health" OR "mental illness" OR "mental disorder" OR "depression" OR "anxiety" AND "New Zealand".
Informit	Title of the article	"Pacific" OR "Pacific Islander" OR "Pacific peoples" OR "Pasifika" OR "Polynesian" AND "mental health" OR "mental illness" OR "mental disorder" OR "depression" OR "anxiety" AND "New Zealand"
	Abstract of the article	"Pacific" OR "Pacific Islander" OR "Pacific peoples" OR "Pasifika" OR "Polynesian" AND "mental health" OR "mental illness" OR "mental disorder" OR "depression" OR "anxiety" AND "New Zealand"
PsycINFO	Title and abstract of the article	"Pacific" OR "Pacific Islander" OR "Pacific peoples" OR "Pasifika" OR "Polynesian" AND "mental health" OR "mental illness" OR "mental disorder" OR "depression" OR "anxiety" AND "New Zealand"
PubMed	Title and abstract of the article	"Pacific" OR "Pacific Islander" OR "Pacific peoples" OR "Pasifika" OR "Polynesian" AND "mental health" OR "mental illness" OR "mental disorder" OR "depression" OR "anxiety" AND "New Zealand"

TABLE 2 Studies included in final review

Reference	Purpose of the research	How was the research data collected	How significant is the research on a sale of 1 (minor) to 10 (important)	What key theme does this research relate to
Abbott & Williams, 2006	To assess the prevalence and risk factors of postnatal depression for mothers of Pacific infants	Data extraction from Pacific Island Families Study (PIFS)	10	Mental illness prevalence
Agnew et al., 2004	To examine Pacific models used in mental health services	Pacific fono meetings	10	Mental health services
Ape-Esera, Nosa, & Goodyear-Smith, 2009	To scope the future needs of the NZ Pacific primary care workforce	Interviews	10	Mental health services
Apelu, 2008	To explore experiences of Pacific Community Mental Health Nurses (PCMH)	Interviews	8	Mental health services
Ataera-Minster & Trowland, 2018	To highlight key findings of mental health and wellbeing of Pacific peoples in NZ	Data extraction from the NZ Mental Health Monitor (NZMHM) and Health Lifestyles Survey (HLS)	10	Mental illness prevalence; Perceptions of mental health
Baxter, Kokaua, Wells, McGee, & Oakley-Browne, 2006	To compare ethnic groups 12-month prevalence of mental disorders and 12-month treatment contact	Data extraction from Te Rau Hinengaro (NZ mental health survey)	10	Mental illness prevalence
Beautrais et al., 2006	To describe prevalence and correlates of suicidal behaviour from 2003 to 2004	Data extraction from Te Rau Hinengaro (NZ mental health survey)	10	Suicide
Bécares & Atatoa-Carr, 2016	To determine experiences of discrimination pre and post birth for mother and partner, and its effect on mother's prenatal and postnatal mental health	Data extraction from the Growing Up in NZ Study (GUiNZ)	10	Mental health services; Mental illness prevalence
Bridgman, 1997	To examine statistics for hospital admissions related to mental illness	Mental health data extracted from the Ministry of Health	10	Mental illness prevalence
Brunton, Jordan, & Campbell, 2005	To investigate anxiety before, during, and after psychiatrist testing in a Waikato breast cancer screening pilot	Data extraction from pilot developed survey	8	Mental health services; Mental illness prevalence

Reference	Purpose of the research	How was the research data collected	How significant is the research on a sale of 1 (minor) to 10 (important)	What key theme does this research relate to
Bush, Chapman, Drummond, & Fagaloa, 2009	To examine statistics and perspectives on developing a child, adolescent and family mental health service (CAMHS)	Clinicians/researchers share own perspectives	10	Mental health services
Bush, Collings, Tamasese, & Waldegrave, 2005	To compare psychiatrist perspectives on the Western meaning of self with a Samoan view of self, and discuss the implications for the practice of psychiatry with Samoans in NZ	Focus group of psychiatrists	10	Mental health services
Butler, Williams, Tukuitonga, & Paterson, 2003	To describe reported problems with damp and cold housing and their association with maternal health	Data extraction from Pacific Island Families Study (PIFS)	10	Mental illness prevalence
Cowley-Malcolm, Fairbairn, Paterson, Gao, & Williams, 2009	To determine the prevalence of disciplinary and nurturing parenting practices used with Pasifika children at 12 months, and the demographic, maternal and lifestyle factors associated parenting practices	Data extraction from Pacific Island Families Study (PIFS)	8	Mental illness prevalence
Currey, 2017	To develop a framework to identify factors that influence sustainability and success within Pasifika mental health	Talanoa (interviews)	8	Mental health services
Dash, 2015	PhD thesis exploring deliberate self-harm behaviours of Pasifika in NZ	Talanoa (interviews)	10	Mental health services
Dash, Taylor, Ofanoa & Taufa, 2017	To explore perspectives from Pasifika professionals working in the areas of mental health, addiction and social work in relation to self-harm behaviours	Talanoa (interviews)	10	Mental health services
Foliaki, 1997	To explore the impact that migration to NZ has on Tongan mental health	Researcher shares own review and perspective	10	Perceptions of mental health
Foliaki, Kokaua, Schaaf, & Tukuitonga, 2006	To show 12-month prevalence of mental illness and 12-month treatment of Pasifika	Data extraction from Te Rau Hinengaro (NZ mental health survey)	10	Mental illness prevalence; Mental health services

Reference	Purpose of the research	How was the research data collected	How significant is the research on a sale of 1 (minor) to 10 (important)	What key theme does this research relate to
Gao, Paterson, Abbot, Carter, & Iusitini, 2007	To explore associations between the timing and persistence of mental psychological distress and child behaviour in a cohort of 2-year old children	Data extraction from Pacific Island Families Study (PIFS)	10	Mental illness prevalence
Gao, Paterson, Abbot, Carter, & Iusitini, 2010a	To examine the association between maternal intimate partner violence (IPV) and postnatal depression (PND) 6 weeks postpartum	Data extraction from Pacific Island Families Study (PIFS)	10	Mental illness prevalence
Gao et al., 2010b	To examine maternal IPV at 6 weeks and 24 months postpartum and associated maternal mental health in Pasifika families with 2 year old children	Data extraction from Pacific Island Families Study (PIFS)	10	Mental illness prevalence
Goodyear-Smith, Arroll, Coupe, & Buetow, 2005	To determine ethnic differences in response, acceptance and desire to address problems by the multi-item screen tool (MIST), which is a response to screening on lifestyle behaviours and mental health issues	MIST survey	7	Mental illness prevalence
Gunther, 2011	To discuss mental health from a nursing perspective	Clinician/researcher shares own perspectives	10	Mental illness prevalence; Mental health services
Han, Nicholas, Aimer, & Gray, 2015	To examine whether being an organizer of a community program improves personal agency and mental health outcomes among low-income Pasifika youth	Counties Manukau Health initiated a community organizing campaign led and run by Pasifika youth. Then used interviews, focus groups, and pre-and-post campaign surveys	10	Prevention / intervention
Ioasa-Martin & Moore, 2012	A literature review exploring knowledge about adherence to antipsychotic medication for Samoan NZers	Literature review	9	Prevention / intervention
Kokaua, Schaaf, Wells, & Foliaki, 2009	To show 12-month prevalence of mental illness and 12-month treatment contact of NZ born vs Pasifika born Pacific peoples in NZ	Data extraction from Te Rau Hinengaro (NZ mental health survey)	10	Mental illness prevalence; Mental health services

Reference	Purpose of the research	How was the research data collected	How significant is the research on a sale of 1 (minor) to 10 (important)	What key theme does this research relate to
Kupa, 2009	To describe Te Vake Atafage, a Tokelauan health model	Researcher's perception and explanation of how the model was developed	10	Prevention / intervention; Perceptions of mental health
Loan, Cunningham, & Jaye, 2016	To describe depression in Tokelauans in NZ, to assist with diagnosis and treatment	Talanoa (interviews)	10	Perceptions of mental health
Lotoala, Breheny, Alpass, & Henricksen, 2014	To explore how ethnicity affects health	Data extraction from the Health, Work & Retirement Survey	9	Mental illness prevalence
Masoe & Bush, 2009	To describe the background of Pasifika infant mental health (a new field) and its importance for Pasifika in NZ	Researcher shares own perspective	10	Perception of mental health
Masters & Tiatia-Seath, 2019	To explore perceptions and experiences of emotions and mental wellbeing for Pasifika male rugby players	Interviews	10	Perceptions of mental health
NZ National Office, 2014	To outline mental health priorities for politicians	National office perspective	7	Prevention / intervention
Oakley-Browne at al., 2006	To estimate the lifetime prevalence and projected lifetime risk at age 75 years of DSM disorders in NZ	Data extraction from Te Rau Hinengaro (NZ mental health survey)	10	Mental illness prevalence
Paterson, Iusitini, Tautolo, Taylor, & Clougherty, 2018	To examine Pasifika mothers and housing issues and its relation to psychological distress	Data extraction from Pacific Island Families Study (PIFS)	10	Mental illness prevalence
Paterson, Iusitini, & Taylor, 2014	To investigate the associations between individual, maternal, cultural and sociodemographic variables with depressive symptoms of Pasifika 9-year old children	Data extraction from Pacific Island Families Study (PIFS)	10	Mental illness prevalence

Reference	Purpose of the research	How was the research data collected	How significant is the research on a sale of 1 (minor) to 10 (important)	What key theme does this research relate to
Paterson, Tautolo, Iusitini, & Taylor, 2016	To examine the prevalence of psychological distress in Pasifika mothers and the socio-demographic and lifestyle factors associated with psychological distress	Data extraction from Pacific Island Families Study (PIFS)	10	Mental illness prevalence
Paterson, Taylor, Schluter, & Iusitini, 2013	To examine: 1) prevalence of behaviour problems at 2, 4 and 6 years of age; 2) relationships between maternal, cultural and sociodemographic factors with behavioural problems	Data extraction from Pacific Island Families Study (PIFS)	10	Mental illness prevalence
Pearson & Brook, 1994	To explore whether socioeconomically isolated and deprived areas experienced increased levels of anxiety/mental disorder treatment	Spatial isolation measure	10	Mental illness prevalence; MH services
Pernice & Brook, 1994	To investigate and compare mental health levels among refugees and immigrants living in NZ	Survey (including Hokins Symptom Checklist-25)	10	Mental illness prevalence
Pernice & Brook, 1996a	To investigate and compare mental health levels among refugees and immigrants living in NZ	Survey (including Hokins Symptom Checklist-25)	10	Mental illness prevalence
Pernice & Brook, 1996b	To investigate Sluzki's 1986 mental health model suggesting that migrants have an initial symptom free and euphoric phase after arrival in the country of settlement, followed by a crisis stage	Survey (including Hokins Symptom Checklist-25)	10	Mental illness prevalence
Pickering, 2019	To investigate the relationship of problem gambling with mental health risk factors and how they impact upon the mental wellbeing of Pasifika women	Data extraction from Pacific Island Families Study (PIFS)	9	Prevention / intervention
Scott, Kokaua, & Baxter, 2011	To investigate whether the presence of a chronic physical condition influences the likelihood of seeking treatment for a mental health problem	Data extraction from the NZ mental health survey	9	Mental illness prevalence; Mental health services
Simpson, Brinded, Fairley, Laidlaw, & Malcolm, 2013	To determine if there are differences in the rates of major mental disorders between Māori and Pasifika	Interviews and survey	9	Mental illness prevalence

Reference	Purpose of the research	How was the research data collected	How significant is the research on a sale of 1 (minor) to 10 (important)	What key theme does this research relate to
Stokes, Azam, & Noble, 2018	To determine the prevalence of multi-morbidity and polypharmacy in a general practice	Cross-sectional data collection from medical records of a Dunedin general practice	7	Mental illness prevalence
Suaalii-Sauni et al., 2009	To explore Pasifika perceptions and experiences of the theory, practice and utilisation of Pasifika mental health services	Interviews and focus groups with service providers, mental health service users, and family members of mental health service users	10	Mental health services
Tamasese, Peteru, Waldegrave, & Bush, 2005	(1) To develop an appropriate measure to investigate Samoan perspectives on mental health issues (2) To apply a measure to identify cultural values and understandings important in the care and treatment of Samoan people with mental health issues	Focus groups	10	Perceptions of mental health; Mental health services
Tautolo, Schluter, & Sundborn, 2009	To determine the prevalence of psychological distress among Fathers during the first 6 years of their child's life	Data extraction from Pacific Island Families Study (PIFS)	9	Mental illness prevalence
Tiatia-Seath, 2014	To discuss the engagement of Pasifika in mental health services and Pasifika strategies for suicide prevention	Interviews with Samoans who had made a suicide attempt and/or suicide ideation and engaged in a mental health service	9	Mental health services; Suicide
Tiatia-Seath & Coggan, 2001	To describe trends in Pasifika suicide data	A review of death registration data (intentional self-harm) from 1996-2013	9	Suicide
Tiatia-Seath, Lay Yee, & Von Randow, 2017	To describe the trends in Pasifika suicide data	Data extraction from death registration data (indicating intentional self-harm) from 1996 to 2013	9	Mental illness prevalence; Suicide

| Reference	Purpose of the research	How was the research data collected	How significant is the research on a sale of 1 (minor) to 10 (important)	What key theme does this research relate to
Tutty & Goodyear-Smith, 2014	To examine a Chronic Care Management (CCM) programme for depression of Pasifika in a predominantly Pasifika practice	Audit of CCM depression programme used by Total Healthcare Otara (THO)	9	Mental health services
Underwood, Waldie, D'Souza, Peterson, & Morton, 2017	To explore whether the risk factors differ for depression symptoms during pregnancy and/or post-birth	Data extraction from GUiNZ	10	Mental illness prevalence
Vaka, Brannelly, & Huntington, 2016	Using Talanoa to explore Pasifika mental health through seven Tongan groups: youth, mental health service users, families of mental health service users, families without mental health service users, women, community leaders, men	Talanoa (interviews)	10	Perceptions of mental health
Van Lier et al., 2017	To explore the association between home gardening and dietary behaviours, physical activity, mental health and social relationships among secondary school students	Data extraction from GUiNZ	10	Prevention / intervention
Waldie et al., 2015	To examine depression during pregnancy	Data extraction from GUiNZ	10	Mental illness prevalence
Wells et al., 2006	To estimate the prevalence and severity of anxiety, mood, substance and eating disorders	Data extraction from Te Rau Hinengaro (NZ mental health survey)	10	Mental illness prevalence
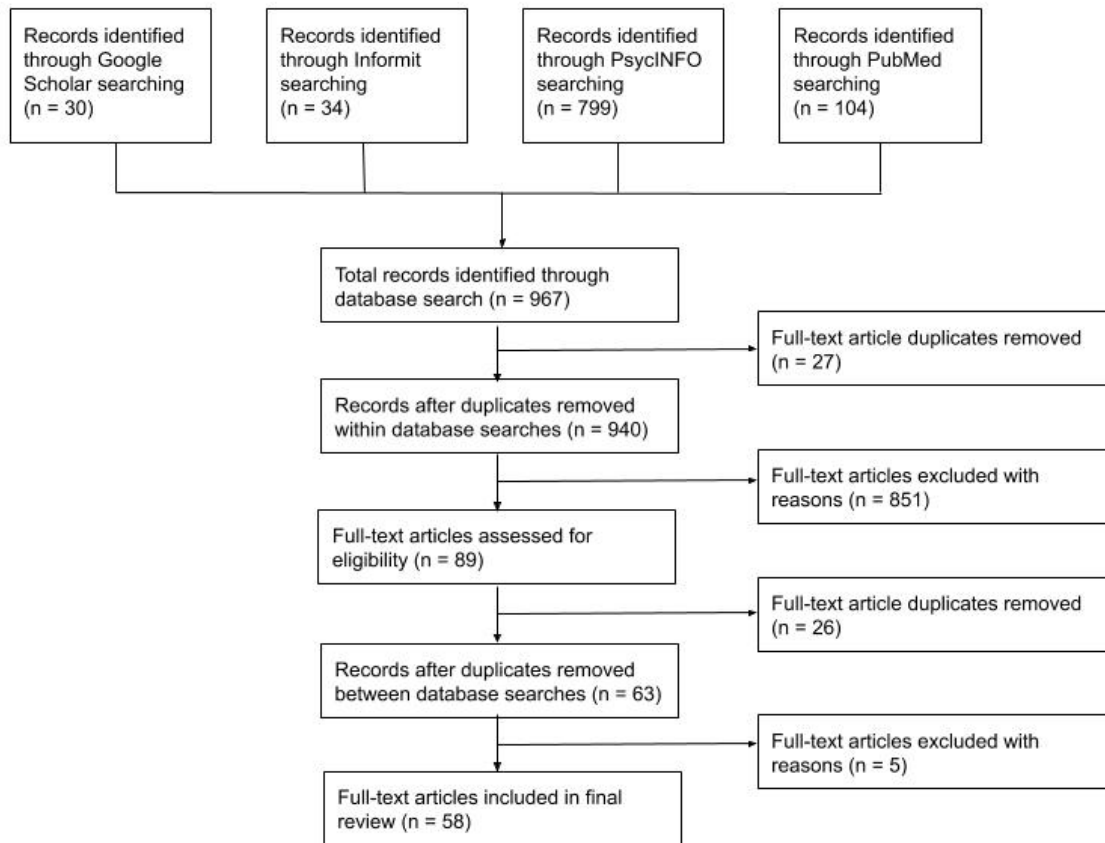
FIGURE 1   Flow diagram illustrating the study selection process

from the review, and 1 was the recorded minutes from a meeting not specific to NZ so was also excluded from the review, leaving 15 full-text online articles to assess for further eligibility. Initial screening of the titles and abstracts of the 34 results from Informit found that 13 articles were duplicates, 6 articles were not Pacific specific and thus deemed irrelevant, 1 article was based on drug prescription and deemed irrelevant, and 3 articles were based on data outside of NZ. These 23 articles were excluded from the review, leaving 11 full-text online articles to assess for further eligibility. Of these 11, 5 articles were not focused on Pacific peoples but did contain Pacific data, so were included for further review. After initial screening of the titles and abstracts of the 799 results from PsycINFO, 768 articles were excluded due to either not being Pacific specific, not specific to Pasifika in NZ or not related to mental health. This left 31 full-text online articles for further eligibility. Of these 31, 10 articles were not focused on Pacific peoples but did contain Pacific data, so were included for further review. After initial screening of the titles and abstracts of the 104 results from PubMed, 72 articles were excluded due to either not being Pacific specific,

not specific to Pasifika in NZ, or not related to mental health. This left 32 full-text online articles for further eligibility. Of these 32, 4 articles were not focused on Pacific peoples but did contain Pacific data, so were included for further review.

When the results from all searches (89 full-text online articles) were combined, 26 additional duplicates were identified and were also removed from the review, leaving 63 full-text online articles to assess for further eligibility. Of these 63 full-text online articles, 20 were not focused on Pacific peoples but did contain data on Pacific peoples, and after further review of the articles, they were included for the review. After further review of all 63 full-text online articles, 1 article was unable to be located online, and 4 articles were deemed irrelevant based on the data provided, resulting in 58 full-text online articles being reviewed. Brief descriptions of each online article included in this review are provided in Table 2.

Description of the literature

After each article was reviewed, an overarching theme was determined (in some cases, an article had more than one theme). An in-depth look at each theme and associated research is presented

in greater detail in this review. We appreciate that each research theme could be presented as a research paper on its own, and encourage this in future research. Research themes were drawn upon using reflexive thematic analysis, taking both an inductive and deductive way of theme development (Braun & Clarke, n.d.). For further reading on thematic analysis, please see Braun and Clarke (n.d., 2013) and Braun and Clarke (2013). Common core themes identified across all articles included (a) prevalence of Pasifika mental distress, (b) Pasifika mental health services, (c) Pasifika perceptions of mental health, (d) Pasifika mental health prevention and intervention and (e) Pasifika suicide.

Theme: Prevalence of Pasifika mental distress

There were 26 online articles (48%) that discussed the prevalence of Pasifika mental distress, indicating that a larger proportion of research has been developing around this theme. Prior to 2000, Pasifika were thought to have relatively low levels of mental distress (otherwise referred to as mental illness or mental disorder), which may in part be due to the unreliable health coding during this time. However, Te Rau Hinengaro found that Pasifika experienced mental distress at much higher rates than the overall NZ population (Baxter et al., 2006; Foliaki et al., 2006; Oakley Browne et al., 2006; Wells et al., 2006).

Since then, research examining a variety of areas within Pasifika mental health has painted much the same picture. Pasifika children are more likely to experience internalising and externalising problems if their mothers are experiencing psychological distress or maternal depression (Gao et al., 2007; Paterson et al., 2014; Paterson et al., 2013). Further research with Pasifika mothers found that psychological distress is an imminent concern and is a greater risk for mothers who experience intimate partner violence (Gao, Paterson, Abbott, Carter, & Iusitini, 2010; Gao, Paterson, Abbott, Carter, Iusitini, & McDonald-Sundborn, 2010) or have housing challenges (Butler et al., 2003; Paterson et al., 2018). Additional and important factors to consider for Pasifika mothers include stressful life events, postnatal depression, marital status, maternal education, ethnicity and cultural alignment (Abbott & Williams, 2006; Bécares & Atatoa-Carr, 2016; Paterson et al., 2016; Underwood et al., 2017; Waldie et al., 2015). Further research found that Pasifika fathers were more likely to experience psychological distress in the first 6 years of their child's life, if they were a heavy smoker, separated or single, unemployed and were Tongan or Cook Islander (Tautolo et al., 2009). As a whole, low nurturing and high disciplinary parenting was associated with post-natal depression (Cowley-Malcolm et al., 2009).

Further research suggests that mental health varies by Pacific ethnic background and cultural alignment and should remain a key focus of future Pasifika mental health research and services. Pacific migration to NZ has long been perceived as the journey to the land of milk and honey, but this idea and the sense of associated euphoria has since been debunked (Pernice & Brook, 1996a, 1996b). Mental distress was reportedly lowest for Pasifika migrants who migrated to NZ as adults (adult migrants) in comparison with Pasifika migrants who migrated as children (child migrants) and NZ-born Pasifika (Kokaua et al., 2009; Pernice & Brook, 1994). This builds on the "healthy migrant effect", suggesting that only migrants in "good health" have been able to migrate to NZ (Oakley Browne et al., 2006). However, another study indicated that older Pasifika reported poorer mental health, with no effect found when controlling for country of birth (Lotoala et al., 2014). However, this also raises the question of whether the measure(s) being used to assess mental health rates are entirely appropriate for our diverse Pasifika population.

A more recently published report, *Te Kaveinga*, provides an overview of Pasifika mental health and wellbeing in NZ and echoes all prior research in which Pasifika reported higher levels of mental health concerns but these concerns were also higher in NZ-born Pasifika (Ataera-Minster & Trowland, 2018). Cross-sectional data also indicated that the most common mental health issues for Pasifika are anxiety and depression and that 1 in 10 Pasifika are likely to have coexisting mental and physical health concerns (Stokes et al., 2018). These higher prevalence rates of mental distress for Pasifika compared with the total NZ population are not a new trend, and they have remained relatively stable across time. It is then important to look beyond the statistical data and understand the services that provide mental health support to our Pasifika.

Theme: Pasifika mental health services in New Zealand

Twenty online articles (34%) discussed Pasifika mental health services, indicating that a moderate proportion of research has been developing around this theme. The studies included in this theme were published within the period from 1997 to 2017. Across the 20-year time span, the general finding

was that mental health service use by Pasifika is low but lowest in older Pasifika migrants. It was also found that NZ-born Pasifika and child migrants have higher levels of mental distress but are also more likely to use mental health services than older Pasifika migrants (Bridgman, 1997; Foliaki et al., 2006; Kokaua et al., 2009). From a cross-cultural perspective, a depression programme received greater participation rates from Cook Island Māori service users, and lower participation from Samoan and Tongan service users (Tutty & Goodyear-Smith, 2014). Understanding why these groups access mental health services differently is important and should remain a priority focus in future research, particularly regarding developing Pacific ethnic-specific research because Pasifika are not a homogeneous group. This will help to shape and develop more ethnic-specific Pacific mental health services, as the pan-Pacific approach does not work for all Pasifika.

Another common theme that was highlighted is the need for culturally appropriate health services that serve and support our Pasifika communities. The visible disconnection between Pasifika and Western understandings of mental health is believed to be an important factor in the lower mental health service use by Pasifika (Agnew et al., 2004; Gunther, 2011). Western tools, such as the *Diagnostic and Statistical Manual of Mental Disorders*, have been described as an inappropriate diagnosis tool for Pasifika, because their criteria do not align with how Pasifika view and understand mental health (Bush et al., 2009). However, a more meaningful tool for Pasifika and their families explores mental health holistically, drawing upon a Samoan concept of the relational self. It incorporates vā, family, culture and spirituality as part of a culturally responsive mental health service model. This is important because it can contribute to greater recovery rates (Bush et al., 2009; Bush et al., 2005; Tamasese et al., 2005). Other important factors to consider include the involvement of family or other support networks and access to culturally responsive mental health staff (Suaalii-Sauni et al., 2009). As mentioned previously, perhaps the mental health services and tools are not culturally appropriate for Pasifika in NZ.

Pasifika who work in mental health services have found that the complex service infrastructure and language are the major contributing practice constraints (Apelu, 2008), as well as the lack of organisational sustainability, particularly from a Pasifika perspective (Currey, 2017). This further highlights the importance of cultural sensitivity and the input and collaboration required from both Pasifika and non-Pasifika leaders to not only enhance the mental health services in NZ but create a safe and inclusive space for all service users. Critical success in this area may be achieved through several ways: effective communication, shared values and beliefs, stakeholder engagement and understanding, and building strong relationships (Currey, 2017). Developing a diverse mental health workforce that puts a focus on attracting, retaining and supporting Pasifika employees is also important for the future not only of our Pasifika but also our NZ.

As a youthful population, young Pasifika are expected to thrive in the coming generations and a priority focus for young Pasifika is essential because Pasifika growth means increasing demands on Pacific health services. There are significant differences in attributes, needs and values between traditional and contemporary Pacific peoples, and the high mental distress rates among those born in NZ signal the urgent need to address the impact of Western values on NZ-born Pasifika youth (Ape-Esera et al., 2009). Pacific health and wellbeing models have long been critiqued for privileging Pacific-born adult perspectives, as well as adopting a pan-Pacific approach. For example, the Fonofale model, developed between 1970 and 1995, applies a pan-Pacific exploratory approach towards Pasifika health in NZ, including elements of mental health (Mental Health Commission, 2001). Since the Fonofale model was developed, there has been a significant growth in Pasifika communities in both size and diversity (i.e., age, country of birth, ethnicity), and we cannot expect such models to be stable or enduring. In light of this, there is a need to develop models that account for age (young Pasifika) and ethnicity (Pacific ethnic specific) into new or existing models.

Theme: Pasifika perceptions of mental health

Eight online articles (14%) discussed Pasifika perceptions of mental health, indicating that the development of research around this theme is emerging. The *Te Kaveinga* report (Ataera-Minster & Trowland, 2018) drew upon NZMHM and HLS data and provided a more rounded snapshot of contemporary Pasifika mental health and wellbeing. *Te Kaveinga* echoes prior research that found that Pasifika report higher psychological distress and depressive symptoms than non-Pasifika in NZ. It also reported that mental health stigma is high for Pasifika and that some Pasifika do not know where to seek help for mental distress. However, Pasifika continue to maintain

well-established social and cultural connections, but cultural connectedness is lower in multi-ethnic Pasifika. Clear suggestions from the report include focusing on removing barriers to access, strengthening the Pasifika mental health workforce and exploring how cultural identity can be used to develop Pasifika mental health approaches.

From a Pacific perspective, using our culture to understand mental health is not only important but essential. Tamasese and colleagues (2005) discussed how the Samoan self can be used to understand the Samoan view of mental health as it aims to foster the relational, spiritual, physical and mental aspects of the self. In this way, it suggests that there are elements within Pasifika mental health that can only be addressed appropriately and safely when considering elements of culture. Further research within a sporting context presented similar ideas when exploring perceptions of Pasifika young male rugby players (Marsters & Tiatia-Seath, 2019). The importance of mental wellbeing being addressed in a holistic and vā-based way was highlighted, as was the notion that support, a balanced lifestyle, athletic performance and personal development outside of sports are integral to fostering personal wellbeing.

Other work explored a Pacific ethnic approach, and one in particular examined how Tongans define and describe mental health (Vaka et al., 2016). There were distinct differences between Tongan perceptions and constructions of mental health depending upon the culture and society in which they grew up. For example, Tongan men who were born in Tonga were more likely to describe mental distress as a Tongan construction, meaning that mental distress was aligned with a curse, spirituality or non-compliance with society. On the other hand, Tongan youth who were child migrants or born in NZ were more likely to describe mental distress from a biopsychosocial perspective. Similar concepts were seen when exploring Tongan migration to NZ (Foliaki, 1997). However, Foliaki (1997) suggested that a traditional upbringing in the Pacific can have a protective function against mental illness as stress is likely to be on the lower end of the spectrum.

Another ethnic-specific approach explored the Tokelauan view of depression and highlighted that the Tokelauan language does not have a word equivalent to the term depression. However, a similar health issue (based upon the Western description of depression) does exist, and is characterised by extreme sadness (Loan et al., 2016). From a Western and biomedical framework, we know that there is a lot more to consider with depression, and given the loss of meaning through translation, this could be a major factor when diagnosing or treating someone with depressive symptoms. Also worth mentioning is the privacy and pride that are important in the Tokelauan culture (and many other Pacific cultures) that may present further barriers to recognising sadness, and depression.

A common format for sharing perceptions in a Pasifika context is the use of talanoa, a technique readily used across these studies. Talanoa is an open way of discussing complex topics and is prominent in Pacific research (Vaioleti, 2006). Using talanoa is a very effective way of gathering research from Pasifika communities, as often quantitative measures can be confining. On the other hand, talanoa can be wide-ranging and has no boundaries when addressing a topic (Vaka et al., 2016), allowing researchers to hone in on the rich understandings that sometimes other research methods may not tap into. Unlike quantitative measures, talanoa (a qualitative approach) can be a time-consuming research method, but that should not detract Pasifika research from its use. If used together, both quantitative and qualitative measures can be useful in enhancing Pasifika mental health research and form the basis of a valuable and more meaningful union in future research.

Although each study differed in context, the commonality shared by these online articles is that the perceptions by Pasifika of mental health are defined in a holistic manner and are heavily influenced by and rooted in their vā, culture, spirituality and tradition.

Theme: Pasifika strategies for mental illness prevention and intervention

Seven online articles (12%) discussed Pasifika mental distress prevention or intervention, indicating that the development of research around this theme is emerging. The key areas identified across these studies were the potential to develop culturally appropriate tools and services (Kupa, 2009; Peters, 2014), education (Brunton et al., 2005; Ioasa-Martin & Moore, 2012; Pickering, 2019) and the use of engaging community activities (Han et al., 2015; van Lier et al., 2017) to reduce the impact of mental health risk factors and enhance overall mental health. These ideas have the potential to be used as a preventative approach to improve mental health and develop agency over health among Pasifika, even more so for Pasifika youth who are at greater risk. The lack of prevention and intervention research highlights a crucial yet missing element in Pasifika mental

health research and an area we must continue to develop or we will continue to serve a community where cure is better than prevention.

Theme: Pasifika suicide

Six online articles (10%) discussed Pasifika suicide, indicating that the development of research around this theme is limited but emerging. Research data tells us that Māori and Pasifika had a higher risk of suicidal planning and attempts. There was a greater risk of suicidal ideation for those who are younger and from lower socioeconomic backgrounds—demographics that are notable within the Pasifika population in NZ (Beautrais et al., 2006; Tiatia-Seath & Coggan, 2001). A review of the death registration data for intentional self-harm across 1996–2013 showed there were 308 Pasifika deaths, comprising 4.1% of the total deaths reported (Tiatia-Seath et al., 2017a). However, self-harm is often acknowledged as a behaviour that can be separated from suicide, and self-harm diagnosis criteria should be reviewed to incorporate definitions and recovery plans that are relevant to Pasifika (Dash, 2015; Dash et al., 2017). Several key factors were also highlighted regarding mental health service engagement, which should be considered for strategic planning towards suicide prevention, including issues of cultural competency, importance of family involvement, dichotomous views of Western and traditional beliefs concerning mental illness, and unsuccessful engagement of Pasifika youth (Tiatia-Seath, 2014). These key factors are reiterated throughout much of the research and are still extremely relevant. Tiatia-Seath and colleagues (2017a) have also highlighted the need for safe, ethical and culturally appropriate suicide messaging, the importance of addressing both mental health and addictions in suicide prevention, and the need for Pacific ethnic group data.

Discussion

Summary of results and recommendations

The results were presented across five themes found in the literature to provide a broader understanding of Pasifika mental health and its current positioning in contemporary NZ: (a) prevalence of Pasifika mental distress, (b) Pasifika mental health services, (c) Pasifika perceptions of mental health, (d) Pasifika mental health prevention and intervention and (e) Pasifika suicide. These themes are particularly important to consider for future research, as they highlight not only an opportunity but a need for more refined Pasifika mental health research, in this case, increasing the research capacity of Pasifika perceptions of mental health (14% of research articles), Pasifika mental health prevention and intervention (12% of research articles) and Pasifika suicide (10% of research articles). Enhancing the capacity of Pasifika mental health research is vital because Pasifika narratives are lacking. Pacific research provides an understanding of cultural and social insight that is fundamental to our research being meaningful for our Pacific peoples, and the wider community. As the lead author, I hope that this paper serves as both an announcement and a reminder to our Pacific communities. To those who understand the importance of holding the pen and generating knowledge, and see the importance of pursuing a career in research—we need more Pasifika telling our stories, because if we do not do it, someone else will.

We know that Pasifika experience mental health related concerns at higher levels than the general NZ population and that Pasifika who experience serious mental health related concerns are less likely to access treatment than the total NZ population (Ataera-Minster & Trowland, 2018). Groups that experience greater risk include young Pasifika, NZ-born Pasifika and Pasifika child migrants (Ataera-Minster & Trowland, 2018). As mentioned, the higher prevalence rates of mental health related concerns for Pasifika compared with the total NZ population are not a new trend, and they have remained relatively stable across time. As an emerging researcher applying a critical lens, I believe this to be further perpetuated by the lack of action-focused research—we need research that not only inspires and educates but informs the prevention space; otherwise, why do it at all?

The literature also documents that Pasifika have different views and understandings of mental health, particularly in reference to a Westernised idea of mental health. This influences not only behaviours but also access to services (Agnew et al., 2004; Ataera-Minster & Trowland, 2018; Faleafa, 2020; Gunther, 2011; Tamasese et al., 2005). The difference in access across Pacific groups alone is significant, for example, differences between Pacific ethnic groups (Loan et al., 2016; Tutty & Goodyear-Smith, 2014), difference between NZ-born and Pacific-born (Foliaki, 1997; Vaka et al., 2016), difference between genders (Paterson et al., 2018; Tautolo et al., 2009) and difference across ages (Agnew et al., 2004; Ataera-Minster & Trowland, 2018). Again, we know these differences exist but we need to better understand why, which is a prime area for Pacific-centric research methodologies and frameworks.

Survey (quantitative) and interview (qualitative) data does not always serve our Pasifika communities or provide the rich and contextual information that will allow us to better understand Pasifika mental health.

Research methods used to obtain Pacific data need to be more ethnically and culturally appropriate for Pasifika, including using a more holistic approach so that the information output serves our communities better (Agnew et al., 2004; DIA, 2018; MoH, 2020), especially as we often adopt a collective approach to Pacific research, which further highlights the dire need for more Pacific ethnic research. These factors continue to be a serious action point for the mental health sector, future Pacific research, Pacific community initiatives and policy planning (DIA, 2018; MoH, 2020).

We must remember that when working with research data, or specifically quantitative methods, each number represents a Pacific voice—a Pacific family. Often, the narratives or the context behind these numbers is missing. It is easy to make assumptions when working only with quantitative data. Infusing qualitative methods enables our Pacific peoples and their families to narrate their own stories and make our research more meaningful. As seen in previous Pacific research (Mila-Schaaf & Robinson, 2010; Tiatia-Seath et al., 2017b), combining both quantitative and qualitative methods (such as talanoa) is a promising avenue for future Pasifika mental health research, especially as talanoa aligns more strongly with Pacific cultural values (Ponton, 2018; Vaioleti, 2006). As mentioned, this review forms part of a larger research project—the lead author's doctoral research dissertation. It was planned for this research project to combine quantitative (survey) and qualitative (talanoa) methods. The review has only affirmed the benefits of using this approach (70% of the reviewed research used qualitative methods, including talanoa). Although no articles included in the review involved a combination of quantitative and qualitative methods, given the evidence of each and that of prior research, there is no doubt that such a combination can provide good practice models for future work—one that the larger research project aims to also provide.

In addition, more work needs to focus on how the mental health sector can develop a more inclusive framework, to account for a diverse service team as well as a diversity in service users (Department of Internal Affairs [DIA], 2018; Kupa, 2009; Peters, 2014). With the expected growth of our Pasifika population, there will be an increased demand on mental health services. *He*

Ara Oranga, a report of the Government Inquiry into Mental Health and Addiction (DIA, 2018), highlighted that Pacific peoples voiced the need for a Pacific way of enabling Pacific health and wellbeing through incorporating a Pacific "way of doing life", including identity, spirituality, languages, connectedness, nutrition, physical activity and healthy relationships. Investing in new and culturally relevant mental health services to meet the needs of our Pasifika is increasingly important (DIA, 2018; Faleafa, 2020). See Faleafa (2020) for further reading on the considerations for design and delivery of Pacific mental health and addiction services, including being Pacific led, family centred, holistic, integrative of clinical-cultural elements, community-based and connected. All future planning should focus on improving mental health and wellbeing not just for our Pacific communities but for all communities in NZ.

Based on the review, work on mental health prevention and intervention strategies is emerging. We know that there are key protective factors that enhance Pasifika mental health, including cultural identity, spirituality, healthy relationships, family support, communication and strong participation in social activity (Beautrais et al., 2006; LeVa, 2014). We also know there are a number of risk factors linked to poorer mental health and suicide, such as poverty, discrimination and lack of social support (Beautrais et al., 2006; Kapeli, Manuela, Milojev, & Sibley, 2020; Kapeli, Manuela, & Sibley, 2020; Krynen et al., 2013). Strategies focusing on developing culturally appropriate tools and services (Kupa, 2009; Peters, 2014), enhancing education (Brunton et al., 2005; Ioasa-Martin & Moore, 2012; Pickering, 2019) and developing engaging community activities (Han et al., 2015; van Lier et al., 2017) could potentially challenge these risk factors.

For instance, education can influence employment, potentially changing unemployment (and poverty as risk factors) to employment (protective factor). Additionally, a focus on growing the Pasifika mental health workforce by promoting a career in mental health as early as in high school could be an effective strategy. Faleafa et al. (in press) have identified a series of strategies for increasing the number of Pasifika psychologists and other mental health and addiction workers as an enabler to addressing inequitable mental health outcomes and building culturally appropriate services. Further to education, building mental health literacy in our Pacific communities could also be a central factor. To do so, we need a research base that not only supports the development

of a mental health literacy framework but also informs it. Enhancing Pasifika mental health literacy could equip Pasifika and their families with the knowledge, tools and skills to enhance their overall mental health and wellbeing. LeVa (2019) has recently developed the Mental Wealth Project (MWP), a mental health literacy education programme for Pasifika young people and their families. As far as we are aware, the MWP not only addresses one of our most at-risk groups (young Pasifika) but also builds upon the review's key focus areas for mental health prevention and intervention strategies (culturally appropriate, education, engaging community activity). The MWP is a promising programme, and because it has a focus on young Pasifika, has the potential to have lifelong effects.

When discussing the prevention and intervention space, Pasifika suicide cannot go unmentioned. We know that Pasifika are at higher risk of suicidal planning and attempts (Beautrais et al., 2006; Tiatia-Seath & Coggan, 2001) and make up a significant proportion of NZ's deaths by suicide (Tiatia-Seath et al., 2017a). Much of what has already been discussed and proposed for future direction also applies to Pasifika suicide. This includes building our capacity both in research and on the front line—to develop more relevant diagnostic and recovery tools for Pasifika; to develop services that are culturally appropriate, holistic and provide support across the lifespan; and to develop more Pacific ethnic data. Again, we echo the need for mental health research and a mental health workforce that is Pacific led, Pacific governed and Pacific strong.

Strengths and limitations of the review

This review presents a clear picture of the available evidence-based online resources. The five overarching themes identified in the literature provide information on the research priorities and community needs that have been the subject of focus for the past 20 years. By identifying the core areas of research, future researchers and practitioners can more readily identify other areas that may need further development and focus.

The review did not take any additional research material into account, other than what was located through online database searching (as outlined in the methods section). Although a limitation, this is also a strength. Despite the smaller research pool to draw from in this review, it highlights the difficulty in locating Pasifika mental health research. This may in part be due to the terminology included in the search methods of this review. We recommend

that those interested in understanding Pasifika mental health in NZ become familiarised with the diversity of search terms that help identify relevant literature. An example of this might be to include other derivatives of mental health, such as wellbeing or mental wellness.

As highlighted, we have focused on Pasifika as a collective group more broadly. In doing so, the review has missed relevant mental health research that otherwise would have been picked up through an ethnic specific review, that is, by using the search terms "Samoan", "Tongan" or "Cook Islands"'. These key search terms may hold valuable research that is overlooked by taking the broad Pasifika approach. At the same time, each Pacific ethnic group could in fact have its own literature review and could be a prime focus for future research in this area.

As mentioned, this review forms part of the lead author's PhD project. The wider project investigates the link between mental health literacy and mental health outcomes for Pasifika and explores the potential to improve Pasifika mental health literacy in order to enhance mental health and wellbeing for Pasifika. This not only adds strength to Pacific mental health research in NZ but will contribute significantly to mental health literacy research in NZ.

Research implications

There is much more work to be done in the area of Pasifika mental health. The review has provided an overview of areas where there is an opportunity for more research to be done between (i.e., ethnic specific data) and within (i.e., Pacific born vs NZ born) our Pasifika ethnic groups: Pasifika perceptions of mental health, Pasifika strategies for mental illness prevention and intervention, and Pasifika suicide. The review also critically highlights how increased research in these areas could shape and develop more action-focused outcomes, that is, by increasing the capacity of Pasifika mental health research and practice, increasing the availability and accessibility of culturally appropriate tools and services, and enhanced access to education and mental health literacy programmes.

A rather significant implication for researchers is the link that understanding Pasifika mental health has with mental health literacy. Currently, there is a lack of NZ research that examines Pasifika mental health literacy despite the high levels of mental health concerns. Previous work internationally has uncovered that there are varying degrees of mental health literacy.

For example, in Australia Reavley and Jorm

(2011a, 2011b) identified that mental illness recognition rates were low but depression was 12 times more recognisable than anxiety, only 60% of Australians were aware of where to go to seek mental health related help, attitudes towards those experiencing mental health challenges were largely discriminatory, and 75% of Australians knew of someone experiencing a mental health challenge. Further to this and to our critical review of the research, we suggest that mental health literacy could serve as another pathway towards positive mental health outcomes (see discussion on mental health prevention and intervention strategies). For instance, if we can identify how experiences of depression are understood and engaged with at a community level, we could develop more culturally appropriate diagnostic and recovery tools for our Pasifika that better support recognition, management and prevention of mental health challenges. As discussed, LeVa (2019) has made headway in this area by developing the MWP, which aims to reduce stigma, improve wellbeing, prevent mental distress and enhance access to support services for our Pasifika.

Conclusion

Pasifika mental health in NZ continues to be a growing area of research. This review aimed to add to Pasifika mental health research in NZ by reviewing and presenting relevant online research, identifying overarching themes in the research and recommending future directions for strengthening research in this area. Future work should focus on building the capacity and diversity of Pacific mental health research led by Pacific researchers. It is also important to consider how building Pasifika mental health literacy could enhance mental health and wellbeing across our Pasifika communities as they continue to flourish in NZ.

Acknowledgments

Glossary

fono	meeting of peoples
talanoa	a Pasifika form of dialogue
vā	relationships

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