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Loto Malie (Contented Heart):
Understanding Pacific Youth Mental Wellbeing

A thesis by publication presented in partial fulfilment of the requirements
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ABSTRACT

The voices and perspectives of Pacific young people can often be overlooked, yet they are instrumental in shaping the future of today's society; their voices need to be amplified. Pacific youth, a diverse and vibrant group in Aotearoa New Zealand, are facing growing mental health concerns and are less likely than youth of other ethnicities to seek psychological help due to stigma and a lack of mental health awareness. The paucity of culturally appropriate psychological interventions may contribute to Pacific youth's reluctance to seek help. The Ministry of Health has encouraged the implementation of Pacific worldviews when promoting the wellbeing of Pacific youth.

This study aimed to contribute to the development of new knowledge in Pacific Mental health research and psychological interventions for Pacific youth. To date, there has been limited published research on psychological approaches which integrates spirituality, culture and a digital intervention for promoting mental wellbeing in Pacific youth. This research explores Pacific youth's experiences of engaging with mental health tools, specifically a Pacific mental health intervention developed for the very purpose of meeting the needs of Pacific youth, *Loto Malie* (contented heart).

In exploring youth experiences and perspectives of mental health, prioritising Pacific-Indigenous knowledge in the research methodology was fundamental. Consequently, the *Fa'afaletui* and *Talanoa* frameworks, which draw on Pacific-Indigenous methodologies, provided culturally sound processes for engagement with Pacific youth which allowed them to share their stories and experiences authentically. The findings highlight the key themes that formulate and conceptualise the *Loto Malie* therapeutic framework, revealing the importance of interweaving culture and spirituality within the therapeutic environment, especially as this strengthened Pacific youth engagement with this approach.

At the outset, the aim of this PhD was to explore digital mental health tools with youth, given the low uptake of such tools specifically among Pacific youth. The primary researcher developed an innovative cultural digital mental health

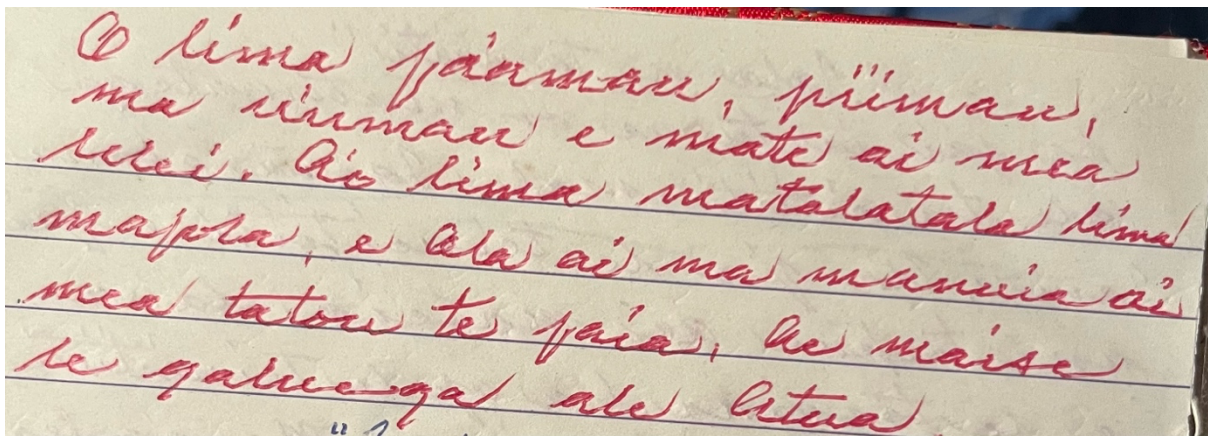
intervention, *Loto Malie 2.0 Mukbang + mental health*, as an interim measure during the pandemic. This innovative approach was shared privately (upon invitation) via YouTube and Facebook. *Loto Malie 2.0* aimed to provide accessible cultural and clinical examples that promoted mental health awareness and meaningful connections with the viewers, who were predominantly young adults. Overall, developing the *Loto Malie* programme and *Loto Malie 2.0* allowed young people to attain mental health knowledge and equipped them with relevant tools for wellbeing improvement.

Therefore, this newfound knowledge and wisdom provided initial evidence that Pacific youth engage effectively with mental health tools when they are grounded in a Pacific therapeutic approach embedded within their worldviews. The *Loto Malie* therapeutic framework aims to serve as a guide for Pacific therapeutic approaches to enhance the overall wellbeing of Pacific youth.

Keywords:

Pacific youth, Pacific mental wellbeing, Pacific mental health research, Pacific youth mental wellbeing

DEDICATION



(A closed and clenched fist withholds good deeds but an open hand is willing to give and receive blessings, P. Fa'aso'otauloa, personal communication, November, 2008).

To my late grandparents – Fa'aso'otauloa Poasa, Taulaga Poasa, Malia Tuiavi'i Niko and Puletu'u Auva'a

To my parents – Fa'aso'oletalalelei Niko Auva'a and Oneonemanogi Auva'a

Lastly, to **my beloved husband** Tuitubou Alatimu and **my precious children**, Jedidiah Oneonemanogi and Jayken Tulili Alatimu

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“No eye has seen, no ear has heard, and no mind has imagined what God has prepared for those who love him.” 1 Corinthians 2:9

When all is said and done, the glory belongs to God, and to Him alone. For all things are from Him, by Him, and for Him. This verse (1 Corin 2:9) is a living testimony of God’s grace and favour upon me, throughout this journey.

To my supervisors, Professor Siautu Alefaio-Tugia and Professor Julia Ioane, thank you. This PhD journey wouldn’t have been possible without your wisdom and guidance. I appreciate your support and dedication in helping me complete this PhD. God knew I needed you both and I am beyond blessed that He made it possible. You have both inspired me to be authentically brave in academia and to challenge the status quo—so thank you for believing in me, when at times I doubted myself.

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Ethical approval

Ethical approval for the study was granted by Massey University Human Ethics Committee (MUHEC2018, reference number NOR 21/96, May 24, 2022).

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GLOSSARY

Term used in thesis	Meaning
- <i>aganu'u</i>	- cultural practices and traditions (Samoan)
- <i>aiga/kaiga</i>	- family/extended family (Samoan/Tongan)
- <i>alofa</i>	- love and compassion (Samoan)
- <i>anga faka-Tonga</i>	- Tongan way (Tongan)
- <i>anga lelei</i>	- kind/calm (Tongan)
- <i>cultural-clinical</i>	- an approach/therapeutic approach that addresses the psychological needs of individuals from diverse ethnicities
- <i>fa'aaloalo</i>	- Respect (Samoan)
- <i>Fa'afaletui</i>	- Meeting of specific discussion (Samoan)
- <i>fa'amalieina</i>	- contentment (Samoan)
- <i>fa'amaualalo/loto maualalo</i>	- humility (Samoan)
- <i>Fa'asamoa</i>	- the Samoan way of life/Samoan customs & traditions (Samoan)
- <i>fa'asinomaga</i>	- identity (Samoan)
- <i>faka'apa'apa</i>	- respectful
- <i>feagaiga</i>	- relational covenant (Samoan)
- <i>gagana Samoa</i>	- Samoan language
- <i>Ha'a tu'i</i>	- Royalty (Tongan)
- <i>hohoko</i>	- genealogy (Tongan)
- <i>hou'eiki</i>	- nobles (Tongan)
- <i>kau tu'a</i>	- commoners (Tongan)
- <i>loloma</i>	- love (Tongan)
- <i>Loto Malie</i>	- contented and fulfilled heart (Samoan)
- <i>Loto Mālie</i>	- good/pleasing heart (Tongan)
- <i>Mātauranga Māori</i>	- Māori knowledge
- <i>mateuteu</i>	- well-prepared, hard-working, professional
- <i>meaalofa</i>	- gift/s (Samoan)
- <i>measina</i>	- cultural treasure/gift or inheritance (Samoan)

- *'ofa fe'unga*
- *poto he anga*
- *pūrakau*
- *soifua fa'aleagaga*
- *soli le vā*
- *Talanoa*
- *tapu*
- *Tauhi vā/teu le vā*
- *tausi le vā*
- *tautua*
- *Te Moana-Nui-a-Kiwa*
- *vā*
- *vā fealoaloa'i*
- *vā tapuia*
- *vālelei*
- *vāmāfana*
- *vāmama'o*
- *vanua/fonua/whenua/laufanua*
- *vāofi*
- *veidokai*
- *veidolei*
- *veimaroroi*
- *veivakatorocaketaki*
- *vosota*
- *whakapapa*
- *yalo malua*
- showing appropriate compassion, empathy, love (Tongan)
- knowing what to do and doing it well (Tongan)
- Storytelling (Māori)
- spirituality or spiritual life (Samoan)
- breaching relational space between people (Samoan)
- to discuss/talk formally/informally (Fijian/Samoan/Tongan)
- sacred (Pacific meaning/concept)
- nurture and maintain the relational space (Tongan/Samoan)
- to nurture/care for the relational space (Samoan)
- reciprocal service (Samoan)
- Pacific Ocean
- physical space or relational space between people/things (Samoan)
- social/relational connection between people (Samoan)
- sacred spaces/relational connection between people (Samoan)
- good relations (Tongan)
- heart-warming connections (Tongan)
- distanced connections (Tongan)
- Land/environment (Pacific meaning/concept)
- close connections (Tongan)
- respect (Fijian)
- reciprocity (Fijian)
- protectiveness (Fijian)
- enhancement/empowerment (Fijian)
- patience (Fijian)
- genealogy (Māori)
- humility (Fijian)

CHAPTER 1 : *LE LOTO* (THE HEART)

Positionality of the Researcher Within the Research

I am a Samoan-qualified registered nurse, wife, and mother to two young children born and raised in Auckland. I grew up in church alongside my brother and two sisters under my parents' ministry as the pastors of Grey Lynn Community Church (Grey Lynn Baptist) since the early 90s. Growing up in church taught me life lessons, qualities, and values that I have held onto and embraced, especially the selfless sacrifice of service to others. I witnessed my parents' *alofa* (love) for our community and church over many years. When I started tertiary education, 20 teenagers (excluding my siblings), lived with us every weekend for over two years and eight during the week. Mentoring and empowering young people were a part of my parents' ministry, impacting my passion for working with youth. As a nurse practitioner and youth leader in our local church (Grey Lynn Baptist in Auckland Central), I developed a series of workshops, to cater for a growing need in our youth, which was later called ***Loto Malie*** (contented heart), a Pacific¹ youth-focused programme detailed further in this thesis. My father, Rev. Fa'aso'oletalalelei Auva'a, an elder and a Church Minister, gifted me the name and concept of *Loto Malie*. Significantly, a narrative from his village in Falealupo, Savaii, talks about the spirit of one whose heart is satisfied due to the sacred relationship between individuals.

In the Samoan context, a contented heart that is satisfied produces contentment or *fa'amalieina*. My father posed a significant question, "Why does one have a grateful and fulfilled heart?" He further explained that an individual does not inherently or automatically experience contentment. *E le te'i malie le loto a le tagata, e malie aisea? E malie i le mafutaga, malie i mea sa faia. O le ala lea e tãua ai le loto malie, po'o le loto fiafia, o le loto ua atoatoa.* In translation, "One's heart is complete and content due to the sacredness and warmth of the relationships created between people." The life lessons and teachings gained from the relationships cultivate a

¹ Pacific or Pasifika is a term used by researchers to describe Pacific migrants and their descendants, in the setting of Aotearoa NZ. These terms will be used interchangeably throughout this thesis.

contented heart. Therefore, a reciprocal therapeutic connection enabling one to feel liberated and content is vital in promoting mental wellbeing.

It is worth noting that I experienced several “light bulb” moments during this research. At the start of my PhD confirmation phase, I initially translated the words *Loto Malie* as “contented heart” as this was how the concept of *Loto Malie* was explained by my father. However, before delivering the *Loto Malie* programme, I reviewed this word and changed it to “wilful.” Personally, the meaning of “wilful” did not have a negative connotation. My assumption and interpretation of the word “wilful” in this context provided the lens that a wilful heart is intentional and purposeful, linking this to the idea that fulfilment and contentment can only be attained through good intent and purpose. Nonetheless, it was not until I finished implementing *Loto Malie* with the Pacific participants and analysing and discussing the findings in Chapters Five and six, that the newfound insights revealed the true meaning of the word—contentment. Hence, I am reverting this to the original translation of *Loto Malie*.

Prior to the development of *Loto Malie*, in 2018 and 2019 I had created a series of seven workshops with the youth leadership team in response to requests from church youth to learn more about mental health. Workshops were aimed at encouraging spiritual growth and supporting mental wellbeing, e.g., by learning biblical lessons and scriptures related to the “power of the mind and overcoming fear and doubts” alongside teaching and practising mindfulness strategies, relaxation techniques, and wise mind and thinking (derived from cognitive behaviour therapy principles) in workshops with 35-40 attendees. Below is an overview of the content delivered across the seven workshops.

TABLE 1-1: OUTLINE OF WELLBEING TOPICS DISCUSSED IN 2018-2019

Youth workshops at church (2018-2019)		
Workshop	Topic	Content
1	Connecting	<ul style="list-style-type: none"> • Identity – who you are • Genesis 1:27 • Qualities/attitudes • Strengths/weaknesses • Belonging – Samoan motif/proverb—<i>Malu mai i fale</i>—“May you find refuge and shelter under my roof”
2	Thinking workshop	<ul style="list-style-type: none"> • Mindfulness—lolly exercise, music • Different perspectives—illusion exercises • Half-empty glass/gloomies • Retrain your mind—Colossians 3:2 • Philippians 4:8
3	Thinking Part 2	<ul style="list-style-type: none"> • Types of thinking—10 thinking errors, e.g., mental crusher, black or white, catastrophising, etc. • James 1:8 • Thoughts are not facts • 5-part model • Ephesians 6.12 • 2 Corinthians 10:4 & 5 • Satan’s lies vs God’s truths • James 4:7-10
4	Overcoming fear	<ul style="list-style-type: none"> • 2 Timothy 1:7 • Psalm 118:6 • Fear—what does fear mean? • Physical impacts • Psychological impacts • What does the Bible say about fear? • Belief systems

Youth workshops at church (2018-2019)		
		<ul style="list-style-type: none"> • How to overcome it? Joshua 1:9, Romans 8:15- 8:3,. Practical steps
5	Psychoeducation	Depression and anxiety <ul style="list-style-type: none"> • What is it? • Relevance? • Prevalence – statistics • Signs and symptoms • How to overcome it? Support and resources
6	A positive you = a powerful you	<ul style="list-style-type: none"> • Proverbs 23:7: “For as [a person] thinks in his heart, so is he • 2 Corinthians 5:17: “Therefore, if anyone is in Christ, the new creation has come. The old has gone; the new is here.” • Acts 17: “Readiness of the mind.” • Exploring attitudes— church, school, family, life etc. • Maintaining the right attitude—choosing what you think • Tough seasons don’t last—temporary. Reference to seasons’ change (see Daniel 2:21)
7	Digital/online resources	<ul style="list-style-type: none"> • SPARX • Auntie Dee • Mental health apps

Loto Malie as a programme was developed after positive feedback from the youth workshops in 2018-2019. However, the COVID-19 pandemic delayed the planned launch of the *Loto Malie* programme in early 2020. In 2022, the *Loto Malie* programme finally implemented for Pacific youth by the local church. Four sessions were delivered over two to four weeks. Similarly to the workshops offered in 2018-2019, *Loto Malie* provided psychoeducation on mental health, mental health tools; and weaving together culture and spirituality.

The implementation of the *Loto Malie* programme in church meant that there was an emphasis on understanding Pacific youth worldviews, which were significantly shaped and influenced by the core Pacific values of *alofa* (love), *fa'aaloalo* (respect), *tautua* (reciprocal service), and *fa'amaualalo* (humility). Such values were core to delivering a cultural clinical intervention for Pacific youth. I often drew upon examples from a Samoan cultural perspective when explaining psychological concepts, for example, making sense of why a person may be feeling depressed. From a Samoan holistic view, understanding the psychological impact includes the emotional and mental struggles derived from childhood, family dynamics, cultural factors, genetics, environment, and spirituality. This approach highlighted how negative thinking can tremendously impact one's spiritual, mental, social, and physical wellbeing. Bible scriptures/stories on negative thinking and ways to overcome such thinking were discussed, such as *Philippians 4:8*, "Whatever is true, whatever is noble, whatever is right, whatever is pure, whatever is lovely, whatever is admirable—if anything is excellent or praiseworthy, **think** about such things." Unpacking what this means spiritually can help one make sense of one's thinking pattern and apply this accordingly. This is an example of a Bible verse that encouraged positive thinking.

Having graduated with a postgraduate diploma in cognitive behavioural therapy (CBT) from Massey University, I delivered CBT treatment in a private practice called Renew and Restore Therapy at a local church, offering an affordable, low-cost therapy service for those with mental health disorders. Most clients were young adults of Pacific descent. I also worked extensively within the Pacific/Samoan community, undertaking health check-ups (vital signs/blood sugar levels) and providing health presentations and teaching sessions on stroke, diabetes, gout, heart/cardiovascular diseases, health screening, high cholesterol/hypertension, depression, and anxiety. All sessions were conducted mainly in the Samoan language. I delivered workshops on overcoming fear and anxiety aimed at Samoan women in church through *Talanoaga* (collective discussions) about the symptoms and causes of anxiety and explained within a Samoan context. With over 15 years in mental health (forensic psychiatry, acute in-patient services, and suicide postvention), working alongside Pacific peoples with a mental health diagnosis has been beneficial in many ways. A greater level of experience and insight has been

achieved from this clinical experience, but it has also highlighted the gaps in practice. To begin with, understanding Pacific perspectives on mental health through a cultural lens is essential, as these perspectives determine how Pacific people attain and contextualise mental health knowledge. Hence, the sole purpose of this research is to gain a deeper understanding of the conceptualisation of engaging with mental health tools within the context of Pacific youth's worldview. Implementing a Pacific therapeutic approach when engaging with such tools is a critical first step in exploring this further.

Working with a young Samoan woman referred for depression became a pivotal practical experience that influenced this study. While the therapeutic relationship is a crucial and interactive component of CBT treatment, the language of CBT precludes the inclusion of the cultural values and worldviews often inherent within a language such as Samoan. This was evident in my reflections on practice with the young Samoan woman, who was raised in a solid cultural and faith-based environment. She responded slowly, admitting that grasping CBT concepts and terms was challenging. I drew upon *gagana Samoa* (Samoan language), *aiga* (family/extended) and *soifua fa'aleagaga* (spirituality) examples based in a Samoan context to articulate and explain the concepts within therapy, resulting in a successful outcome. Further, underlying stressors due to family relational issues between her parents and siblings brought on concerns with the disclosure of personal information as the parents feared their family problems would become known to others. This led to a Samoan cultural approach with the family that included inviting their Church Minister into one of the sessions, which, upon reflection, was pivotal. Culturally, Church Ministers are well-respected leaders in the Samoan community (Hopoi & Nosa, 2020). Significantly, the minister's role was fundamental, providing parents with psycho-educative support on the purpose of therapy and the role of a therapist. In doing so, a safe space (*vā fealoaloa'i*) was nurtured (*tausi le vā*) and the parents were allowed to raise their concerns regarding therapy. Within *vā fealoaloa'i* (relational respect), the symbolic space (*vā*) that relates and connects people is *tapū* (sacred). In Samoan culture, relationships are sacred, and disrespecting these relationships can lead to severe consequences (Tamasese, 2002). The relationships and the knowledge shared between children, parents, chiefs, church leaders and ministers are *tapu* (Tamasese et al., 2005), parallel to the relational connections

between the parents, the young woman, and myself as a CBT practitioner. Therefore, maintaining confidentiality and nurturing a safe space (*tausi le vā*) was pivotal to avoiding breaching sacred relationships (*soli le vā*) between the family and myself. This Samoan cultural approach helped to alleviate the stigma and shame associated with depression, creating a clearer understanding of the issues at hand. As an outcome of this approach, ***aiga*** (family), ***soifua fa'aleagaga*** (spirituality), and ***aganu'u*** (culture) were identified as protective factors.

This practical experience impacted my understanding of clinical practice as a nurse practitioner of CBT and influenced the development of this research. The involvement of cultural values, language, family, and spiritual-faith community in therapy goes beyond the traditional practice of CBT. Therefore, this study also investigates a Pacific approach to mental health for youth in Aotearoa New Zealand (NZ). Because spirituality and being proactive in church life are protective factors for Pacific people (Teevale et al., 2016), it is vital to consider the role of spirituality in caring holistically for Pacific people. Understanding Pacific young peoples' worldview, language, and culture are keys to delivering an effective and culturally appropriate psychological intervention.

My positionality as a Samoan researcher in this study was crucial in providing understanding of the context and its influence in developing a Pacific therapeutic approach. The fluidity and movement between the insider and outsider researcher positions were considered at all stages of this research. Having established solid relationships with the young people for over a decade, there were many benefits as an insider researcher. An immediate trust and connections with the young participants were inevitable. Such relationships encompassed a sense of safety and the ability to be vulnerable and open to *Talanoa* (discussion/s). The closeness between the researcher and participants and the researcher's insider knowledge alleviated tension and prevented misinterpretation of views (Costley et al., 2010). Furthermore, the depth and richness of *Talanoa* could be nurtured and enhanced due to this relational aspect (Dwyer & Buckle, 2009).

Acknowledging biases was at the forefront in being an insider-outsider researcher. Firstly, understanding the relational boundaries between myself (as a clinician,

researcher and youth leader) and the participants (youth) was paramount. When delivering the *Loto Malie* programme, the participants viewed me as a clinician and a youth leader. Such a role was familiar to the youth due to previous encounters in church and the rapport built over the years. The research and my role as the primary researcher were explained to the participants and youth leaders to provide some level of expectation for participants. Therefore, facilitating the Pacific methodologies of *Fa'afaletui* and *Talanoa* allowed me the fluidity of movement of an insider-outsider researcher position, as detailed further in Article 2 (Chapter 3). Drawing upon their experiences from the *Loto Malie* programme was at the **heart** of this phase. Validating and collating the richness of their *Talanoa* was primary from an outsider researcher's perspective. There was an opportunity for the participants to raise concerns with the youth leaders if they felt uncomfortable disclosing with me due to the need to maintain the *vā* (relational space). As such, this study aimed to contribute to the development of new knowledge in Pacific mental health research and psychological interventions for Pacific youth.

Background

Pacific youth in Aotearoa NZ are a diverse, lively, youthful, and thriving population (Paterson et al., 2018a). Young people's mental health is paramount when considering their importance to today's society and how they will become tomorrow's leaders. Providing youth with the tools necessary to navigate the world is a significant first step. It is essential to allow young people to develop and acquire skills for overcoming and managing obstacles in life. Furthermore, one priority set by the government has been to improve the health and wellbeing of Pacific youth, emphasising the development of programmes to increase resilience and wellness skills (Ministry of Health, 2020): the purpose of implementing the *Loto Malie* programme, a cultural clinical intervention focusing on Pacific youth wellbeing.

The successful delivery of such programmes is crucial for promoting wellness due to the staggering research findings concerning the mental health of young Pacific people. A report by Ataera-Minster and Trowland (2018) has affirmed that Pacific youth prefer to seek help from friends and family first before accessing professional help. Establishing trust, empathy, and connection with friends and family is critical for Pacific youth to sustain wellbeing. This knowledge emphasises the importance of conducting *Loto Malie* workshops that align with Ataera-Minster and Trowland (2018)'s findings to respond effectively to young Pacific people's mental health needs.

Recent research has suggested that Pacific youth score significantly higher in measures of psychological distress than other groups in Aotearoa NZ (Ataera-Minster and Trowland (2018)). Furthermore, Pacific youth have been significantly far more likely than their New Zealand European counterparts to have poorer mental health and higher numbers of self-harm and suicide attempts (Fa'avae et al., 2016). Ataera-Minster and Trowland (2018) emphasised the cultural inadequacy of health models and the lack of integration of Pacific worldview concepts in mental health, resulting in barriers to accessing mental health services for Pacific peoples. The stigmatisation of mental health among Pacific peoples has led to fear and shame, especially for Pacific youth. As such, seeking psychological help can be challenging due to high costs, stigma, long waiting lists, and culturally irrelevant approaches

(Ataera-Minster & Trowland, 2018; Fa’alogo-Lilo & Cartwright, 2021; Paterson et al., 2018a).

Consequently, to promote the wellbeing of Pacific youth, there is an urgent need to provide more accessible resources and culturally responsive, flexible, and cost-effective interventions. Firstly, it is fundamental to consider the needs of Pacific youth that includes their understanding of wellbeing. As Alefaio (2018) emphasised, this can only be understood through discussing their worldviews and Pacific methods of knowing, which this research aims to do.

Anecdotally, a common assumption is that Pacific youth will utilise digital mental health tools (DMHTs) due to their familiarity with digital technologies. However, this has not been my experience as a therapist working with Samoan young people. As previously stated, I have had the privilege of working closely with youth at our local church. Most youth use digital technology for either social connection or as a forum to express their thoughts and opinions. For instance, the preferred social media apps are TikTok, Instagram, Snap Chat and Facebook (Gibson et al., 2024). During the COVID-19 lockdowns, some youth from our church used the Bible App for spiritual, mental, and social connection. Most were able to share passages and daily devotions and invite others to join and share scriptures with their friends and families. Clearly, this demonstrated how various types of engagement with and utilisation of digital technology such as social media platforms, serve different purposes for Pacific youth (Auva’a-Alatimu et al., 2024). Based on this practice-based experience, there was a need to explore Pacific youths’ engagement with and perspectives on DMHTs, the gap in literature and research detailed in Article 1 of Chapter 3. As mentioned earlier, understanding the mental wellbeing of Pacific youth is at the forefront of this research. Therefore, this study is foundational to knowing where to provide and promote mental health information.

As I pondered the importance of wellbeing among Pacific youth, many thoughts came to mind, and I became curious. The sense of responsibility and desire to pursue answers to these curious questions were drivers. The questions included, What is lacking in the realm of digital mental health that could contribute to Pacific youth disengagement? What is helpful for Pacific youth in relation to the therapeutic

space? What is essential to Pacific youth, and what do they value? I mulled over these questions and desperately searched for what seemed impossible to attain. At the **heart** of it all were the needs of our Pacific youth, who were and are still seeking opportunities to make their voices heard.

Hence, the gaps highlighted in the literature, as described in the previous section, developed my research questions and aims:

Research questions:

Is a Pacific therapeutic approach relevant for Pacific youth engaging with mental health tools?

- What current therapeutic approaches are most effective for promoting mental wellness for Pacific youth?
- Does incorporating spirituality/culture into a therapeutic environment impact the mental wellbeing of Pacific youth?
- Can Pacific youth benefit from mental health tools (including digital) without a Pacific therapeutic approach?

Aims:

- Examine Pacific youths' experiences and perspectives on the strategies and approaches used for mental wellbeing, such as cultural faith, digital mental health tools, and sociocultural supports.
- Explore the impact of and engagement with a cultural clinical intervention known as *Loto Malie* (contented heart), a wellbeing programme for Pacific youth which includes a *Fa'afaletui Talanoa* (cultural grounding discussion) with the youth involved in the programme.

Thesis Overview

The overall structure of this thesis by publication consists of six chapters, which include three journal articles and one policy brief that have been submitted to peer-

reviewed journals. Chapter 1 draws on my personal and professional experience, detailing my positionality as an inside researcher and providing grounding for the purpose of this research. Many have asked me what the source of my stamina was in pursuing this research. The answer is effortlessly simple: my children. The vision of leaving behind *meaalofa* (gift/s) or *measina* (treasures) for the next generation created a yearning I had felt since I was young due to witnessing my parents serve selflessly for decades. Therefore, it was fitting for me to “give back” to my community and contribute somehow. The aspiration of equipping the future generations with tools to navigate and live purposeful, fulfilling lives was the sole purpose of implementing *Loto Malie*. This study aims to incorporate the perspectives of young Pacific people; hence, the basis of my research approach needed to mirror and reflect their views. Considering my positionality in this research, the following chapter provides an overview of the theoretical perspective that emphasises the epistemology situating me in this role. This is a significant first step in integrating culturally contextual knowledge within the field of psychology.

Consequently, Chapter 2 provides a comprehensive account of the theoretical and conceptual frameworks related to this study. This chapter provides a foundation for the significance of Pacific-Indigenous knowledge. This understanding offers contextual knowledge which assists with conducting, analysing, and interpreting research findings within the realm of psychology. In light of this, the theoretical explanations provided a profound appreciation for the significance of Pacific-Indigenous knowledge in relation to human engagement, specifically with Pacific peoples. Preserving Pacific-Indigenous cultures and worldviews aims to improve the overall wellbeing of Pacific youth, which is central to this research. Therefore, the main objective is to create and explore innovative ways of bettering one’s mental wellbeing. That said, it was important to understand Pacific youths’ engagement with existing digital therapies and provide background on the availability, usability, and accessibility of such therapies among Pacific youth in Aotearoa NZ. As a result, a review of relevant research and literature forms the foundation for Chapter 3.

Chapter 3 begins with the first article, by providing an overview of psychological interventions with young people, drawing attention to DMHTs and outlining the evidence of their effectiveness and prevalence, internationally and nationally. Firstly,

the literature on their history and prevalence among Pacific peoples in Aotearoa NZ is highlighted to showcase the Pacific worldview and concept of wellbeing. A discussion of mental health among global Indigenous youth and Pacific youth in Aotearoa NZ provides a glimpse into the prevalence of mental health issues among these populations. Lastly, therapeutic approaches are discussed with a particular focus on DMHTs for youth in Aotearoa NZ. The first article in this Chapter also explores the therapeutic approaches in the digital domain that are beneficial for Pacific youth. The concluding recommendation from this article emphasises the need to incorporate Pacific worldviews and values into DMHTs and the importance of Pacific worldviews and values for informing clinical practice and theory in mental health. Consequently, the fourth chapter highlights this recommendation in grounding the research in Pacific worldviews and values and describing the Pacific-Indigenous methodologies utilised to explore this further.

Chapter 4 includes the second article, which draws on Pacific-Indigenous methodologies known as the *Fa'afaletui* and *Talanoa* frameworks which provided a contextualised understanding of Indigenous cultural knowledge and informed the development of *Loto Malie* for Pacific youth. Furthermore, the second article also describes the development and implementation of *Loto Malie*. As a Pacific-Indigenous researcher, the emphasis on using an Indigenous qualitative approach implied an in-depth understanding of the Pacific youths' experiences as this allowed them to tell their stories and describe their realities in meaningful and insightful ways. As a result, drawing on these methodologies in Article 2 produced incredibly transformative outcomes.

Chapter 5 analyses the results and presents the research findings published as Article 3. Forty-three participants participated in the *Loto Malie* programme, and 37 participants contributed to the *Fa'afaletui Talanoa* (culturally grounded discussions). The collated data from the *Fa'afaletui* shed light on Pacific youths' engagement and the impact of *Loto Malie* in fostering good mental wellbeing.

The transcriptions were coded, reviewed, reread, categorised, and analysed using thematic analysis techniques developed by Braun and Clarke (2006), underpinned by the *Fa'afaletui* framework (Tamasese et al., 1997). According to Alefaio-Tugia

(2014), the *Fa'afaletui* dialectical analytical phase is significant in research for evaluating and providing explanations in light of cultural knowledge traditions within *Fa'asamoa* (Samoan way of life) or Pacific worldviews. Therefore, it was crucial to consolidate and confirm the data in consultation with a *toeaina* (cultural elder) and the researcher's academic supervisors, who are of Pacific heritage, as part of the *Fa'afaletui* dialectical analysis process (Alefaio-Tugia, 2022a). This phase of cultural analysis was developed to deal specifically with translations between Samoan and English and back translations from English due to the inherent metaphorical meaning embedded within Samoan language and culture. The theoretical and practical foundations of psychological understanding were enriched by absorbing new "wisdom searching" based on Pacific youth's perspectives. Only by employing Indigenous approaches and cultural analytical frameworks was it feasible to fully explore the "cultural trajectory of psychology," which has been coherently justified by Alefaio-Tugia (2014).

Chapter 6 concludes this thesis by discussing newfound insights from the Pacific youth's perspectives on *Loto Malie* described in Chapters 5 and 6 in relation to the broad base of existing literature as outlined in Chapter 3. This concluding chapter provides a deeper understanding of cultural nuances, concepts and narratives shared by participants, which resulted in the development of *Loto Malie* as a therapeutic framework. This newfound knowledge and wisdom provide initial evidence that Pacific youth engage effectively with mental health tools when they are grounded in a Pacific therapeutic approach which incorporates their worldviews. I will conclude this chapter with a policy brief addressing my research's Pacific-Indigenous contributions to inform clinical practice and help strengthen the theoretical cultural trajectory of psychology.

CHAPTER 2 : TOFĀMANINO (THEORETICAL OVERVIEW)

At the start of my PhD journey, I set out to explore the digital context of Pacific youth's perspectives on utilising a DMHT known as SPARX (Merry et al., 2012), a gamified tool for teenagers experiencing depression, which was designed in Aotearoa NZ. However, based on my personal and professional experience working with Pacific youth, the reality was that most Pacific youth were not utilising SPARX and anecdotally across the arena of DMHTs there was low uptake of these digital interventions. Most Pacific youth I had worked with had minimal or no knowledge of these tools. Consequently, the workshops I delivered at church were more appealing, based on their positive receptiveness to the content. Reflecting on my clinical practice in connection to cultural knowledge and engagement with Pacific youth, it was crucial to explore this understanding within the framework of Pacific-Indigenous psychology, which is outlined in this chapter.

The Dilemma Between a Western and Indigenous Epistemological Perspective

Individualism is at the heart of the dominant Western approach in psychology (Dudgeon et al., 2023). The fundamentals of Indigenous psychologies, including the significance of kinship, collective wellness and the interconnectedness of spirituality and wellbeing are not prioritised in Western psychology (Dudgeon et al., 2023). In contrast to the evidence that Pacific concepts focus on the collective and holistic approach, Eurocentrism or Western research generally embraces an individualistic approach to epistemology. Merry et al. (2012) affirm the importance of individual psychological states in Western psychological models. Several studies have clarified why psychology has historically been Eurocentric and based on the predominant value system among middle-class White people (Katz, 1985; Ker, 2013).

According to Katz (1985, p. 17), White culture is the combination of “ideas, values and beliefs” derived from White European ancestry. Individualism has long been considered fundamental in psychological theories and methods (Dudgeon et al., 2023; Katz, 1985; Ker, 2013). This means the individual is the primary focus, and their autonomy and independence are highly valued. It brings attention to the

individual in control of their environment. Empiricism and science are essential to Western cultures' capacities to make sense of the world in which they exist (Ker, 2013). Other aspects of the White culture emphasise that the nuclear family is ideal but not fundamental. An individual's status and authority are determined by their "credentials, positions and economic possessions" (Katz, 1985, p. 618).

A Eurocentric lens has generated Western notions and ideas in science (Harding, 1992). Thus, in the Western world, healthcare was conceptualised and founded on the biomedical model based on scientific reasoning (Ibeneme et al., 2017). White clinicians developed traditional psychological approaches enmeshed in Western cultural values (Ker, 2013) and Western biomedicine has historically prioritised pathophysiological processes and the cure of diseases and has, at times, disregarded the individual's spiritual, mental, and social wellbeing (Mulatu & Berry, 2001).

When using psychological models, there has been a substantial shift to considering other non-Western cultures in modern psychology. With the vast complexities of diverse cultures and populations, there is now an emphasis on making psychological theories more responsive to the needs of different groups (Ker, 2013). Delving into Pacific-Indigenous perspectives can provide valuable epistemological and theoretical advances from which Western psychology could benefit. Supporting this view, Alefaio-Tugia (2022a) reiterated the need to reexamine the intricate relationship between culture and human development in psychology by investigating the paradigm of Indigenous cultural knowledge, which will be outlined in the following section.

Pacific-Indigenous Epistemology

The study of knowledge is present in all human civilisations (Gegeo & Watson-Gegeo, 2001). The nature of knowing and the sources and creation of knowledge are all embodied in epistemology. To put it simply, where there is knowledge, there is an epistemology (Maykut & Morehouse, 1994). Knowledge is the relationship with all that exists, including interactions with others, oneself, the environment, spirituality, and ideas (Wilson & Sherwood, 2022). Moreover, each culture or community has its system for gathering and using knowledge (Quanchi, 2004).

Indigenous methods of knowing, learning, being, and acting have progressed significantly within the research paradigm. Indigenous epistemology refers to a cultural group's methods of producing, reformulating, applying and theorising about knowledge via traditional dialogues (Gegeo & Watson-Gegeo, 2001; Levy & Waitoki, 2016). This encompasses “worldviews, times, languages, histories, spiritualities and places in the cosmos” (Wilson, 2008, p. 74). The ways in which people in the Pacific region theorise and create Pacific-Indigenous knowledge are translated and passed on through oral traditions (Tamasese, 2002; Tukimata, 2018; Vaioleti, 2006). In other words, the cultural traditions, heritages, and customs are conveyed through the language (Otsuka, 2006; Tamasese, 2002; Vaioleti, 2006). This view is also supported by Alefaio-Tugia (2022a) who has written that the oral tradition is a living tradition preserving beliefs and values inherited across generations.

For Tongans, oratory is a sacred tradition passed down through the generations (Tecun et al., 2018; Vaioleti, 2006). The ability to convey and translate their ancestry stories and narratives in a sacred space (*vā*) is fundamental for Tongans (Vaioleti, 2006). For example, the stories of *vā* are strengthened in various ways, such as *vālelei* (good relations), *vāmāfana* (heart-warming connections), *vākovi* (bad relations), *vātamaki* (disharmonious relations), *vāmama’o* (distanced connections), and *vāofi* (close connections) (Kailahi, 2017; Paea et al., 2023). The *vā* established between myself and the Pacific youth participants in this PhD study was fundamental, which will be discussed later in Chapters 4, 5 and 6.

As in the Tongan culture, oral traditions for Samoan people are fundamental as they define their identity, belonging, and worldview and confirm the notion of the *Fa’aSamoa* (Samoan way of life or Samoan culture; Tamasese, 2002). Alefaio-Tugia (2022a) draws our attention to the subtleties of the Samoan language, rich in expressions and poetical words, revealing the essence of human relationships within *Fa’aSamoa*. Consequently, the *Gagana Samoa* (Samoan language) is central to comprehending the intricate developmental processes for the relational ways of knowing, being, and doing, which are core to a Samoan (Alefaio-Tugia, 2022a). Parallel to Alefaio-Tugia’s perspective, Tamasese et al. (2005) have highlighted the importance of language and Samoan etiquette and protocol in safeguarding the

sacred nature of relationships and promoting the wellbeing of Samoan people. As a result, *Gagana Samoa* serves as the foundation for explaining *Fa'a Samoa* cultural knowledge traditions to inform psychological theory and practice (Alefaio-Tugia, 2022a).

Māori and Pacific peoples share a *whakapapa* (genealogy), a connection to *Te Moana-nui-a-Kiwa* (Pacific Ocean), and a shared connection to the creator of the cosmos, gods and demigods (Marsden & Royal, 2003; Matapo, 2021). Congruent with Pacific-Indigenous knowledge, Indigenous Māori also emphasise the transmission of traditional *pūrakau* (storytelling) and *Mātauranga Māori* (Māori knowledge), stressing the importance of acknowledging *Mātauranga Māori* in research with Māori in Aotearoa NZ (Te Momo, 2022). Such *tapu* (sacred) knowledge provides illuminating knowledge from their ancestors. Prior to the Europeans settling in Aotearoa NZ in the early modern era, *Mātauranga Māori* set the standards for life and the worldviews to improve mankind (Sadler, 2007; Te Momo, 2022). Indigenous wisdom is considered profound and valuable for subsequent generations and has evolved and adapted to current circumstances (Smith et al., 2016).

As a whole, cultural traditions serve a purpose in Pacific-Indigenous epistemology, linking Pacific-Indigenous peoples to their sacred (*tapu*) knowledge. In this PhD study, the narratives and experiences shared by Pacific youth were woven together to help contextualise and provide insight into their cultural knowledge and worldviews.

Pacific-Indigenous Psychology

Considering the importance of Pacific-Indigenous knowledge only strengthens one's understanding of one's worldview, which then, in turn, influences the cultural trajectory within the field of psychology. As highlighted earlier, the Indigenous paradigm emphasises the interconnectedness of all aspects of existence (Wilson & Sherwood, 2022). This provides a method of constructing and theorising knowledge that connects people and their environment. In reference to precolonial times, the foundation of Pacific philosophy was in the interrelationship of all things, meaning

spirituality was also inherent in the perception of knowledge, which was subsequently affected by monotheism and cosmology (Hau'ofa, 1998; Keown, 2009; Meleisea & Meleisea, 1987; Tukimata, 2018). Likewise, Tamasese et al. (2005) comprehended that gods were historically integrated into the environment, tracing genealogical ties to a god within the Samoan culture. Even prior to the arrival of Christian missionaries, Tamasese et al. (2005) reasoned that the Samoan worldview was deeply connected to their relationships with the sea, land, ancestors, and God. Hau'ofa (1994) outlined the challenges and continuing repercussions of Christian missionaries' impact on Pacific cultural traditions and worldviews.

In Oceania, derogatory and belittling views of indigenous cultures are traceable to the early years of interactions with Europeans. The wholesale condemnation by Christian missionaries of Oceanic cultures as savage, lascivious, and barbaric has had a lasting and negative effect on people's views of their histories and traditions. In a number of Pacific societies people still divide their history into two parts: the era of darkness associated with savagery and barbarism; and the era of light and civilisation ushered in by Christianity. (Hau'ofa, 1994, p. 149)

Given all that has been said by Hau'ofa (1994), the emphasis is now on the need to reflect on this poignant understanding and embrace the traditional ways of knowing within the context of Pacific-Indigenous psychology. Doing so will provide meaningful insight into new paths of enquiry. The following excerpt reinforces the magnitude of having this profound perception of Pacific worldviews:

But if we look at the myths, legends, and oral traditions, and the cosmologies of the peoples of Oceania...Their universe comprised not only land surfaces, but the surrounding ocean as far as they could traverse and exploit it, the underworld with its fire-controlling and earth-shaking denizens, and the heavens above with their hierarchies of powerful gods and named stars and constellations that people could count on to guide their ways across the seas. Their world was anything but tiny. They thought big and recounted their deeds in epic proportions. (Hau'ofa, 1994, p. 152)

Therefore, the perspective of Christianity within *Fa'a Samoa* has been evident since the arrival of the missionaries through the establishment of faith, narratives, values, and beliefs (Alefaio-Tugia, 2014). Like Hau'ofa, Alefaio-Tugia (2014) points out the significance of a historical exploration of Samoan cultural traditions and rituals in order to connect with God, in parallel to our ancestors' perspective. A well-known statement by Samoa's former head of state, Tui Atua Tupua Tamasese Taisi Efi, emphasised this viewpoint:

A lot of people think that before Christianity this was the age of darkness for us that we did not communicate with God, and I've had to break away from that. I believe that God is a loving God and I cannot accept that for 3000 years God did not speak to our people. Therefore instinct in our history in our culture in our worldview is God's presence, and he did talk to us...and the challenge for us Christians just as much as it is a challenge for Hebrews and others is to go back to our history and look for God's love and look for God's justice in that history... because so long as we have a hang up about God communicating with our forebears and our forebears locating his love and his justice in our culture in our rituals, then we'll always have a problem. (Tui Atua Tupua Tamasese Taisi Efi, as cited in Alefaio-Tugia, 2014, p. 189)

Clearly, this statement has provided a transformational lens with the acknowledgement that God has been present and active in the lives of our ancestors. Along the same lines, Alefaio-Tugia (2022a) reiterated this notion of returning to our "cultural foundations" to discover "God within our culture" (p. 104). In other words, knowing the origins of Pacific-Indigenous knowledge and beliefs will assist Samoans in finding their own "psychological bearings" as Tui Atua Tupua Tamasese Taisi Efi best described it (as cited in Alefaio-Tugia, 2014). Alefaio-Tugia (2022a) has said that the Christian values throughout the Pacific and traditional cultural knowledge have produced a new Indigenous understanding (NIU) of creation, divinity, and humanity at large. Drawing on this newfound knowledge will lead to innovative new approaches in the field of mental health and psychology, which this PhD aims to achieve.

Similarly to previous scholars, Alefaio-Tugia (2014) reiterated that *Fa'a Samoa* is shaped by cosmology, in that it provides a comprehensive understanding through

the “interconnectedness of evolutionary beliefs, worldview, philosophy, science, culture and history” (p. 89). Consistently with this idea, the Fijian word *vanua* (*fonua*, *whenua*, *laufanua* in other Pacific languages) means “land”, but also refers to the social and cultural features of the physical environment connected with a social group (Ravuvu, 1987). As in many other Pacific nations, in the Fijian worldview, *vanua* represents their identity and connection between living and non-living things, cultural knowledge, practices, and environment (Nabobo-Baba, 2008; Nainoca, 2011). A similar, broader point has also recently been made by Koya (2017), who discovered that places or *vanua* can be connected with land for many Pacific cultures, and it can be classified as tangible (physical or geographical sites) or intangible (social constructions, worldview). This understanding by Koya compels us to comprehend and contextualise Pacific cultures’ beliefs in relation to their “land” (tangible or intangible), and is foundational for this PhD study.

Building on this traditional knowledge, extensive research has shown that the Pacific perspective of self is grounded in collectivism (Alefaio-Tugia, 2022a; Havea et al., 2021, 2023; Matapo & Enari, 2021; Phan, 2008; Seiuli, 2013; Tamasese et al., 2005). For Indigenous peoples, the intention to live a harmonious life is founded in this collectivist belief that people and the planet are intimately connected, as highlighted throughout this chapter (Dudgeon et al., 2023). In particular, the conception of self within the Samoan context is integrated and interrelated with others and the environment (Alefaio-Tugia, 2014; Ravulo, 2016; Tamasese et al., 2005). The study by Tamasese et al. (2005) suggested that the Samoan self is relational and is defined by the relationships with others and not merely as an individual, meaning the Samoan self is inseparable from the *vā* or relational space between family and community (Tamasese et al., 2005). This provides a theoretical understanding of what constitutes mental wellbeing within the Samoan context. Considering this lens when engaging with Pacific people, specifically Samoans, is necessary.

This research focuses on a collective and holistic approach when engaging with Pacific youth. Distinctively, the Samoan worldview is founded on the values, roles, and customs of the family unit. For instance, for young people of Samoan descent, *aiga* (family) is at the core, moulding one’s identity and character (Alefaio-Tugia,

2014). Samoans' extended families include uncles, aunts, grandparents, and cousins, giving the youth a sense of community and belonging (Alefaio-Tugia, 2022a; Ioane, 2022). Therefore, Samoan youth must be acknowledged as the products of the collective, given their roles within their families and the impacts these have on developing their worldviews and cultural identities (Alefaio-Tugia, 2022a). As a Pacific-Indigenous researcher and clinician, viewing Pacific youth within the context of their family is necessary for wellness. The Ministry of Health (2020) has embraced this collective view that Pacific people's mental wellbeing is improved when their family is thriving. This perspective is also supported by Puna and Tiatia-Seath (2017) who have reiterated the importance of maintaining familial and social support connections in fostering mental wellbeing for Pacific youth. In light of this knowledge, the following section contextualises relationality and its relevance among Pacific-Indigenous people.

Pacific-Indigenous Relationality with Others

Humanity itself is based on relationships. Specifically, Pacific-Indigenous worldviews primarily focus on building and maintaining strong relationships. This concept is the epitome of the Pacific way of life. Many Pacific scholars have definitively acknowledged this with extensive evidence to support (Alefaio-Tugia, 2022a; Anae, 2016; Fa'avae, In press; Koya, 2017; Mateiviti-Tulavu, 2013; Matenga-Ikihele et al., 2023; Pala'amo, 2017; Puna & Tiatia-Seath, 2017; Tamasese et al., 2005; Thaman, 2008; Tukimata, 2018). Furthermore, Ka'ili (2008) has stressed the need to incorporate into research the notion of relationality that considers reciprocal interactions as "social spaces" that need to be nurtured, which this study seeks to do. With this in mind, Tamasese et al. (2005) stated that the Pacific word *vā* means honouring space, as mentioned briefly in Chapter 1. To understand the *vā* (relational space) between individuals and between times is vital. For Pacific people, the "space" is not an empty space nor a gap that divides, but a symbolically critical element, providing meaning and context (Wendt, 1996). *Vā* is a relational space in Pacific cultures and is exceptionally important as it requires deep interpersonal connections within communities, families and land (Fa'avae et al., 2016; Farrelly & Nabobo-Baba, 2014; Ka'ili, 2008; Morrison & Vaioleti, 2008; Tuia & Cobb, 2021).

In the Samoan context, the significance of the *vā* is that it relates and connects individuals in *vā fealoaloa'i* (relational space between people/social space), in a sacred (*tapu* or *sā*) manner, therefore fostering a sense of sacredness in social interactions (Tamasese et al., 2005). Supporting this idea, Alefaio-Tugia (2014) wrote that understanding *vā* (relational space) involves connecting with others first, as it is in the community that one exists and has being. Alefaio-Tugia (2022a) also noted that *vā fealoaloa'i* (relational space of connecting) is crucial in *Fa'a Samoa* as it signifies respect and value for others. Based on this notion, recognising reciprocal and respectful relationships as sacred leads to more meaningful and nurturing partnerships.

Another Pacific researcher has highlighted that disconnecting the *vā* (sacred space) between the individual, the family, and the community is unimaginable (Tamasese et al., 2005). In Samoan culture, the *feagaiga* concept relates to a binding and sacred covenant between sisters and brothers (Tuimalealiifano, 2000). The brothers' obligation in relation to the *feagaiga* (covenant) is to protect and demonstrate *fa'aaloalo* (respect) towards the sister, and the sister reciprocates the respect by blessing the brother (Amituanai-Toloa, 2006; Simanu-Klutz, 2002; Tamasese et al., 2005). Equally, *vā tapuia* (sacred relationships) in the Samoan worldview is a cultural construct for maintaining relational harmony and peace between people by preventing the violation of *tapu* (sacred) boundaries, which can result in curses (Alefaio-Tugia, 2022a). Therefore, the relational constructs underpinned by the distinctive cultural principles of *vā fealoaloa'i*, *vā tapuia*, and *fa'aaloalo* shape and dictate human connections within *Fa'a Samoa* (Alefaio-Tugia, 2022a).

In Pacific research, *tauhi vā* (Tongan) and *teu le vā* (Samoan) refer to the idea of nurturing the sacred space to maintain good relationships (Anae, 2016; Ka'ili, 2008, 2017). Pacific peoples have fundamental roles and obligations within society and familial structures within the cultural context. Specifically, Tongans maintain their social structure based on a hierarchical system of commoners (*kau tu'a*), nobles (*hou'eiki*) and royalty (*ha'a tu'i*; Te Pou, 2010). Within Tongan's *kainga* (families), *tauhi vā* is a concept and practice that Tongan people preserve, and it is fundamental for engaging in *Talanoa* (discussions/conversations), cultivating the sacred space between one another, and collective relationships (Tecun et al., 2018).

As an example, there are five principles and protocols to adhere to when engaging in *Talanoa* according to *anga faka-Tonga* (Tongan ways): *faka'apa'apa* (respect, humility), *anga lelei* (kindness, calm), *mateuteu* (well-preparedness, hard work, and professionalism), *poto he anga* (knowing what to do and doing it well), and *'ofa fe'unga* (showing appropriate compassion, empathy, and love for the context (Vaioleti, 2006). Actioning these core values in this PhD study provided a safe covering of the sacred space, and, as a result, allowed Pacific youth to participate willingly and share safely. Parallel to my experience as a Pacific-Indigenous researcher, current literature has argued that participants are more open to sharing their true feelings and personal experiences when they feel trusted by the researchers (Fa'avae et al., 2016; Farrelly & Nabobo-Baba, 2014; Vaioleti, 2006). Building on this knowledge, therapeutic engagement elicits deeper inquiry into knowledge sharing for Pacific people. Fostering trust and empathy with participants should be a priority for researchers.

Researchers must seek to empathise and create spaces for participants to respond emotionally and meaningfully. Only then can researchers understand their perspectives fully (Farrelly & Nabobo-Baba, 2014; Halapua, 2007). For instance, speaking from the heart creates a place for deeper empathetic comprehension, which this study encouraged with participants for shared knowledge based on Pacific core values. Correspondingly, a crucial part of the Fijian “way of being” is demonstrating *loloma* (love) and *yalo malua* (humility; Otsuka, 2006). Regarding research, Farrelly and Nabobo-Baba (2014) have emphasised that these fundamental principles are considered when conversing with the Fijian community. Similarly to other Pacific cultures, Fijians also uphold values such as *veidokai* (respect), *veidolei* (reciprocity), *vosota* (patience), *veimaroroi* (protectiveness), and *veivakatorocaketaki* (enhancement or empowerment; Farrelly & Nabobo-Baba, 2014, p. 326). Consideration of these principles when engaging with Pacific-Indigenous communities is vital, as Western paradigms may overlook these values which can lead to unethical situations (Amituanai-Toloa, 2009; Carjuzaa & Fenimore-Smith, 2010). Understanding Pacific-Indigenous epistemology within the realm of psychology is a starting point for a deeper exploration into cultural knowledge to inform and reinform psychological theory and practice, as theorised and articulated

by Alefaio-Tugia (2022a). In conclusion, the famous statement by the former Samoan head of state, Tui Atua Tupua Tamasese Taisi Efi, eloquently sums up the theoretical rationale for this study:

I am not an individual; I am an integral part of the cosmos. I share divinity with my ancestors, the land, the seas and the skies. I am not an individual, because I share a *tofi* (inheritance) with my family, my village and my nation. I belong to my family and my family belongs to me. I belong to my village and my village belongs to me. I belong to my nation and my nation belongs to me. (Tui Atua Tamasese Tupua Taisi Efi, 2003, p. 51).

CHAPTER 3 : ILOILOGA LOLOTO (IN-DEPTH OVERVIEW OF THE LITERATURE)

This first peer-reviewed article presents a comprehensive overview of the growing body of literature regarding psychological interventions for youth, focusing on digital mental health tools (DMHTs). In the previous chapter, a theoretical approach for this research was laid out, emphasising the epistemology of Pacific peoples, to provide context within the discipline of psychology and, more broadly, mental health. As such, in relation to the research question in Chapter One (p. 24), this article instigates a discussion and explores the relevance of DMHTs in therapeutic approaches among youth in Aotearoa NZ, specifically Pacific youth.

Seeking psychological help can be challenging for young people, so it is vital we understand their worldviews and perceptions of wellbeing better. The use of DMHTs is one approach proven to improve mental wellness for youth (Fleming et al., 2021; Garrido et al., 2019; Merry et al., 2012; Pine, 2022). The advantages of DMHTs are numerous, including affordability, accessibility, and high fidelity for improving one's mental wellbeing (Merry et al., 2012; Potter et al., 2017). They can potentially reach a vast audience worldwide who might otherwise be unwilling or unable to help. The digital psychological method can be scalable and adaptable (Fleming et al., 2021). A study by Merry et al. (2012) examined the efficacy of the SPARX tool among Aotearoa NZ youth. Out of the 187 participants, 15 participants were of Pacific descent. The overall findings indicated that there was a decrease in depressive symptoms of those who used SPARX. There have been further attempts to explore the usefulness of DMHTs among Pacific youth (Fleming et al., 2012; LeVa, 2016a; Merry et al., 2012) which is a key discussion in Article 1. There is still a lack of empirical evidence for the effectiveness of such an approach. But as stated previously, DMHTs can have a profound effect on one's mental wellbeing. The question this research seeks to unpack through Article 1 focuses on the utilisation of DMHTs and their relevance for Pacific youth's overall wellbeing. In other words, one of the subquestions (in Chapter 1) for this research is, ***What current therapeutic approaches (e.g., DMHTs) are most effective for promoting wellness for Pacific***

youth? Consequently, Article 1 aimed to explore the use and efficacy of DMHTs, which will broaden the understanding of Pacific youth and their needs to improve wellness.

In summary, the following article reveals a gap in the research concerning Pacific youth's mental health needs in relation to DMHTs.

Article 1:

Understanding the impact of digital therapeutic engagement in promoting mental wellbeing for Pacific youth in Aotearoa New Zealand: An exploration of the literature

Abstract

Pacific peoples have an increased risk of developing mental disorders. The Pacific population is youthful, with the majority (55%) being under the age of 25 (Statistics New Zealand, 2023). It is vital that youth mental health for Pacific is understood in relation to their overall wellbeing (Paterson et al., 2018a). Specifically, Pacific youth were far more likely than Aotearoa New Zealand European counterparts to have poorer mental health and higher numbers of suicidality and self-harming behaviours (Ataera-Minster & Trowland, 2018; Fa'alili-Fidow et al., 2016). Moreover, research confirms that Pacific peoples aged 15- 24 have higher levels of psychological distress of 38% compared to 35% of Pacific adults aged 45-64 (Ataera-Minster & Trowland, 2018). There is a lack of evidence-based psychological approaches that are culturally appropriate and applicable for Pacific peoples in Aotearoa New Zealand. Considerably, substantial evidence supports the need to provide more accessible resources and interventions that are flexible, culturally adaptable and cost-effective for Pacific youth. This review aims to (1) provide an insight into Pacific peoples in Aotearoa New Zealand, (2) have an understanding of Pacific worldview & wellbeing, (3) highlight mental health for Aotearoa New Zealand youth & globally (4) identify therapeutic approaches, including digital mental health globally and in Aotearoa New Zealand.

Understanding the perspectives of Pacific youth is a significant first step. Therefore, this article will examine the therapeutic approaches, specifically in the digital space, that are proven effective when promoting wellness for Pacific youth.

Keywords: Pacific wellbeing, Youth mental health, Digital mental health, Pacific worldview

Introduction

The terms “Pacific, Pacific Islander, Pasifika, Pasefika, Pacifica” are collectively used to refer to the diverse cultures from Polynesia, Melanesia, and Micronesia (Lee & Craney, 2019). While the terms developed in Aotearoa New Zealand (NZ) prescribe homogeneity, Pacific peoples are far from this. They are described as a diverse, vibrant, youthful, and thriving population (Paterson et al., 2018b).

The seven main Pacific ethnic groups include Samoan, Tongan, Cook Islands, Fijian, Niuean, Tokelauan, and Kiribati, making up 8.9% of the Aotearoa NZ population (Paterson et al., 2018b; Statistics New Zealand, 2023). Within the Pacific groups, Samoan is the largest group, contributing to 55%, followed by Tongan (26%), Cook Island Māori (21%), Niuean (8%), and Fijian (5%) (Pasefika Proud, 2016; Statistics New Zealand, 2023). Most Pacific peoples reside in the North Island, with 62.1% living in the Auckland region, specifically in South Auckland (Statistics New Zealand, 2023). It is vital to understand the demographic landscape of Pacific peoples in Aotearoa NZ, as emphasised through statistics. This demonstrates the history and context that has implications for current and future Pacific generations in Aotearoa NZ.

Pacific peoples in Aotearoa NZ

The substantial growth among the Pacific in Aotearoa NZ highlights many benefits and opportunities for future growth and contribution to the economy and society. There has been a gradual increase in those born in Aotearoa NZ, with almost two-thirds of the Pacific population. Hence, there has been a gradual decline of bilingualism (English and one of the Pacific languages) over the last decade (Statistics New Zealand, 2014). On a positive note, over half of Samoans and Tongans in Aotearoa NZ can hold an everyday conversation in their respective language (Pasefika Proud, 2016). Language is immeasurably more than the ability to communicate. The Pacific peoples’ traditional culture, genealogy, and customs are conveyed through the language and oral tradition (Tamasese, 2002; Tukimata, 2018; Vaioleti, 2006). The sense of connectedness that language represents among Pacific peoples is also parallel to the importance of religion/spirituality. Almost 80%

of Pacific peoples are associated with religion compared to 43.8% of the Aotearoa NZ population (Statistics New Zealand, 2018). Furthermore, Pacific students were four times more likely than Aotearoa NZ European to emphasise the significance of the spirituality (Fa'alili-Fidow et al., 2016). Many studies have proven that religious/spiritual beliefs for Pacific peoples reinforce a sense of belongingness and connectedness to their family, ancestry, culture, and environment, which ultimately impacts their holistic wellbeing. This is important to note as drawing strength from within the church as faith-based contexts is an area this research seeks to foreground concerning Pacific youth mental health.

Methods: Search strategy

Searches were conducted to gather the literature on the following databases: Scopus, PsychINFO, Medline, Discover, Google Scholar and Web of Science. The keywords used to search the literature focused on this literature review's aims. The search terms were "youth" OR "young people" OR "adolescence" OR "teen" OR "young adults", AND "mental wellbeing" OR "psychological wellbeing" OR "wellness" OR "emotional wellbeing" OR "wellbeing" OR "mental health", AND "Pacific Islanders" OR "Pacific" OR "Pasefika" OR "Pasifika" OR "Indigenous", AND "digital" OR "online" OR "internet" OR "electronic" OR "technology" OR "media." There was a total of 87 pieces of literature. However, the search was restricted to the period between 2017-2022 and confined to only Aotearoa NZ literature, comprising 30 pieces of literature. The existing literature continues to reveal a scarcity and limited evidence related to improving mental wellbeing for Pacific youth by exploring the impact of digital therapeutic engagement. Some themes were highlighted across the searches, which will be explored in this review. A deeper understanding of Pacific youths' worldview and their concept of wellbeing is a significant step as part of a conversation starter to this literature.

Pacific worldview: values, relational connectedness, and language

Worldview is defined as a way of understanding one's perceived world and how they function in it. The ability to make sense of one's worldview is characterised by core values, beliefs, attitudes, experiences, and constructs (Koltko-Rivera, 2004).

Furthermore, an individual's worldview affects many aspects of their life. This can be determined by their way of thinking, behaving, and feeling and how they interrelate with another individual. One worldview is not superior to the other, yet it is vital to consider a person's worldview to contextualise and understand their perceived way of knowing comprehensively. Being responsive to the needs of one's worldview is paramount in preventing a biased and judgemental approach that may potentially impact the wellbeing of that individual or group of individuals.

Pacific worldview differs from that of a Westernised view. Indigenous psychologies are systems of knowledge and wisdom based on non-Western principles (Kim et al., 2006). Pacific people perceive and seek harmony by upholding three critical elements concerning the Pacific worldview of health. The elements are defined by their relationship with *Atua* (God), *tagata* (people), and *laufanua* (environment/land) (Tamasese et al., 2005). It creates a sacredness among the relationships formed between people, land and spirituality (Te Pou, 2010). There is a strong emphasis on preserving and integrating values among the Pacific nations, such as, "spiritual, social, physical, economic, and cultural matai (chiefly) systemic values" (Ponton, 2018, p. 2). Such values are embedded in the Pacific ways of knowing, being and doing and cannot exist without the other. For example, the social structure in the Tongan community is based on a hierarchical system of *kau tu'a* (commoner), *hou'eiki* (nobles), and *ha'a tu'i* (royalty; Te Pou, 2010, p. 14). In maintaining these relationships, Tongans have embedded values of "'ofa (love, compassion), *faka'apa'apa* (respect) and *fetokoni'aki* (reciprocity and responsibility for each other)" (Vaioleti, 2006, p. 27).

The Pacific worldview is shaped and influenced by Pacific core values. The fundamental values that Samoans uphold include "*va tapuia* (sacred space), *alofa* (love and compassion), *tautua* (reciprocal service), *fa'aaloalo* (respect), *fa'amaualalo* (humility) and *aiga* (family; Te Pou, 2010). Addressing people's "physical, mental and social needs" is linked in context to their "'*olaga fa'aleagaga* (spiritual foundations), *tu ma aganu'u* (customs and traditions), *aiga* (kin and relationship network), and *laufanua* (environment)" (Seiuli, 2013, p. 42). When considering the entirety of a Samoan individual, it is crucial to preserve and sustain these cultural values, which is at the core of the Samoan way of life (*Fa'aSamoa*). In saying this, how one carries

and conducts themselves in their *aiga*, community and environment are vital to the *Fa'asamoa*. A well-known Samoan proverb emphasises that one's identity and mannerisms are recognised by how "one holds oneself, walks and talks." In Samoan, it translates to "*e iloa le tagata Samoa i lana tu, savali ma lana tautala*" (Amituanai-Toloa, 2006, p. 203). Similarly, "the way of being" for Fijians are defined by expressing *loloma* (love) and *yalo malua* (humility; Otsuka, 2006). The Fijian community also have corresponding core values with other Pacific nations. Implementing and demonstrating such values is paramount when working with Fijian people. These values comprise of; *veidokai* (respect), *veidolei* (reciprocity), *vosota* (patience), *veimaroroi* (protectiveness) and *veivakatorocaketaki* (empowerment) (Farrelly & Nabobo-Baba, 2014, p. 326). Therefore, understanding cultural protocols, customs, and traditions is imperative for Pacific people's care.

The understanding of self is described as a relational being among Pacific people. Embracing one's sense of wholeness among Pacific people descends from a place of connectedness within the family, village, genealogy, language, and culture. To disregard this notion among Pacific individuals means a detachment from their sense of self, family, community, and culture. The concept of disconnecting the *vā* or sacred space between the individual, family and community is inconceivable for Pacific people (Tamasese et al., 2005). A Pacific perspective of self, others and the world are founded on a collective approach. (Fairbairn-Dunlop, 2014).

Furthermore, Alefaio (2009) confirmed that village life is the epicentre for Samoan people. For instance, Tamasese et al. (2005) define "self" as having meaningful relationships with others and not individuals. In other words, viewing the individual as a collective unit is essential, and the identity of Samoans is relational, as stated by Tamasese et al. (2005). Developing relationships is exceptionally important for Pacific people; this requires a deep interpersonal connection (Farrelly & Nabobo-Baba, 2014; Morrison & Vaioleti, 2008). Maintaining the family and social support connection is critical in promoting mental wellbeing among Aotearoa NZ born Cook Islands (Puna & Tiatia-Seath, 2017).

There are fundamental roles and responsibilities that Pacific groups/individuals carry out within societal and familial structures within a cultural context. According to

Tamasese et al. (2005), honouring space is a Pasifika term for *vā*. Understanding the space between people and in-between time is crucial. The symbolism of the space for Pacific people gives meaning and context, and it is “not an empty space, nor a space that separates” (Wendt, 1996). Within *vā fealoaloa’i* (relationships of mutual respect), the symbolic space (*vā*) that relates and connects one another is *tapu or sa* (sacred). In other words, there is a sense of sacredness in relationships of how one relates to another (Tamasese et al., 2005). The relationship between siblings and parents, chiefs, Church Ministers, etc., are defined as *tapu* (Tamasese et al., 2005). For example, there is a “binding and sacred covenant” between sister and brother, also known as *feagaiga* (Tuimalealiifano, 2000). Protecting and treasuring the prominence of sisters and women in general are the brothers’ responsibilities and roles to undertake concerning the *feagaiga* (covenant; Simanu-Klutz, 2002; Tamasese et al., 2005). Therefore, it is pivotal to maintain and nurture the space (*tausi le vā*) to avoid breaching sacred relationships (*solu le vā*). In the achievement of sustaining *vā*, there is an opportunity for one to express themselves in a harmonic, honouring, balanced, and reciprocal manner (Mila-Schaaf, 2006). Overall, to engage effectively with the Pacific people, a need to incorporate a *vā-centred* approach to such relationships is needed.

For many Pacific nations, the cultural traditions, heritages, customs and histories are conveyed through the language or oral traditions (Otsuka, 2006; Tamasese, 2002; Tukimata, 2018; Vaioleti, 2006). Indigenous knowledge is translated and passed on through oral traditions. Pacific languages are at the core of generating a sense of belonging and identity for Pacific peoples. Oral traditions for Samoan people are fundamental as this defines their identity and confirms the notion of the *Fa’aSamoa* (Samoan way of life; Tamasese, 2002). In addition, the native language among Niuean’s is highly valued and is linked with a sense of identity and belonging (Tukimata, 2018). Upholding the significance of language generates a sense of connectedness, enabling Niuean’s to express their narratives freely. It is vital to allow Pacific peoples to share their stories and experiences because it will help contextualise and provide insight into their worldview.

Similarly, Tongans also regard *Talanoa* (to talk/communicate) and oratory as sacred, ancient knowledge passed down through generations. The Tongan language has

been conveyed and translated through stories, performances and symbols (Vaiolati, 2006). Creating a safe space (*vā*) for Tongans allows them to express and interpret their realities, experiences, and narratives. Overall, oral language for Pacific peoples is paramount as it connects them to their cultural identity, traditions, and ancestry. Understanding one's language, engagement modalities, and therapeutic processes among Pacific people will provide meaningful insight into the practicalities and principles of therapy.

Understanding Pacific Wellbeing

In recent years, the World Health Organization (WHO) has defined mental health as a “state of wellbeing in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community (WHO, 2001). Considering a holistic approach in delivering care to individuals is fundamental and aligns with the Pacific people's perceptions of health and wellness. Pacific cultures perceive mental health to be “inseparable from the overall wellbeing of the body, soul and spirit” (Ministry of Health, 2008). The view of health from a Westernised perspective is holistic, encompassing the physical, mental and social wellbeing and not merely the absence of a disease (Larson, 1999, p. 125). The Pacific concept of health incorporates the spiritual element, also included by WHO (Larson, 1999). Equivalent to the definition of health by WHO, the *Fonofale* model (Pasifika model of health) was founded by Pulotu-Endermann (2001). This Pasifika model encapsulated the holistic view of health in a Pacific context, using the metaphor of a Samoan *fale* (house). The four poles of the *fale* symbolised elements essential to Pacific cultural groups, labelled as physical, spiritual, mental and other (cultural, family, context, time and environment) (Pulotu-Endermann, 2001). Promoting wellness meant that such elements were equally respected. For instance, cultural and spiritual beliefs are equally fundamental as physical health. However, an imbalance on one of the elements could potentially impact the overall wellness of the Pacific individual. The concept of health from a Pacific perspective is vital to understand when delivering care as the individual is approached in a whole and holistic manner. Thus, adopting “Pacific ways of knowing” will enhance Pacific wellbeing by implementing the four elements of the

fale to deliver a holistic approach for Pacific peoples (Paterson et al., 2018b; Pulotu-Endermann, 2001).

In contrast to evidence presenting the view that Pacific concepts focus on the collective and holistic approach, an alternative perspective illustrates that eurocentrism or Western research generally embraces an individualistic approach to epistemology. Merry et al. (2012) confirm that Western psychological models emphasise an individual's internal psychological state. Studies have explained how psychology traditionally has been Eurocentric, originating from a White, middle-class value system (Katz, 1985; Ker, 2013). According to Katz (1985, p. 617), "white culture is the synthesis of ideas, values, and beliefs merged from descendants of White European groups." Traditionally, the concept of individualism has been at the core of psychological approaches. Meaning the individual is the primary focus, and their autonomy and independence are highly valued. It highlights that the individual is in control of their environment. The relevance of science and empiricism for Western cultures are fundamental in their ability to make sense of the world they live in (Ker, 2013). Other components of the white culture clarify that the immediate family is ideal but not at the core. Individuals' status and power are "measured by credentials, positions, and economical possessions" (Katz, 1985, p. 618).

Western ideas and science concepts are constructed from a Eurocentrism lens (Harding, 1992). Thus, health was perceived based on the scientific rationality known as the biomedical model in the Western world (Ibeneme et al., 2017). Historically, Western biomedicine has focused on pathophysiological processes and the cure of diseases and, at times, disregarded the individual's spiritual, mental, and social wellbeing (Mulatu & Berry, 2001). While traditional psychological approaches were developed by White clinicians enmeshed in Western cultural values (Ker, 2013). When using psychological models, there has been a substantial shift to considering other non-Western cultures in modern psychology. With the vast complexities of cultures and populations, there is an emphasis on making psychological theories more responsive to the needs of such groups (Ker, 2013).

The perceptions of health, mental illness and holistic care differ from Western and non-Western worldviews. According to Te Pou (2010), the Western perspective of

mental illness is produced by a “chemical imbalance” in the brain. The Pacific view of mental illness differs, affirming that a spiritual curse or breaches of *tapu/sā* (sacred) relationships cause mental illness (Tamasese et al., 2005; Te Pou, 2010). There are formalities and processes in a cultural context that assists in healing and restoring the breaching of sacred bonds and a spiritual curse. Traditional healers and well-respected leaders (religious/family/district) and chiefs (*matai*) of the community may treat or heal such illnesses (Tamasese et al., 2005; Te Pou, 2010). There is a need to explore solutions to the challenges associated with culture clashes between a Eurocentric medical model of mental illness and Indigenous explanations of mental illness.

Having established different perspectives, stigma related to mental illness contributes to one of the many reasons preventing Pacific people from seeking psychological help (Ataera-Minster & Trowland, 2018). For Pacific peoples, how they interpret and view mental illness, as mentioned earlier, is a significant step to consider. For Samoans, mental illness is referred to by various terms: *ma'i valea* (mad or stupid), *ma'i o le māfaufau* (brain abnormalities) or *ma'i aitu* (caused by spirit possession; Leckie & Hughes, 2017, p. 256). Equally, other Pacific cultures share the same interpretation and perspective. For Tongans, *fakasesele* (act silly) and *vale* (foolish, incapable) are phrases used when referring to one having a mental illness, which is interpreted as being mad, insane or crazy (Leckie & Hughes, 2017; Te Pou, 2010). Tuvaluans also view those with a mental illness as *fakavalevale*, meaning crazy, linking it with spirit possessions, social wrongdoings, and bizarre behaviours as causal factors (Leckie & Hughes, 2017). Samu and Suaalii-Sauni (2009) explored Pacific perspectives on delivering cultural competencies within mental health. Learning about the different definitions and interpretations of mental illness for Pacific peoples was essential to consider. This research reported that Cook Island Māori had a derogatory connotation when referring to one suffering from a mental illness; *neneva* (stupid) and *pana'marama* (gone bonkers). They also found that Niueans, similarly to other Pacific ethnicities, believed that there was a spiritual possession by a demon or ghost associated with a mental illness, termed *hu aitu*. However, for Fijians, *cavuka* was commonly used in reference to mental illness, signifying being “broken” or “snapped” (Samu & Suaalii-Sauni, 2009).

According to Ataera-Minster and Trowland (2018), the inadequacy of delivering culturally appropriate health models and the lack of incorporating Pacific worldview concepts in mental health raises many concerns, resulting in barriers to access to health care for Pacific peoples. Fa'alogo-Lilo and Cartwright (2021) recently conducted a study to gain a deeper understanding of Pacific peoples' challenges when accessing mental health services and the supports that promoted their engagement. The stigmatisation associated with mental health problems was a significant barrier which resulted in the fear and shame of experiencing mental unwellness from a Pacific perspective. This led to a complex of underlying issues. Some Pacific service users believed they were disappointed, bringing shame to their families by being mentally unwell. Furthermore, the lack of understanding and the mistrust of services contradicts Pacific values and beliefs (Fa'alogo-Lilo & Cartwright, 2021). Significantly, Pacific peoples tended to utilise services if the providers were more culturally responsive and respectful of Pacific practices. Consequently, when a clinician considers a non-Western culture through Western glasses, there is a potential to neglect an understanding of the non-Western culture since the schemata for remembering them are not proven by their science (Kim et al., 2006). That being so, considering and having a deeper understanding of the views of Pacific peoples is a good starting point in exploring this further. For example, Psychologists could be at the forefront of research that encompasses different worldviews toward universally relevant theory and equality. This would require training to better equip clinicians to work culturally sensitively, reflecting equality and pluralism (Ker, 2013). Developed countries, such as New Zealand, have imported and utilised Euro-American psychological approaches and principles of the global north among people with underlying mental health issues for decades. However, research suggests that to deliver a holistic care approach specifically for Pacific peoples, we need to understand and incorporate the Pacific views of health and wellness (Ataera-Minster & Trowland, 2018; Faaleava & Alefaio, 2022; Paterson et al., 2018b). Understanding worldview, Indigenous psychology, and Pacific ways of knowing needs to be discussed to understand this better (Alefaio, 2018). Firstly, there is a need to explore the occurrence and prevalence of mental health among Pacific youth in Aotearoa NZ to determine the relevance of what constitutes good mental wellbeing whilst addressing the challenges present.

Pacific Youth Mental Health in Aotearoa NZ

Considering their relevance and contribution to today's society and the leaders of tomorrow, young people's mental health is crucial. Roosevelt (1940) summarised the importance of developing youth growth; "We cannot always build the future for our youth, but we can build our youth for the future." Equipping the youth with tools to cope with the world of tomorrow is a significant step. Providing opportunities for young people to grow and learn life skills of dealing with adversities and challenges is fundamental. Improving Pacific youth wellbeing, focusing on developing programmes to enhance resilience and wellbeing skills, is one of the priorities set by the government (Ministry of Health, 2020). Contrarily, there seems to be a drastic increase in psychological distress among young people over the last decade (Fleming et al., 2020). There are many theories and hypotheses associated with such an increase. Some of these reasons include the impact of smartphones and social media, significant childhood events and trauma, socioeconomic factors, increases in perfectionism and expectations in schooling/other areas, and future worries concerning employment, adulthood and housing challenges (Fleming et al., 2020, p. 17). Teachers in Aotearoa NZ support incorporating mental health learning into the curriculum to teach and help young people learn how to regulate their emotions and develop resilience and coping strategies when faced with life stressors (Paterson et al., 2018b). This research aims to explore the needs of Pacific youth when promoting mental wellbeing and effectively implementing interventions appropriate and applicable to this community. Thus, the relevance reflecting on Pacific youth data concerning the prevalence of mental health is a good starting point.

By 2038, 20% of all children in Aotearoa NZ will be of Pacific descent (Paterson et al., 2018b). There is an urgency in reviewing mental health services to meet the demand and the needs of the wellbeing of Pacific youth in the years to come. According to Fa'alili-Fidow et al. (2016), Pacific youth are far more likely to suffer mental disorders than older Pacific people. Research suggests that there are high levels of psychological distress among Pacific peoples aged 15-24 (38%) than Pacific adults aged 45-64 (35%; Ataera-Minster & Trowland, 2018, p. 4). New Zealand's survey of the health and wellbeing of high school students reported that

Pacific students were significantly more likely than Aotearoa NZ European counterparts to have poorer mental health and an increased number of self-harming behaviours (Fa'alili-Fidow et al., 2016). The trend between 2012-2019 for mental health among Pacific youth has worsened, resulting in an increase of 25% of depressive symptoms from 14% (Fleming et al., 2020). The strength of the evidence continues to demonstrate the demand in seeking ways to improve youth mental health, specifically Pacific youth. Furthermore, compared to the rest of the Aotearoa NZ population, Pacific youth alarmingly (specifically young men) have the highest suicide rates (Ataera-Minster & Trowland, 2018; Fa'alili-Fidow et al., 2016; Paterson et al., 2018b). Pacific youth are less likely to access mental health services than the rest of the Aotearoa NZ population (Fa'alili-Fidow et al., 2016). There seems to be a lack of knowledge and understanding of mental illness among Pacific people, thus impacting their engagement with services to help improve their mental health (Fa'alogo-Lilo & Cartwright, 2021). Treatment is unlikely to be effective, or carrying out the appropriate intervention may be compromised due to this misunderstanding. Fleming et al. (2021) confirm that services must focus on delivering high-quality digital tools that address critical areas for Pacific wellbeing. There is an emphasis on incorporating the Pacific worldview, cultural identity, spirituality, sense of belonging and connectedness which are essential to Pacific youth in improving mental wellness (Ministry of Health, 2020; Paterson et al., 2018b; Puna & Tiatia-Seath, 2017).

Building on the collated evidence, this section illustrates specific data for youth in Aotearoa NZ. The Youth2000 is a series of health and wellbeing surveys including over 36,000 young people from Aotearoa NZ high schools, Kura Kaupapa Māori, alternative education, and teen parent units. The findings from the Youth19 survey indicated an increased rate of depressive symptoms among Pacific females of 33%, compared to 15% of Pacific males (Fleming et al., 2020, p. 10). However, it has been noted earlier that Pacific youth, mostly males have the highest suicide rates in Aotearoa NZ. Tiatia-Seath (2014) researched mental health service engagement when implementing suicide prevention strategies for Pacific peoples. The study emphasised integrating a cultural rather than a clinical approach when applying appropriate engagement methods. There is a need to gain further insight into the reasons for such alarming statistics. Also linked to poor mental health and suicide among Pacific youth is poverty, specifically those living in high deprivation areas.

Socioeconomic status significantly impacts the mental wellbeing of individuals. The Youth19 results showed higher depressive symptoms among Pacific students who lived in high deprivation areas (25%) than those in low deprivation areas (15%). Furthermore, a more significant proportion of Pacific students who attempted suicide in the past 12 months lived in highly deprived areas (14%) compared to those in low deprived areas (2%; Fleming et al., 2020). In comparison to the general population, Pacific youth continue to report having a higher prevalence of attempting suicide in the past 12 months (12%) than the European (Pakeha) peers (3%; Fleming et al., 2020). Concerning statistics and findings from Youth19 highlight an urgency to address the underlying issues. Enhancing mental health services that incorporate a holistic approach that addresses the social, cultural, and economic determinants of wellbeing is fundamental for the Pacific youth (Fleming et al., 2020). Improving mental health also means fostering a strong cultural identity and belonging among Pacific young people. Working holistically with Pacific peoples emphasises encompassing culture, spirituality, and family, which has been pointed out earlier. This may provide insight and inform mental health research and practice when delivering such care among the Pacific population. A study carried out by Vaka, Holroyd, Neville, and Cammock (2020) illustrated the significance of having such an understanding. The research aimed to capture the perspectives of Tongan youth and mental health service users with mental distress. This study showed that Tongan youth and service users associated mental distress with the biopsychosocial constructions of mental distress. Traditional Tongan views of mental distress resulted from disruptions to social and spiritual relationships and spiritual curses (Vaka et al., 2020). As for NZ-born Cook Island youth, maintaining social and cultural connections is vital for promoting mental wellbeing (Puna & Tiatia-Seath, 2017). Puna and Tiatia-Seath (2017) sought to understand the positive mental wellbeing of NZ-born Cook Islands youth, seeking to work towards implementing strategies for suicide prevention and improving mental wellness. Cultural connections were integral to positive health for NZ-born Cook Islands young people. Such connections were linked to their “social support networks; pride in their Pacific ethnic identities; cultural participation; and language retention” (Puna & Tiatia-Seath, 2017, p. 103). A further review led by Tucker-Masters and Tiatia-Seath (2017) examined anxiety and depression among Pacific youth who resided in Westernised countries and the Pacific region. The themes of spirituality and religion underpinned mental wellbeing

for Pacific youth, along with culture and family (Tucker-Masters & Tiatia-Seath, 2017). Having a religious affiliation and maintaining a strong sense of spirituality from a Pacific lens is seen as a protective factor for mental illness and promoting wellness (Ataera-Minster & Trowland, 2018; Teevale et al., 2016; Tucker-Masters & Tiatia-Seath, 2017).

Lastly, a Pacific Islands Families longitudinal study follows a cohort of Pacific children born in Auckland in 2000 and their parents. It aimed to provide information on growth, development, and psychosocial functioning at critical development stages within the family environment (Paterson et al., 2018a). Correspondingly, a recent finding from this longitudinal study revealed that a measure of family wellbeing that do not include spirituality as a key element is less likely to capture Pacific concepts of successful family functioning. Tautolo et al. (2020, p. 222) conclude that “spirituality is intertwined with Pacific culture, which helps Pacific families retain social connections, social support, fulfil religious desires and maintain Pacific language and culture.”

Pacific worldviews are pivotal to how Pacific youth comprehend wellness, especially as these emphasise a holistic understanding. As such, it is essential to note that a burgeoning youth population, poverty, culture, and identity loss altogether exacerbate mental health and cannot continue to be examined in isolation. Mulder et al. (2020b) echoed that those who are in low-income and deprived populations are more prone to developing psychological distress. The sociocultural factors for Pacific youth contribute tremendously to their holistic wellbeing. It has been highlighted earlier that the traditional psychology approach demonstrated a disconnection between Western and Pacific mental health perspectives. Consequently, understanding the holistic needs of Pacific youth is a priority when delivering psychological treatment (Fleming et al., 2021; Mulder et al., 2020a, 2020b). Hence, this research aims to examine Pacific youth’s needs when informing and implementing clinical research and practice, ultimately enhancing positive mental wellbeing.

Youth Mental Health in Aotearoa NZ

Aotearoa NZ's youth suicide rates are alarmingly the highest in the OECD and have increased substantially in recent years (Paterson et al., 2018b; Potter et al., 2017). Some have described the high rates of suicide as a "national shame" (Paterson et al., 2018b, p. 9). The suicide rates are higher for younger people than older people in Aotearoa NZ, particularly males aged 24-44 (Paterson et al., 2018b). The most recent Aotearoa NZ youth survey results indicated that depressive symptoms were more significant among all population groups but significantly higher among Māori, Pacific, and Asian females and increasingly high among rainbow youth and those with disabilities (Fleming et al., 2020; Fleming et al., 2021). High levels of psychological distress have drastically impacted young people in NZ; rates have almost doubled from 13% in 2012 to 23% in 2019 (Fleming et al., 2020). The evidence suggests that psychological distress leads to anxiety, deliberate self-harm, risk-taking and other troubling behaviours among youth (Paterson et al., 2018b, p. 49). In particular, students who lived in high deprivation areas and attended low decile schools reported having substantial depressive symptoms (Fleming et al., 2020). Significantly, seeking help and knowing where to get help is challenging for young people, particularly during distressed and depressed times (Ataera-Minster & Trowland, 2018; Fleming et al., 2020). For instance, 24% of female students aged 15 and older revealed that they had difficulty getting help during times of distress, compared to 14% of males (Fleming et al., 2020). The literature supports the notion that young people in Aotearoa NZ are less likely to seek professional support, specifically among Indigenous and minority youth (Fleming et al., 2019; Peni et al., 2014). This raises many questions as to why this may be. A study in Aotearoa NZ discovered that one of the many explanations associated with suicidality is the inability to discuss issues of mental distress, resulting in a young person's incompetence to cope and respond accordingly to stress (Heled & Read, 2005). There is little evidence of understanding young people's views on seeking mental health support.

It is devastating that the mental health statistics among the various youth ethnic groups such as Māori, Pacific and Asian youth in Aotearoa NZ have not improved over the recent years (Ataera-Minster & Trowland, 2018; Fleming et al., 2020). Positive mental health is drastically declining for Aotearoa NZ youth, specifically among Māori and Pacific. Evidence suggests that various circumstances may cause

the decline. For instance, the lack of access to mental health services, the impact of socioeconomic inequalities, and cultural differences and perceptions of mental health among the diverse groups in Aotearoa NZ (Kapeli et al., 2020; Paterson et al., 2018b). Fa'alogo-Lilo and Cartwright (2021) accentuated the importance of ongoing training and education for non-Pacific workers in the mental health workforce to promote cultural responsiveness when working with Pacific peoples, as literature has proven that it is not a one-size-fits-all approach. This requires a greater understanding of Pacific practices, values, spirituality, family and societal structures, alongside other mental health approaches (Fa'alogo-Lilo & Cartwright, 2021).

Global Indigenous Youth Mental Health

Elevated levels of depression and anxiety are not only confined and unique to Aotearoa NZ. Nevertheless, international findings have also mirrored similar patterns in North America, England, Australia and other places in the world (Boak et al., 2019). According to Polanczyk et al. (2015), there is a high prevalence of mental health issues among youth and children worldwide, and it has soared considerably over recent years. Therefore, the severity of mental health problems can heighten the perceived likelihood of suicide. Globally, the second leading cause of death for ages 15-29 is suicide (WHO, 2017). The literature reveals consistent findings about the prevalence of mental health issues among the younger population. For instance, in the UK, 50% experience mental distress by the age of 14 and 75% by 24 (Bergin et al., 2020). There is a global urgency to address and implement appropriate interventions and strategies to prevent the alarming statistics. Internationally and nationally, Indigenous and minority young people are at greater risk of developing mental health issues. In Hawaii, the Native Hawaiian youth report having a higher prevalence of suicide behaviours than non-Hawaiian youth (Yuen et al., 2000). Mental health problems among the younger population have been extensively researched, some studies have proven a greater prevalence of mental health issues among minority groups, and others reported lower or similar rates (Stevens & Vollebergh, 2008). Pacific peoples in the United States were confirmed to have higher rates of mental illness than non-Pacific peoples, stating 4.8% of the Pacific peoples suffered depression compared to 1.5% of American Asians and 3% of the total population (Aczon-Armstrong et al., 2013).

Furthermore, the native Indigenous youth (15-19 years) of Australia, known as the Aboriginals and Torres Strait Islander peoples, identified a severe mental illness rate of 31.6%, compared to non-Aboriginal or Torres Strait Islander youth of 22.2% (Mission Australia & Black Dog Institute, 2017). Significantly, many of the young people from minority groups around the world are less likely to seek mental health support than Europeans and are unlikely to receive appropriate care (Ataera-Minster & Trowland, 2018; Miranda et al., 2003; Price & Dalgleish, 2013; Ran et al., 2016; Tucker-Masters & Tiatia-Seath, 2017). For example, Chavira et al. (2017) found that Latino children were not accessing mental health services due to significant barriers. These included language difficulties, logistic factors, beliefs about causes, stigma linked to mental health treatment and social support (p. 54). Additional contributing factors to the lack of access for Indigenous youth in Australia are fear, intergenerational stigma, language differences, shame, and the inadequacy of appropriate services (Price & Dalgleish, 2013).

The global insights mentioned seem to parallel some of the challenges that Pacific young people battle with (Ataera-Minster & Trowland, 2018; Fa’alogo-Lilo & Cartwright, 2021; Tucker-Masters & Tiatia-Seath, 2017). Clearly, there is a demand to improve mental health services that cater to the needs of young people. One therapeutic approach that has demonstrated effectiveness in improving youth wellbeing globally and locally is digital mental health (Fleming et al., 2021; Garrido et al., 2019; Merry et al., 2012). Considering the evidence from the literature, it is paramount that therapies and mental health interventions provide a holistic approach, incorporating social and cultural concepts when delivering care for minority groups overrepresented in Aotearoa NZ and internationally.

Therapeutic Approaches Including Digital Mental Health Globally

An overview of Digital Mental-Health Tools (DMHTs) (Appendix 1) has been created to collate and summarise the literature related to DMHTs available internationally and nationally.

There has been substantial research on the effectiveness of cognitive behavioural therapy (CBT) as a form of psychological treatment to undertake and manage mental health problems internationally and nationally (Bennett et al., 2008; Ladouceur et al., 2000; Suaalii-Sauni et al., 2009; Te Pou, 2010). However, seeking psychological treatment can be challenging for young people. Some of the reasons are the cost of therapy, stigmatisation linked to mental distress, long waiting lists, and the demand for services that exceed the availability of clinicians (Ataera-Minster & Trowland, 2018; Paterson et al., 2018b). One approach proven to improve mental health and wellbeing among youth is digital mental health tools (DMHTs; Fleming et al., 2021; Garrido et al., 2019; Merry et al., 2012; Pine, 2022). To pursue mental health support for low- and middle-income countries is becoming affordable and feasible globally, and the younger population have been shown to engage more with digital technologies (Livingstone et al., 2017; Montague et al., 2015; Rost et al., 2020). Recent studies imply that digital mental health approaches (including online, computerised, smartphone, and app-based), can be as efficacious and acceptable as traditional face-to-face therapy (Garrido et al., 2019; Potter et al., 2017). The numerous benefits of DMHTs are that they are highly cost-effective, hugely accessible, and have the ability to deliver high fidelity (Merry et al., 2012; Potter et al., 2017). This has a vast potential to reach a large population of young people worldwide, who would otherwise be reluctant or unable to access face-to-face support. For instance, millions worldwide download mental health or wellbeing apps annually (Fleming et al., 2021, p. 2). If developed appropriately, digital mental health interventions can be easily scalable and modifiable (Fleming et al., 2021). When one understands the potential for digital technology to contribute to one's mental wellbeing, there are many benefits. A recent report called "Aotearoa NZ Digital Tools for Mental Health and Wellbeing" outlined various methods of DMHTs which range from short and brief interventions to extensive clinical therapies (Fleming et al., 2021). Websites provide opportunities to educate and inform people with mental health information, especially those taking an initial step in seeking mental wellbeing support (Childline, 2020; Fleming et al., 2021; WHO, 2020; Young Minds, 2020). Digital self-help tools are designed to offer a brief intervention or complete computerised therapy without needing support from a mental health professional. A brief intervention delivers a short and specific approach, such as a breathing exercise (Fleming et al., 2021). There has been much evidence supporting

computerised therapies which delivered a CBT approach over a specified period. This approach can either be guided or used as self-help (Cheek et al., 2014; Salamanca-Sanabria et al., 2018; Stasiak et al., 2016). Guided help also consists of having therapy support with a clinician via telephone (telehealth), web chat or online (Fleming et al., 2021). Apps are sources of digital tools, intended to offer a brief intervention to promote and improve mental wellness. Similarly, chatbots are automated chat agents that deliver therapy using chat functions (Fleming et al., 2021). The evidence highlights that DMHTs are worth considering. In particular, a study conducted by Kayrouz et al. (2016) aimed to examine the effectiveness of a self-guided and modified internet-delivered CBT (iCBT) version of the Arabic Wellbeing Course among Arabs with depressive and anxiety symptoms aged 18 and over. The online course included five lessons offered for eight weeks. Thirty-six participants were selected from seven countries around the world. The participants reported a significant improvement, with an overall reduction in depressive, anxiety and psychological distress symptoms (Kayrouz et al., 2016). Further research in Vietnam explored youth's perspective on mobile phone-based health-related interventions (Tran et al., 2018). Participants selected were 356 youths (aged 15-25). The findings indicated low usage of mobile health-related apps among the youth. There was also a lack of apps in the Vietnamese language, which may have caused issues in understanding the content and navigation of the apps. Most participants were not aware of web-based health interventions. However, using digital mental health tools was appealing and 54% reported that it was "integral for the mobile apps to have a sharing/social network functionality" (Tran et al., 2018, p. 7).

Mental health apps are most used among youth in promoting mental wellbeing. However, there seems to be a gap in the literature assessing the end users' needs in utilising the app tools. Kenny et al. (2016) conducted a study that targeted adolescents from Ireland and interviewed 34 participants aged 15-16. The study aimed to examine their needs and concerns regarding mental health app tools and provide feedback using a mental health app prototype named "CopeSmart" (Kenny et al., 2016). The findings revealed positive feedback concerning the mental health app prototype, recommending that this may be acceptable to adolescents. There were common themes that participants voiced regarding mental health apps, including the importance of safety and ensuring that their information was

confidential. Another critical point to consider was to ensure that apps were relevant, engaging, and functional. Lastly, participants expressed that apps must be accessible and user-friendly, and affordable or free of charge (Kenny et al., 2016). To elaborate further on the effective use of mental health apps, headspace is one of the most-used apps for depression and anxiety (Fleming et al., 2021; Kenny et al., 2016). The app also provides a digital approach to youth aged 12-25, offering free, confidential service with support from a mental health professional via phone, chat, or email. Headspace was initially designed for Australian adolescents and their friends and families across Australia (headspace, 2020). Like headspace, the MeeTwo (Tellmi) app and website serves the same purpose and function. The MeeTwo (Tellmi) app has been well received among young people in the UK. There are approximately 6,000 youth who use it monthly (MeeTwo, 2020). Users have found the app helpful in improving wellbeing and self-esteem (MeeTwo, 2020). On the other hand, some young people conveyed their interest in a DMHT with a gaming approach. A problem-solving game was created called “Problems, Options, Do it (POD)” (Gonsalves et al., 2021). A pilot study led by Gonsalves et al. (2021) aimed to investigate the feasibility and acceptability of the POD app delivered via a smartphone in Indian secondary schools. Participants were selected from two secondary schools in Goa, India. A total of 230 participants completed the intervention. The results revealed significant improvements on all measures at 12 weeks. The participants had a positive experience using the app. The simplicity of the intervention made engagement easy, ultimately improving the mental wellbeing of the students (Gonsalves et al., 2021).

In contrast to the evidence presented, it is critical to note the limitations of using DMHTs. For instance, a recent review reported that although there are 10,000 mental health apps, only 10% have been clinically or empirically tested (Marshall et al., 2020). Whilst there are emerging DMHTs and research available, significant challenges remain. The lack of access to digital technology is problematic for youth in low-income groups. For instance, having sufficient finances to access a device, internet connections and electricity when charging the device’s battery can be challenging (Hampshire et al., 2015; Huang et al., 2019; Livingstone et al., 2017). An underlying barrier to utilising DMHTs for youth is the lack of awareness of DMHTs and the uncertainty of accessing relevant information (Sobowale et al., 2013). The

disadvantage of delivering DMHTs is not having the maximum potential to reach the targeted audience. Evidence suggests that many people avoid seek mental health support until they have become severely distressed (Fleming et al., 2021).

Therefore, future research needs to prioritise and improve access to digital interventions to impact the younger population on a larger scale. Unfortunately, the app retention rate is 4% of users at three months, and 25% only use an app once (Bauer et al., 2020). The retention rate and poor uptake of DMHTs are worth exploring, especially for Pacific youth given that there is little evidence in the literature. Fleming et al. (2021) have provided some solutions to enhance reach and access for young people. Some solutions include increasing promotion/endorsements, rising diversification of tools and integrating digital tools into community health promotion activities and the social services (Fleming et al., 2021, p. 23). Increasing awareness about DMHTs among adolescents is crucial and encouraging the youth to use the digital platforms they are already familiar with to promote health messages is relevant and ideal, for instance, Facebook, Twitter, TikTok, WhatsApp, television and radio (headspace, 2020; Kenny et al., 2016).

Therapeutic Approaches Including Digital Mental Health for Youth in Aotearoa NZ

There are many different approaches that young people engage in effectively when seeking mental support. In Aotearoa NZ, it was discovered that younger people were three times more likely to use DMHTs than seeing a family doctor and four times more likely to utilise a phone line when seeking psychological support (Fleming et al., 2020). Among the different ethnic groups in Aotearoa NZ, each has their own needs and preferences when seeking help in times of distress. According to Fleming et al. (2019), some youth in South Auckland reported that they mainly talk to family friends and post on social media when they feel distressed rather than seek mental support online. However, for some Pacific people, accessing online interventions can be a positive due to avoiding the disclosure of personal issues in the family, as this can potentially bring about the embarrassment and breach the sacred relational space (*solī le vā*) between family members (Fleming et al., 2021; Vaioleti, 2006).

A study was carried out in 2012 which aimed to explore some Aotearoa NZ youths' perspectives on depression, help-seeking and computerised therapy (Fleming et al., 2012). Out of the 39 participants, 15 participants were of Pacific descent who were aged 13-16. The results showed that some were hesitant to discuss mental health issues with clinicians; however, there was a great interest in computerised interventions helping with depression. Similarly to international literature, the participants of this study admitted that the barriers to accessing computerised therapy might be not having access to devices and the shame and stigma associated with mental illness (Fleming et al., 2012).

Several studies resulted in the development of a DMHT in Aotearoa NZ. SPARX (also known as Smart, Positive, Active, Realistic, X-factor thoughts) is a well-known e-therapy tool for young people aged 12-19 who suffer from depression or anxiety (Merry et al., 2012). SPARX has been empirically supported with evidenced-based research globally and locally, targeting Aotearoa NZ young people (Cheek et al., 2014; Merry et al., 2012; Shepherd et al., 2018; Yokomitsu et al., 2020). Furthermore, the SPARX programme is a free online computer game that provides psychoeducational tools and CBT skills to treat depressive and anxiety symptoms (Merry et al., 2012).

Merry et al. (2012) researched the effectiveness of the SPARX tool among Aotearoa NZ youth. The research design was a randomised controlled non-inferiority trial, and 187 adolescents (aged 12-19) participated in the study. Out of the 187 participants, 15 participants were of Pacific descent. The SPARX group programme consisted of seven modules over four to seven weeks, and the treatment group received face-to-face counselling by a trained clinician. The findings revealed that there was a decrease in depressive symptoms of those in SPARX (10.32 mean reduction) compared to the treatment group (7.59; Merry et al., 2012). Moreover, remission rates were more significant in SPARX (43.7%) than with conventional treatment (26.4%; Merry et al., 2012). This study proved that SPARX is a potential alternative for treating youth with depressive symptoms in primary care settings and has the capability to address some of the challenges faced in seeking treatment (Merry et al., 2012). Furthermore, a computerised psychological approach can contribute positively to Aotearoa NZ youth's mental wellbeing. Although this study provided

some significant findings, there is still minimal knowledge of the applicability and the effective use of SPARX specifically among Pacific youth considering the small sample of participants of Pacific descent who participated in the study. Exploring Pacific youth's perspective on the utilisation of SPARX and the cultural relevance and responsiveness of this intervention tool could be investigated.

Those DMHTs that Māori researchers and communities have created also aim to promote mental wellbeing among *rangatahi* or young people. Shepherd et al. (2015) interviewed 26 Māori Indigenous youth and their families to explore their views on using the prototype SPARX computerised CBT (cCBT) program. The discussions raised were linked to the game's outline and structure and cultural significance. The results showed positive feedback, reporting "good face validity for Māori Indigenous youth [who] viewed it as an appealing and culturally relevant program" (Shepherd et al., 2015).

Evidenced-based literature supports therapeutic interventions that make cultural identity the focal point in establishing relationships and connections to promote Māori wellbeing (Waitoki et al., 2018). A program that has included a holistic and cultural worldview of health is the OI@-Or@ app, developed with Māori and Pacific communities to help reduce the risk of developing noncommunicable diseases (NCDs; Mhurchu et al., 2019). OI@-Or@ is a mobile health (mHealth) program that targets Indigenous populations (Māori & Pacific) over 18 years old who may be at risk of developing NCDs. The app has incorporated a culturally tailored approach to healthy eating, physical activity, decreasing stress, improving sleep, and weight management (Mhurchu et al., 2019). Māori and Pacific worldviews were considered when providing health activities, emphasising spirituality, cultural concepts/customs, proverbs, and culturally tailored motivational messages.

The findings showed an overall improvement in adherence to health-related behaviours over time. However, there were no significant differences between the intervention and control groups (Mhurchu et al., 2019). Overall, there was a low engagement with the intervention among the participants. Issues concerning low engagement may have been due to barriers to data access, adequate storage on

phones and digital literacy level (Mhurchu et al., 2019). This finding is also parallel to those in the international literature discussed earlier.

Despite the program not being youth-specific, *Oi@-Or@* was the first research project to co-design and evaluate a mHealth intervention for Māori and Pacific at risk of NCDs (Mhurchu et al., 2019). Therefore, the digital intervention will inform and provide insight for future strategies and policies relating to the health and wellbeing of Māori and Pacific peoples.

Whilst there is a dearth of literature related to therapeutic approaches, specifically DMHTs among Indigenous youth, research still supports the importance of centralising the needs and demands of the younger generation when considering psychological approaches (Fleming et al., 2021; Mhurchu et al., 2019; Rost et al., 2020). For instance, many Māori youth use social media sites and apps because many online social platforms encourage a sense of connectedness while maintaining whanau (family) relationships, which is pivotal for their wellbeing (Grimes & White, 2019). Some literature has suggested that social media platforms should be integrated when designing Māori interventions as Māori people are already familiar with them. Also, whanau and human connections are fundamental among Māori and Pacific peoples (Ataera-Minster & Trowland, 2018; Shepherd et al., 2015).

LeVa is a Pacific mental health and addiction service working closely with the Pasifika community. LeVa supports Pacific families and individuals with mental health and addiction problems and offers other services, such as suicide, violence and primary prevention (LeVa, 2019b). Mental Wealth Project (MWP) is an online mental health literacy education programme for Pasifika youth, established by LeVa (2019b). The online intervention aimed to provide knowledge, education and support relating to mental health for Pasifika individuals and their families. Workshops are also encouraged in which LeVa offers face-to-face seminars in schools, sports clubs, churches and community settings (Kapeli et al., 2020; LeVa, 2019b). Other Pacific digital tools that LeVa has implemented consist of; the Atū Mai website (Violence prevention), Auntie Dee app (problem-solving app; LeVa, 2016a), Flo: Pasifika for Life website (suicide prevention), Mana Restore website/app (gamer wellbeing; LeVa, 2019a), and many other educational tools (LeVa, 2019b). Although there is no

evaluative information available yet on the Aunty Dee app, several clinicians have reviewed this app on the Healthify He Puna Waiora website, saying it should be considered alongside the other sources of evidenced-based DMHTs. One psychologist praised the Aunty Dee tool, detailing how fun and interactive the tool was for youth, specifically for Pacific youth (Healthify He Puna Waiora, 2022). Another clinician explained how beneficial this tool would be for youth and applicable for a diverse audience. The review highlighted the importance of assisting the app user in recognising their problems by weighing up the pros and cons to identify potential solutions. A further reviewer affirmed how relevant this tool was for those struggling with a lot of complex or varying issues and said it has the potential to help people navigate and find ways to manage their own life stressors (Healthify He Puna Waiora, 2022). Some users of the Aunty Dee app reported that they would recommend this to a friend stating that it was simple to use and provided good tips and examples of how to manage their current problems in an organised and helpful way (LeVa, 2016b). One reviewer specified that Aunty Dee could be further enhanced by incorporating an audio version with the opportunity to record verbal responses from the users. (Healthify He Puna Waiora, 2022).

Many DMHTs have been utilised among young people in Aotearoa NZ, specifically Pacific peoples (LeVa, 2019b; Mhurchu et al., 2019). However, there is a lack of empirically supported literature on the effectiveness of such tools among Pacific youth. Thus, it represents a gap in research and the need to prioritise the development of therapeutic approaches among Pacific youth is paramount. There are substantial limitations of access, reach, and retention with the DMHTs mentioned earlier, and this research explores the potential and whether DHMTs are impactful when promoting Pacific youth's mental wellbeing.

Numerous DMHTs emphasise the cognitive and emotional aspects, with a minimal focus on other elements of wellbeing, notably spirituality (Fleming et al., 2021). Māori and Pacific's worldviews need to be embedded in the future development of therapeutic approaches to promote mental wellness. No research has examined the effectiveness of a brief online CBT intervention for Pacific youth in Aotearoa NZ. Furthermore, there is a lack of evidence-based psychological approaches that are culturally appropriate and applicable to Pacific peoples in Aotearoa NZ.

Recent research has proved that DMHTs that delivered an individual approach in their intervention were ineffective and contributed to the low levels of engagement and non-completion of the programme (Fleming et al., 2021; Mhurchu et al., 2019; Rost et al., 2020). On the other hand, therapeutic approaches that provided increased human-to-human support by local communities and Pacific providers were more likely to produce engagement in the digital intervention (Fleming et al., 2021; Mhurchu et al., 2019). Parallel to this finding, Ataera-Minster and Trowland (2018) reported that 52% of Pacific participants voiced that they would first seek support from a friend or family member if they or someone they knew was suffering from depression or anxiety. In saying so, some Pacific respondents were unaware of DMHTs or online sources (Ataera-Minster & Trowland, 2018). Recently, Pacific youth participants in the Youth19 survey reported on the significance of being offered options for human contact and support during times of distress (King-Finau, 2022). Moreover, Pacific youth wanted digital tools to be simple and user-friendly. Speaking to family or friends was emphasised, including via online tools and incorporating pathways with human connection when using digital tools (King-Finau, 2022).

Engaging in apps for CBT may not necessarily be appealing to youth, specifically to Pacific youth (Fleming et al., 2021). For instance, Pacific participants reported lower digital use than others. Similarly to participants in a study mentioned previously, the Pacific participants expressed that they would prefer to talk with a family member, friend or someone in their community if they were distressed (85%) compared to using digital mental health tools (8%; Fleming et al., 2021). Some of the findings in the report by Fleming et al. (2021) highlighted the need to develop digital tools that incorporated Pacific core values that were parallel with Pacific world views, specifically meeting their needs and wants. This potentially may be more appealing and relevant for Pacific peoples to engage with.

Being equipped with tools and guidance from clinicians and social connections are the therapeutic processes that empower and promote positive mental wellbeing for Pacific peoples. Knowing where to promote health information is crucial for Pacific youth. The literature supports that social media platforms to post health and wellbeing messages (Facebook, Instagram, TikTok and websites) are familiar and

well known among Pacific communities (Fleming et al., 2021; King-Finau, 2022; Mhurchu et al., 2019; Rost et al., 2020). Evidently, Pacific youth confirmed that they wanted online wellbeing resources to be more accessible and easier to find. Removing barriers to accessing digital tools is key. So, implementing wellbeing messages on platforms that already exist and are used by Pacific young people has the potential to improve engagement (King-Finau, 2022). Working collaboratively with community and church leaders is essential when exploring ways to engage effectively with Pacific communities (Ataera-Minster & Trowland, 2018; LeVa, 2019b; Paterson et al., 2018b). Significantly, strengthening networks in the Pacific community and working closely with those supporting Pacific youth may be a way to improve mental wellness. More research needs to position Pacific worldview and values at the core when developing DMHTs better to inform theory and clinical practice within mental health.

Future implications:

There is an assumption that Pacific young people will use online/e-therapy tools because they are young and are more familiar with digital technology. However, based on the practical experience of the first author with Samoan young people, this does not appear to be the case. Pacific youth engaged in a Pasifika mental-health prevention programme developed by the first author offered different experiences and opinions regarding DHMTs. For example, Pacific youth engaging with digital technology used this as a means of social interaction/connection and a forum to express their thoughts/feelings/opinions. Youth reportedly engage with various social media platforms excessively, such as Facebook, Instagram, Tik Tok, and Snap Chat (social media) as opposed to app-based technology. Some youth members at our local church used the Bible App during the COVID-19 lockdown period to strengthen and empower their mental wellbeing. They used this app to connect with church and family members and invite them to share verses and daily devotions for spiritual encouragement. This highlights different cultural beliefs, practices, and worldviews that shape Pacific youths' perspectives (as detailed throughout this article) and impact their engagement and utilisation of e-therapies. As such, from practical experience, it is clear that engaging in DMHT's will be different for Pacific youth and as a gap in research and literature, this is an area that needs further exploration.

Whilst social media platforms are used a lot by Pacific youth for various reasons, seeking professional help may not intentionally be at the forefront. Promoting mental wellbeing may be perceived differently from the lens of a young Pacific person. Ways of increasing self-care activities and healthy behaviours can be actioned in various forms, for instance, connecting with a peer digitally, learning a routine dance on TikTok, reading a motivational post, watching a peer go live, and so on. It may not be an approved or appropriate e-therapy or psychological app, however, it may serve the same purpose in promoting mental wellness for Pacific youth.

Conclusion/Recommendations:

As mentioned earlier, research suggests that providing wellbeing messaging where young people already are is crucial (Fleming et al., 2021). There is limited research on the relevance and applicability of DMHTs for Pacific youth in Aotearoa NZ (Paterson et al., 2018b). This is compounded by the scarcity of established psychological interventions that are culturally appropriate for Pacific peoples. There is an increasing awareness that providing culturally relevant and appropriate care to Pacific peoples living in New Zealand requires a deeper understanding and valuing of the realities and unique experiences they bring, both collectively and individually (Ataera-Minster & Trowland, 2018; Ministry of Health, 2020).

Conclusively, this scoping exercise reviewing the research and literature examining Pacific youth's mental health needs in relation to DMHTs has found a gaping hole in what is available. To date, there has been no published research on psychological approaches integrating spirituality with digital interventions for Pacific youth to promote mental wellbeing, despite health policies of Aotearoa NZ emphasising the need to strengthen Pacific peoples' knowledge and skills to promote autonomy related to their wellness (Ministry of Health, 2020; Paterson et al., 2018b). There is a scarcity of published research on specific psychological treatment interventions for Pacific youth. Existing interventions developed in Aotearoa NZ are used by Pacific youth (LeVA tools, SPARX, and other mental health apps). However, there is limited empirical evidence to support that these tools are effective for Pacific youth. A better understanding of their impact and Pacific youth's perspectives on existing DMHTs will highlight the potential benefits, limitations, and gaps related to the engagement

with such tools. Considering recent studies by Fleming et al. (2021) and King-Finau et al. (2022), it is paramount to develop therapeutic approaches that promote mental wellbeing via social media platforms as this is a preferred option for Pacific youth when it comes to engaging digitally as opposed to utilising DMHTs (Fleming et al., 2021). The therapeutic approaches that are appropriate and applicable for Pacific youth are at the centre of this understanding and exploration. Furthermore, delivering a clinical cultural intervention approach is a significant step that can enhance Pacific youth engagement and ultimately contribute positively to their mental wellbeing.

Data Availability: All data generated or analysed during this study are included in this published article (and its supplementary information files).

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CHAPTER 4 : FA'ATULAGAINA MANATUNATUGA LOLOTO (A REFLECTIVE PRACTICE OF FA'AFALETUI AND TALANOA METHODOLOGIES)

As a Samoan researcher and clinician, my position in this research is vital for conveying relevance and context, as highlighted in Chapter 1. Through the search of the literature as outlined in Article 1 included in the previous chapter, I pondered on the hypothesis that Pacific youth, due to their age and familiarity with digital technology, are more likely to engage with DMHTs as a therapeutic approach to promote their mental wellbeing. However, in my cultural and clinical experience with Samoan youth at church, this has not been the case. The findings outlined in Article 1 align well with my cultural and clinical experience that Pacific young people reported lower engagement with DMHTs and preferred to converse with a family member or friend if they were distressed (Ataera-Minster & Trowland, 2018; Fleming et al., 2021). The report by Ataera-Minster and Trowland (2018) proposed the need to ground DMHTs in Pacific worldviews and values to meet Pacific youth's needs for engagement.

This chapter focuses on this key recommendation to ground DMHTs in Pacific worldviews and values to meet the needs of and engage Pacific youth by employing Pacific-Indigenous approaches to examine this further. Drawing on Pacific-Indigenous research methods of *Fa'afaletui* (Tamasese et al., 2005) and *Talanoa* (Halapua, 2007; Vaioleti, 2006) is necessary to uncover a deeper understanding of the cultural knowledge that reflects the participants' values and reasons for participation in this research. To understand the Pacific-Indigenous perspective, we must first acknowledge the methods of knowing, learning, being and doing within the Pacific-Indigenous research paradigm. The context of this paradigm emphasises relational knowledge, which encompasses interactions between self, the environment, spirituality and ideas (Wilson & Sherwood, 2022), as detailed earlier in Chapter 2. Parallel to this notion, Pacific ways of knowing, being and doing are paramount to Pacific-Indigenous understanding, and Article 2 elaborates on this further.

This chapter also details a reflective practice outline of the sessions developed for the *Loto Malie* programme, which initially started as youth workshops (as outlined in Chapter 1). Before implementing the *Loto Malie* programme (as explained in Article 2), the primary researcher reflected on and brainstormed the structure and content of each session based on their experience in the various roles as a Samoan, researcher, mental health nurse, CBT clinician and youth leader. Below is a detailed overview of the *Loto Malie* sessions to provide context and relevance for the findings outlined in Article 2.

A brief overview of each session of Loto Malie

(See Appendix 2 for a Table format)

Session 1: Knowing your WHY.

The name story icebreaker at the beginning of the session allowed the participants to share their stories about the meanings behind their names, for example, the origins and significance of their name. This exercise reinforced the concept of connection to their ancestry, family, and community. Additionally, Chapter 2 provided the foundational understanding of the concept of self in relation to others, family, and the collective. Hence, the default position for me as the primary researcher was encouraging the participants to dig deep and explore their identity, values, and a sense of purpose.

Based on the literature highlighted in Article 2, mental health has long been considered taboo among Pacific cultures, and the challenge of seeking help reflects the stigma associated with mental health issues (Ali et al., 2020; Leckie & Hughes, 2017; Ravulo et al., 2021; Suaalii-Sauni et al., 2009). Therefore, this session aimed to shed light on defining good mental health by discussing this in a cultural and clinical context for them to understand. Mental health, as defined by the WHO, is a “state of wellbeing in which the individual realises their abilities, can cope with the normal stresses of life, can work productively and fruitfully, and can make a contribution to their community (WHO, 2001). Building on this, discovering their

values, strengths, and passions enabled the participants to clarify their “why” better. These fundamental values within psychology are also referred to as the protective factors which help support and strengthen the individual holistically to deal with stressors in a strength-based approach (Anae et al., 2002). Furthermore, strong familial relationships, high levels of social connectedness, spirituality, and active involvement in church life and community are all protective factors for Pacific peoples (Statistics New Zealand & Ministry of Pacific Island Affairs, 2011), hence the rationale of positioning this content in Session 1.

Given the strong religious beliefs of Pacific people and the sample of this youth group, a Church Minister was invited to share a devotion and prayer at the beginning of the session. central to incorporating elements of culture and spirituality, as emphasised in Chapter 2. It was essential to close the session with a prayer, and the participants were given the chance to do reflective writing or sit silently while listening to a Christian song/hymn playing in the background. This reflective piece aimed to integrate spirituality and culture while practising mindfulness. The remaining sessions had a similar structure, in that each session would open and close with a prayer led by the youth leaders and myself.

Session 2: Basic psychoeducation

The goal of this second session was to equip the participants with mental health knowledge by providing basic psychoeducational tools¹ related to mental health to increase self-awareness and help them overcome challenges which might be relevant at present or later in the future. As a Pacific-Indigenous researcher, I can testify that “knowledge is power,” and the ability to offer young people skills and knowledge about mental health to add to their basket of knowledge is a treasured gift (*measina*). The primary researcher was able to discuss facts about Pacific youth mental health in Aotearoa NZ, to acknowledge the prevalence of distress and the relevance of this topic. Understanding the symptoms of depression and anxiety was underlined to help participants recognise, manage, and support their mental health or those who might be battling with these conditions. The principles of CBT were

¹ Psychoeducational tools detailed in Appendix 2 (p. 189).

explained, including the 5-part model, helping them understand how one's cognition, emotions, behaviours, and physicality all interrelate, meaning what we think and do affects the way we feel. The primary researcher explained the concept of automatic thoughts using cultural and clinical examples to help the youth evaluate and reflect on the impact of their thinking patterns. Furthermore, an explanation of the brain (chemicals and hormones) was included as part of the psychoeducation, considering the influence this has on one's mental health. Hormones such as serotonin, dopamine, oxytocin, and endorphins can affect a person's mood and help promote pleasure and happiness (Matthew and Paulose, 2011).

Session 3: Sense of belonging & connection

Parallel to Session 1, this session focused on defining their sense of belonging and connection. Most of the content in Session 3 correlated with Session 1. The participants were encouraged to revisit their "why" and explore the following questions: What does it mean to belong? Where do you belong? Who do you belong to? How does belonging impact you? What is your purpose? Understanding their purpose, solidified the connection to their identity and belonging. Sharing the significance of belonging from a biblical perspective provided was incorporated with the following verses: 1 Corinthians 19-20, 1 Corinthians 3:23, and 1 Peter 1:18-19. The verses remind Christians that we belong to God, we are not our own, but we were bought at a price. In relation to this, cultural and clinical examples were provided to enrich this notion of belonging from a Pacific lens.

The emphasis on "my why" was strengthened in this session, allowing the participant to reflect on their cultural identity in connection to their family, church, and community. A "values" exercise prompted them to write down their own values, and their partners', siblings', and parents/grandparents' values. The purpose was to encourage the participants to reflect on their sources of knowledge and potential values passed down through generations. Lastly, a mindfulness and gratitude exercise was implemented at the end. While old Samoan hymn played in the background, the participants were asked to write a note to their parent/grandparent/deceased loved one, thanking them for their actions and their impact on their lives.

Session 4: Mental wellbeing tools

Laying out the Pacific-Indigenous cultural knowledge was a priority when developing the content of these sessions. Drawing on my cultural and clinical background, I (primary researcher) was confident that solidifying this knowledge would determine the participants' willingness to engage with the tools and contextualise them within their lives. One of the mental wellbeing tools stressed in this session was self-care activities. The benefits of physical exercise and its impact on the brain/body were explained, along with encouraging physical movement (e.g., hobbies, household chores, gym, walking) to enhance hormone stimulation and energy. The mindfulness practice was introduced in Session 1 and woven throughout all the sessions. The 4-7-8 breathing technique was also demonstrated, providing the benefits and purpose of calming the mind/brain and body.

A few gratitude exercises and grounding techniques were also offered, e.g., journaling, the 5,4,3,2 & 1 exercise (focusing on senses), walking and admiring the environment, or writing a personal letter to self/others. A significant part of this session was spent discussing DMHTs. The primary researcher was able to list some digital resources and go through each one, explaining its purpose and relevance for improving mental wellbeing. As stated in Article 2, each participant was gifted a *Loto Malie* booklet, which included all the content covered in each session and all the resources and tools discussed in the programme. Additionally, the *Loto Malie 2.0 Mukbang* Facebook page (refer to Article 2) was recommended as another digital tool for them to use. Being able to "talk to" the DMHTs and detail each tool was fulfilling. It provided the platform (as the primary researcher) to offer an educational lens and an opportunity for the participants to ask questions about mental health tools. To conclude the programme, the primary researcher summarised all four sessions, highlighting the main points.

Evidently, Pacific-Indigenous frameworks have been culturally responsive in voicing Pacific perspectives, which was the aim of Article 2. As briefly mentioned in Chapter 1, the chosen methodologies, *Fa'afaletui* and *Talanoa* (culturally grounded discussion), were used to explore the young Pacific participants' perspectives on

their engagement with *Loto Malie*. This youth-focused wellbeing programme is a culturally led clinical practice. The *Fa'afaletui* and *Talanoa* frameworks were used to develop *Loto Malie*, as detailed in the following Article 2. This article emphasises its grounding in such methodologies to promote new dialogue and understanding of wellness from a Pacific youth's lens.

Article 2:

Drawing on Pasifika Methodologies for Developing *Loto Malie*—A Youth-Focused Cultural Intervention with a Digital Twist

Abstract

This article showcases the application of Pasifika methodologies in developing *Loto Malie*, a cultural clinical intervention focused on Pasifika youth wellbeing in Aotearoa, New Zealand. *Loto Malie* aims to improve engagement for Pasifika youth accessing psychological support by strengthening and developing a therapeutic approach that weaved faith and culture. Research demonstrates that understanding mental health via cultural lenses is crucial (Tamasese et al., 2020) and exploring Indigenous cultural traditions grounded in Pasifika knowledge is a priority for achieving this (Alefaiio-Tugia, 2022a). Through this retrospective reflection of practice drawing on Pasifika Indigenous knowledge, it was only fitting to deconstruct and understand this through appropriate research methods. The outcomes of producing research using these methodologies were incredibly transformative as it was more culturally and ethically relevant.

Introduction

Empowering Pasifika¹ youth in Aotearoa NZ to embrace their culture, spirituality, and family is fundamental to positive mental wellness. Tucker-Masters and Tiatia-Seath (2017) accentuated spirituality, culture, and family as crucial for Pasifika youth in strengthening their mental wellbeing. Pasifika worldviews emphasise a holistic understanding, with family as the foundation for individual and community wellbeing (Pulotu-Endemann et al., 2004; Puna & Tiatia-Seath, 2017). However, Māori and Pasifika youth are experiencing a sharp decline in positive mental health (Fleming et al., 2020) due to challenges in accessing services, cultural disparities and socioeconomic inequalities (Fa'alili-Fidow et al., 2016; Kapeli et al., 2020; Paterson

² Pacific or Pasifika is a term used by researchers to describe Pacific migrants and their descendants, in the setting of Aotearoa NZ. This term is used interchangeably throughout this article.

et al., 2018a). Research shows depressive symptoms are prevalent among Aotearoa NZ youth but higher for Māori, Pasifika, Asian females, rainbow youth and those with disabilities (Fleming et al., 2020; Fleming et al., 2021). Furthermore, Indigenous and minority adolescents in Aotearoa NZ are less likely to seek professional support (Fleming et al., 2014) due to stigmatisation associated with mental illness. Some Pasifika youth are unaware of where and how to seek help for psychological issues (Kapeli et al., 2020). However, the study by Ataera-Minster and Trowland (2018) reported that 52% of Pacific respondents prefer seeking help for depression through friends or family members rather than a service provider, highlighting the need for a family (aiga) centred approach in psychological interventions. This highlights a gap in the evidence and the need to explore this further, which this study seeks to accomplish.

Transformational change occurs when Pasifika methodologies translate credible research into policy formation and service provision (Anae, 2019; Kapeli et al., 2020). Acknowledging Pasifika experiences and narratives authentically enables more accurate, reliable, and valid data (Otsuka, 2006). This article demonstrates the evolution of *Loto Malie*, using the *Talanoa* (Halapua, 2007; Vaiioleti, 2006) and *Fa'afaletui* (Tamasese et al., 2005; Tamasese et al., 1997) methodology approaches as a bridge framework for introducing and producing new information (Alefaio-Tugia, 2014). Seeking a nuanced Pasifika perspective can inform psychological practices and improve Pasifika youth engagement in therapeutic modalities for positive mental wellbeing (Alefaio-Tugia, 2014; Naepi, 2019). Therefore, Pacific-Indigenous psychology, as defined by Alefaio-Tugia (2022a) focuses on reconstructing knowledge and validating Pacific-Indigenous ways of knowing, being and doing. Therefore, this article aims to accentuate Indigenous knowledge and how this is integral to reinforcing practice through research. In other words, this is known as Pacific-Indigenous psychology, highlighting the development of *Loto Malie* as a culturally led clinical practice.

Pasifika Indigenous Epistemology as Cultural Ethical Research

Pacific scholars explain where there is knowledge, there is an epistemology, and while the process of constructing knowledge is not universal, it is influenced by the environment or culture (Gegeo & Watson-Gegeo, 2001; Maykut & Morehouse, 1994). Indigenous epistemology involves a cultural group's methods of producing, reformulating, applying, and theorising about knowledge via traditional dialogues (Gegeo & Watson-Gegeo, 2001; Levy & Waitoki, 2016). It focuses on relational knowledge and has significantly progressed within research paradigms (Wilson & Sherwood, 2022). This means “our worldviews, times, languages, histories, spiritualities and places in the cosmos” (Wilson, 2008, p. 74).

Linked to this source of Indigenous knowledge is genealogy, passed on orally and unrecorded, which evolves with society and is context-specific (Johnson, 1992). As this Indigenous knowledge is firmly ingrained via genealogy, storytelling, and cultural identity, the transmission and sharing of it from one generation to the next become *tapu* (sacred; Gegeo & Watson-Gegeo, 2001; Mateiviti-Tulavu, 2013; Waitoki et al., 2018). Parallel to Pacific-Indigenous knowledge, Indigenous Māori also emphasise the transmission of traditional *pūrakau* (storytelling) and *Mātauranga Māori* (Māori knowledge), stressing the importance of acknowledging *Mātauranga Māori* in research for Māori in Aotearoa NZ (Te Momo, 2022).

Consequently, Indigenous research informs practices by utilising frameworks and methodologies to promote Indigenous epistemologies to guide practices and solve ethical issues (Wilson & Sherwood 2022). Thus, Indigenous methods are fundamental to uncovering deeper meaning and understanding.

Drawing on Pasifika Indigenous Methodologies: Talanoa and Fa'afaletui

Utilising culturally pertinent research approaches represents a step towards ethical and decolonising research. I focus first on *Talanoa* as a framework grounded in indigenous epistemology that impacts participants' responsiveness and engagement in Pasifika research and then draw on the application of *Fa'afaletui* as Pasifika methodologies utilised for reflecting on the development of *Loto Malie*.

The *Talanoa* approach preserves Pasifika culture within a sacred relationship or *vā tapuia*. As stated, oral traditions are fundamental to Pasifika cultures and origins (Otsuka, 2006; Tamasese, 2002; Tecun et al., 2018; Tukimata, 2018; Vaioleti, 2006). Many Pasifika languages share the *Talanoa* concept (Fa'avae et al., 2022; Vaioleti, 2006) and many Pasifika researchers use this methodology because it emphasises the value of culturally relevant and authentic conversations, promoting ethical and decolonising research (Fa'avae et al., 2016; Farrelly & Nabobo-Baba, 2014; Halapua, 2007; Suaalii-Sauni & Fulu-Aiolupotea, 2014).

Tongan academic researchers Vaioleti (2006) and Halapua (2007) established the *Talanoa* as a formal Pasifika practice in research and defined *tala* as to talk or discuss and *noa* as meaning nothing or unknown. *Talanoa* allowed opportunities for free-flowing, authenticated, and multilayered critical conversations or dialogue. This approach captures the "art of dialogue" for Pasifika (Alefaio-Tugia, 2022a) and considers the context, requiring researchers to establish the *vā fealoaloai* (relational respect) without adhering to a rigid structure (Halapua, 2007).

Talanoa's efficacy relies on creating sacred spaces for relationship building and fostering trust and empathy with participants (Fa'avae et al., 2016; Farrelly & Nabobo-Baba, 2014; Tunufa'i, 2016; Vaioleti, 2006). Farrelly and Nabobo-Baba (2014) and Halapua (2007) agree that researchers must empathise and create spaces for participants to respond emotionally and meaningfully, allowing for cultural understanding.

Talanoa, in the Pacific worldview, is founded on Pasifika core values. Similar to other Pasifika cultures, *vā tapuia* (sacred relationship), *alofa* (love), *tautua* (reciprocal service), *fa'aaloalo* (respect), *fa'amaualalo* (humility) and *aiga* (family) are the core values that shape a Samoan worldview (Te Pou, 2010). These values are essential for Pasifika's methodological framework and research quality, preventing brief, culturally unsafe, and superficial *Talanoa* (Fa'avae et al., 2016).

Tuia and Cobb (2021) affirm that Pasifika researchers seek Indigenous principles to understand cultural knowledge systems and perspectives in promoting cultural responsiveness. The *Fa'afaletui* methodology and method explores cultural underpinnings, meanings, and beliefs among Pasifika people, specifically Samoans (Mulipola et al., 2023; Suaalii-Sauni & Fulu-Aiolupotea, 2014; Tamasese et al., 2005). Furthermore, the *Fa'afaletui* concept is context-appropriate for Samoan people, promoting interconnectivity and collective knowledge sharing, enhancing the inquiry process and interconnectedness (Ofanoa, et al., 2021). Traditionally, *Fa'afaletui* is regarded in Samoa as the highest level of formal *matai* (chief) meetings, where significant knowledge is gathered and verified (Tuia & Cobb, 2021). *Fa'a-fale* signifies the home, while *tui* refers to striking or the process of weaving (Tamasese et al., 2005). Alefaio-Tugia (2022b) clarified that by invoking *Fa'aSamoa* (cultural protocols) and enforcing them within the confines of the research, *Fa'afaletui* involves a deep investigation that in *Fa'aSamoa* necessitates critical thinking. In this study, the *Fa'afaletui* approach allowed the participants to discuss issues considered *tapu* (sacred) in a culturally sensitive manner.

Tamasese et al. (2005) best summarise the *Fa'afaletui* method process as weaving (*tui*) layers of knowledge from the “houses” (*fale*) of collective representation to considerably enrich the Samoan worldview. In my study, the *Fa'afaletui Talanoa* comprised participants representing various houses, including youth leaders, young adults, tertiary students, and high school students. They were examined to discuss their perceptions of the *Loto Malie* programme and its impact on their mental wellbeing.

Before delivering the *Loto Malie* programme, I had held relationships with most of the youth for over a decade, forming *vā fealoaloi* (relational respect) and *vā tapuia* (sacred relationships) which was established over time. The core values of *Fa'afaletui* were already embedded within these relationships. Recognising the relational standards throughout the *Fa'afaletui* process was utterly imperative as they contributed hugely to the findings of this research.

The Development of Loto Malie: A Cultural Clinical Intervention Programme

Loto Malie was a name gifted by my father, an elder and Church Minister from Falealupo, Savaii, Samoa. He explained the story behind the name.

Mavaega (farewell) story in Falealupo:

There were twin sisters named Tilafaiga and Taemā.

Taemā had two daughters, Siufanua and Oloifanua, and Tilafaiga had one daughter, Nafanua. The cousins (Siufanua, Oloifanua and Nafanua) had a strong and sacred relationship. Their bond was like no other. When it was time for the cousins to leave, Nafanua said to Siufanua:

O mai na o, e lilo atu oulua tino i la'u va'ai, ae tō fatu moanaina oulua, ma le tatou mafutaga, ia o'o le fa'avavau.

(Be on your way. Although I may lose sight of you, I will always treasure the sacredness of our bond in my heart for all eternity)

O le loto ua fa'amalieina, malie aisea? Malie i le mafutaga. Malie i mea sa faia. O le ala e tāua ai le loto malie, po'o le loto fiafia, ona o le loto ua ato'atoa - "Loto Malie"

(Why does one have a grateful and fulfilled heart? A contented heart is a result of a sacred relationship).

The meaning of **fatu** is heart/seedling. **Tō** means to bury/implant. **Moana** is referred to as the ocean. Metaphorically, the ocean is vast, powerful, deep, immeasurable, mysterious, and calm.

Understanding the concept of *Loto Malie* formed the foundation of this research, and actioning Pasifika core values is at the heart of this programme. The sacred relationships developed before, during, and after the programme were equivalent to the bond the "cousins from Falealupo" experienced. The parting words from Nafanua to her cousins truly captured and articulated the **heartfelt** experience I encountered with participants, given my role as a clinician and facilitator of *Loto Malie*. The

meaning behind the name provides a purpose and significance for equipping young people with mental health tools, building on their strengths to improve their mental wellbeing. The aim was to foster a new dialogue and understanding of mental wellbeing from a Pasifika youth perspective.

Literature shows Pacific worldviews and culturally grounded approaches promote mental wellbeing for Pasifika youth (Ataera-Minster & Trowland, 2018; Firestone et al., 2021; Fleming et al., 2022; Ministry of Health, 2020; Puna & Tiatia-Seath, 2017; Taua’i et al., 2018; Tucker-Masters & Tiatia-Seath, 2017; Vaka et al., 2020). The content of the workshops, derived from evidenced-based literature, highlighted aspects of psychoeducation, principles of cognitive behavioural therapy (CBT) and culturally relevant approaches.

Over the span of two years (2018-2019), I collaborated with our youth leadership team to create seven workshops in response to requests from church youth to learn more about mental health. These workshops, with 35-40 attendees, were based on what I was learning at the time in my CBT training as a practitioner, as well as incorporating cultural and spiritual aspects. Spiritual growth and mental wellbeing were supported through biblical lessons relating to the “power of the mind and overcoming fear and doubts,” interactive teaching, mindfulness, relaxation and thinking (CBT principles) workshops.

TABLE 4-1: OUTLINE OF TOPICS DISCUSSED IN 2018-2019

Workshop	Topic
1	Belonging
2	Retraining your mind (mindfulness)
3	Types of thinking
4	Fear
5	Depression and anxiety
6	Attitudes and strengths
7	Digital resources

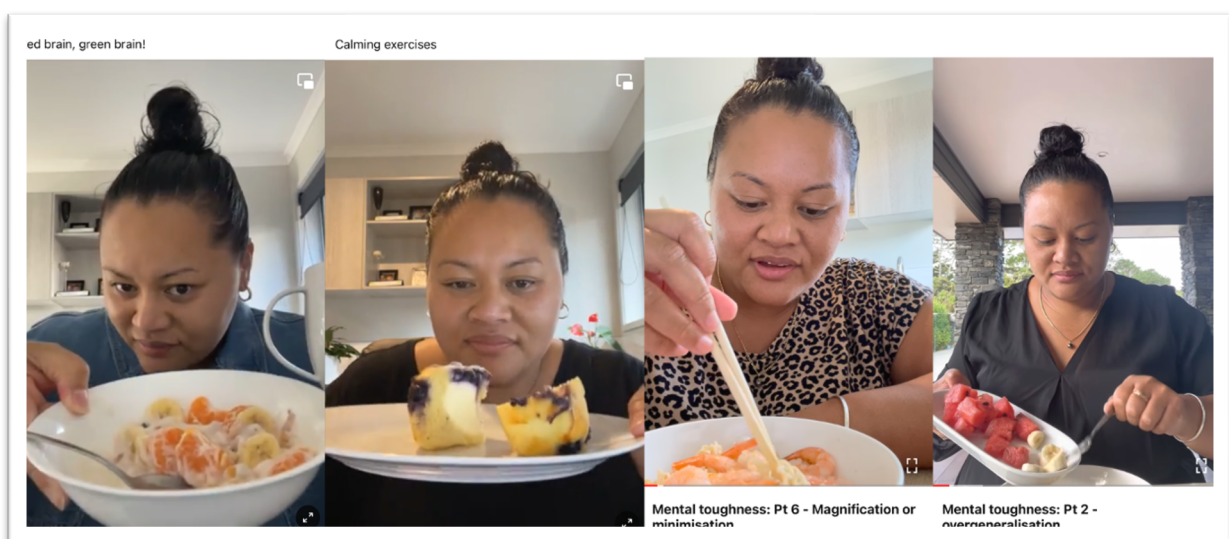
Implementing these workshops in a Samoan church environment enabled a confluence of cultural faith with overall health and wellbeing, gaining insights into cultural clinical experience and highlighting areas for further research.

Loto Malie, a 4-week programme for Pasifika youth, was aimed at learning about mental health while incorporating a cultural and faith-based approach but was postponed due to COVID-19 lockdown restrictions. Therefore, *Loto Malie* was delivered two years later.

Loto Malie 2.0 – Mukbang + Mental Health Tips

The COVID-19 pandemic delayed the launch of the *Loto Malie* in early 2020, causing a loss of momentum and opportunity to deliver the program to youth. The youth leaders chose not to provide online sessions due to other demands and full-time studies. Most youth in the church were active on social media platforms, but the absence of church services and youth groups impacted their wellbeing. Attending church weekly was vital for their routine and spiritual nourishment. Therefore, as a practitioner, adapting to the rapidly evolving space was necessary after the pandemic.

FIGURE 4-1: SCREENSHOTS OF THE MUKBANG VIDEOS ON FACEBOOK



Note: The two images on the *left* of Figure 4-1 (screenshots from live-streaming videos on Facebook, where viewers can interact and comment) show Mukbang sessions, where meals and topics were

discussed. The two images on the *right* were from recorded videos posted on Facebook, where viewers responded retrospectively in the comment section.

The birth of *Loto Malie 2.0 Mukbang + mental health* came after a challenging period of delays brought about by the global pandemic COVID-19. The increasing online pivot resulted in a new YouTube trend called *mukbang* (McCarthy, 2017). Originating in South Korea in 2010, *mukbang* means “eating” and “broadcast” and involved live-streaming videos of hosts consuming food and broadcasting, attracting young adults from diverse backgrounds on platforms like YouTube and social media. Some *mukbang*'s involved simultaneous eating and conversation on specific or random topics.

As a result, I created a private YouTube channel to share mental health tips (shown in Figure 4-1) while eating. The first mukbang video was shared on my YouTube channel and Facebook page, and I invited close friends and family. Some Facebook users shared what they learned from watching the videos with others, inviting their friends and family to join, resulting in a multiplier effect (Alefaio-Tugia & Havea, 2016), through connections between Pacific diaspora families and the mukbang page spreading beyond individual communities.

A Facebook page allowed 171 people to watch content on mental health, and discuss mindfulness, emotions, thinking errors and breathing exercises. The mukbang videos provided cultural and clinical examples, fostering a virtual community, and incorporating empathy, trust, and therapeutic connection.

In Pasifika cultures, the worth and significance of food are symbolic because they foster the “space” (*tausi le vā*) between people and bring people together collectively. The benefit of eating is the chance to “observe behaviour and enrich the *Talanoa*” (Vaioleti, 2006, p. 30). Furthermore, delivering messages in informal settings, such as over a meal, is an effective means church and community leaders use to promote health-related messages (Hopoi & Nosa, 2020). Specifically, mental health has historically been a taboo in Pacific Island countries (Ali et al., 2020; Leckie & Hughes, 2017; Ravulo et al., 2021; Suaalii-Sauni et al., 2009).

Stigmatisation and misunderstanding of mental health conditions can prevent people from seeking help, leading to further problems.

Although *Loto Malie 2.0 Mukbang* may not be a traditional approach to addressing mental health stigma, it can potentially engage and reach audiences who may not have otherwise been exposed to mental health information. *Loto Malie 2.0* aimed to provide accessible, culturally appropriate information and foster meaningful interaction with the viewers. Addressing mental health stigma among Pasifika is crucial; hence, this study aimed at equipping youth with tools to promote good mental health, and *Loto Malie* was pivoted in the interim due to the pandemic. Overall, *Loto Malie 2.0 Mukbang* raised mental health awareness among some youth who later joined *Loto Malie*; hence, engaging with the programme would be a natural and familiar phenomenon to pursue.

The Loto Malie Programme

From 2022, *Loto Malie* sessions were delivered at church, involving four sessions spread over 2-4 weeks. Similarly to the sessions offered in 2018, *Loto Malie* focused on psychoeducation and mental health tools, interweaving culture, and spirituality. Information on mental health tools included digital mental health tools (DMHTs) and *Loto Malie 2.0 Mukbang* was suggested at the end of Session 4.

TABLE 4-2: OUTLINE OF THE LOTO MALIE PROGRAMME

Overview of the Loto Malie sessions		
Session	Topic	Content
1	Knowing your WHY	<ul style="list-style-type: none"> • Opening devotion (Church Minister) • Knowing your WHY—purpose, passion, values & strengths
2	Basic psychoeducation	<ul style="list-style-type: none"> • Quick facts about youth mental health • Signs/symptoms of depression/anxiety • Brain function— thoughts/emotions
3	Belonging & connection	<ul style="list-style-type: none"> • Sense of belonging, identity & connection
4	Mental wellbeing tools	<ul style="list-style-type: none"> • Practical tools/exercises • DMHTs

Participants

The study involved 43 participants. Thirty-nine were Samoan, three were Tongan, and one was of Cook Islands ethnicity. Information sheets and consent forms were provided via email and hard copy upon attendance.

Out of the total, 13 participants were non-church members and were recruited by word of mouth through friends and families who were church members. Table 4-3 outlines the participants' demographic profiles, and Table 4-4 summarises the participants who attended the *Loto Malie* and *Fa'afaletui Talanoa* sessions.

TABLE 4-3: DEMOGRAPHIC PROFILE OF PARTICIPANTS

Participants	Age ranges (years)				Total
	16-18	19-21	22-25	26-29	
Female	5	10	11	3	29
Male	3	4	4	3	14

TABLE 4-4: TOTAL NUMBER OF PARTICIPANTS WHO ATTENDED EACH SESSION

Loto Malie Session	Total in attendance
1	38
2	33
3	34
4	35
<i>Fa'afaletui Talanoa</i> (large collective discussion)	35

Meaalofa (Gifting)

At the end of the *Fa'afaletui Talanoa*, participants received a *meaalofa* (gift) a grocery voucher to express gratitude for their time, as is customary in the Pasifika culture. I also gifted a *Loto Malie* booklet featuring a thoughtfully designed logo and

cover inspired by my late Grandmother's *lē lavalava* (traditional cloth wrap-around) pattern. It was only fitting that this *measina* (treasured gift/inheritance) was gifted to the participants, symbolic of the conceptualisation of *Loto Malie*. Seiuli and Malaela (2010) emphasised the Samoan word *meaalofa* as an essential cultural practice of gifting valued treasures, heritage, or legacy. The act of giving served as a point of connectedness, which fostered the therapeutic relationship and nurtured the *vā* connection between the participants and myself. These gifts were funded via the primary researcher's scholarship.

FIGURE 4-2: LOTO MALIE BOOKLET AND CUSTOMISED TOTE BAG WITH GIFTS



Furthermore, the mental health content from the *Loto Malie* sessions can also be viewed as “handing over the gift of therapy or practical psychological tools” to the participants, similarly to how Seiuli and Malaela (2010) discuss this in their study. The booklet, as shown in Figure 4-2, detailed psychoeducational content, Bible verses and cultural examples. Participants received a *Loto Malie* tote bag, stationery supplies, refreshments, and a personalised kawakawa balm (Figure 4-3) with the *Loto Malie* logo gifted and sponsored by a friend.

FIGURE 4-3: CUSTOMED KAWAKAWA BALM BY JOLEEN TURNBULL



The research demonstrated the Samoan cultural concept of *tautua* (a reciprocal act of service) and *meaalofa*, where women (church elders and aunties) prepared and served meals to participants for each session (Figure 4-4). Despite their age and status, the women served the youth wholeheartedly. This act instilled a sense of gratitude and humility (*loto maualalo*) in the youth. These women actioned the idea around collectiveness. In other words, they served because they understood the purpose of supporting the vision of empowering youth and their wellbeing. The concept of *meaalofa* or love offering, as described by Seiuli and Malaela (2010), encourages “reciprocal respect, honouring the participants, conveying love messages, and affirms unique relational ties which leads to feelings of gratitude (p. 48).”

FIGURE 4-4: CHURCH WOMEN, ELDERS, AND AUNTIES



Data collection

Fa'afaletui Talanoa (culturally grounded discussion)

The *Fa'afaletui Talanoa* approach was used for the research's participant recruiting, data collection and analysis. Participants embodied the characteristics of a chiefly role in a village context, representing various houses of knowledge within the *Fa'afaletui* context. This emphasised wisdom gleaned from various houses of understanding, as Alefaio-Tugia (2022a) described.

The *Fa'afaletui Talanoa* conducted in English elicited authentic responses and deepened the *Talanoa*, allowing in-depth analysis beyond most research approaches. The *Fa'afaletui Talanoa* was initially planned for eight *Fa'afaletui* discussions: two *Fa'afaletuis* from each of the houses mentioned earlier. During the *Loto Malie*, the primary researcher provided time slots for the *Fa'afaletui Talanoa* based on the participants' availability. Thirty-five participants selected the same time slot, citing convenience and transportation challenges while voicing that their perspectives were fresh and accessible. Furthermore, one group of three wanted a *Fa'afaletui Talanoa* the following week, while one preferred an individual *Fa'afaletui Talanoa*.

The primary researcher reviewed the initial plan for a large collective *Fa'afaletui* of 35 participants to ensure the authenticity and quality of the data. Consequently, the youth leaders helped facilitate the *Fa'afaletui Talanoa*, as a large collective *Talanoa* might hinder individuals from expressing their ideas, thereby affecting the richness and depth of the *Talanoa*. Each leader (shown in Figure 4-5) spread themselves across different tables, providing prompts, initiating answers, and clarifying questions raised in the *Talanoa*. This approach offered reassurance and encouraged participants to share their views. The strong therapeutic relationship between youth leaders and participants made drawing out responses a familiar and safe phenomenon.

FIGURE 4-5: BOUNDLESS YOUTH LEADERS AND FACILITATOR (ME)



The primary researcher created a Google form document for the collective *Fa'afaletui* to capture participants' views on questions raised in the *Talanoa*. Anonymous forms were answered by participants, obtaining views through online responses, or sharing this verbally with the collective. Considering the magnitude of the collective *Fa'afaletui*, the options provided the participants with an opportunity to contribute so that they would feel valued and included. Nine participants expressed their perspectives verbally, and the rest participated by entering their responses online while still being a part of the *Fa'afaletui Talanoa* in the same facility. Most participants who vocalised their views were the youth leaders and a mixture of participants from different houses.

Fa'afaletui recordings were transcribed verbatim with participants' consent, aiming to deepen the *Fa'afaletui*-dialectical analysis, reiterated by Alefaio-Tugia (2022a). Audio recordings and responses were uploaded directly onto NVivo 10. According to Alefaio-Tugia (2022a), *Fa'afaletui* narratives may be sorted and coded using the

NVivo10 programme. Nonetheless, the primary researcher was responsible for listening to the narratives and deciphering their embedded meanings.

Church as the Village Context of the Therapeutic Intervention

Conducting research in a church setting offers numerous benefits. As previously mentioned, the *Loto Malie* and *Fa'afaletui Talanoa* were delivered to the church youth in Central Auckland. Similarly, existing literature suggests that conducting research in a church setting can provide a range of benefits for ethnic minority groups, specifically for Pasifika people (Hopoi & Nosa, 2020; Kumanyika & Charleston, 1992; Peterson et al., 2002; Simmons et al., 1998; Swinburn et al., 1997). Churches serve as valuable community hubs, hosting events beyond religious services. The implementation of the *Loto Malie* in the church was a prime example. Research in church settings can promote wellness by drawing active members and individuals from the broader community. Most who participated in the *Loto Malie* were youth members at the church, while others were recruited through friends or relatives, as mentioned earlier. This presented a mutually beneficial arrangement for all parties involved.

Additionally, research in church settings can reach Pasifika individuals who may not engage with Westernised treatment due to stigma, perceptions, and barriers to seeking mental health care (Lasater et al., 1997; Mitchell & Grills, 2017; Peterson et al., 2002). Correspondingly, facilitating research in a church context promotes community relations and builds trust in a familiar and trusted environment, allowing individuals to feel at ease and engage in research (Ataera-Minster & Trowland, 2018; Hopoi & Nosa, 2020; Peterson et al., 2002), congruently to the participants' views of *Loto Malie*.

FIGURE 4-6: FACILITATOR (ME) DELIVERING THE LOTO MALIE SESSIONS AT CHURCH



The *Loto Malie* sessions and *Fa'afaletui Talanoa* were designed to create a safe and culturally relevant environment for participants, allowing participants to feel a sense of belonging and familiarity. Fine mats (Figure 4-6) were centred in the middle of the church and served as a space where participants gathered to *Talanoa*. Traditionally, fine mats are highly valued in Pacific cultures. Presenting fine mats is a cultural practice that embodies reciprocal service, respect, and nurturing relationships (Enari & Lemusuifeauaali'i, 2021). The primary researcher aimed to honour the research's *vā* (sacred relational space) by upholding these values and customs. The traditional weaving of the mats also symbolised the *Fa'afaletui* framework, threading together diverse perspectives and knowledge shared by participants.

This study on Pasifika youth aimed to be respectful and the necessary precautions were taken to preserve the participants' anonymity and privacy. Collaborating with the Church Minister, elders, and youth leaders was crucial for a culturally responsive approach. As a whole, a culturally responsive health system that “promotes understanding of the connection between Pasifika cultures, worldviews, and overall wellbeing, leading to better outcomes” will only be strengthened and fostered by working with Pasifika and using these spaces or church facilities (Ministry of Health, 2020, p. 34). Achieving equity for Pasifika youth requires improving service accessibility, parallel to the aim of developing *Loto Malie*. Ultimately, by providing

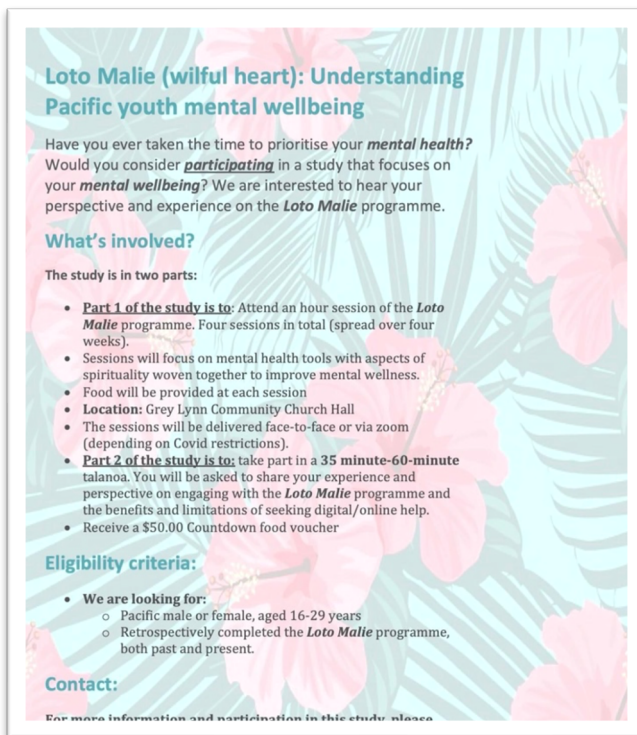
"culturally appropriate, relevant, safe, and effective options in Pacific settings," Paterson et al. (2018, p. 88) emphasised that cultural approaches should be prioritised above clinical approaches to achieve this.

Research Approach Grounded in Fa'aSamoa

Given that I am the daughter of a *Faifeau* (Church Minister) and a youth leader, I was aware that some aspects of my approach or role as a primary researcher might be perceived as coercive measures. I ensured that Samoan cultural protocols of *fa'aaloalo* (respect) and *vā fealoaloa'i* (relational respect) were at the forefront of my approach. In achieving this, the engagement was based on trust. Considering this view, Pacific people engage based on the relationship, and the rapport developed with the youth may also be seen positively. Providing safe and responsive research for youth in my church was vital, and the responsibility was on my shoulders as an insider researcher.

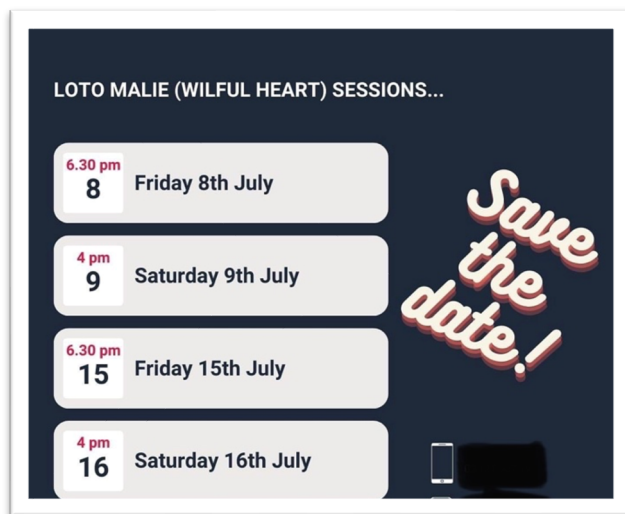
A meeting with the Church Minister, elders and youth leaders was convened to discuss the research with written/oral consent obtained. A *fa'asalalauga* (announcement via oral presentation) at church service on Sunday and at youth group on Friday were conducted to explain the purpose of the research and what was involved. The youth leaders and I sent a further announcement to the youth via various social media platforms outlining the research details. The role of the leaders in this study was only to distribute the study information to all the participants. If the participant was willing to participate, they contacted the primary researcher via direct message on social media or in person. Participation was voluntary, and participants received a formal letter, information sheet and informed consent if interested.

FIGURE 4-7: ADVERTISEMENT POSTER FOR THE LOTO MALIE PROGRAMME



Participants had to meet a set of inclusion requirements, including being of Pacific heritage, aged between 16 and 29, residing in Auckland and wanting to focus on their mental health (Figure 4-7). Due to COVID-19 restrictions previously, *Loto Malie 2.0 Mukbang* was introduced online as a “warm-up” before the actual *Loto Malie* programme. Individuals who interacted with *Loto Malie 2.0* and met the selection criteria were offered the opportunity to participate. Ataera-Minster & Trowland (2018) identifies young adults as those between the ages of 16 and 24 at risk of psychological distress in New Zealand. As such, the research's age range (16-29) targeted most of the youth already attending the church regularly. This study ensured that a diverse range of Pasifika ethnicities was represented among the participants.

FIGURE 4-8: SOCIAL MEDIA POST DETAILING THE LOTO MALIE SESSIONS



Conclusion

Cultural Understanding as Foundational

The primary researcher emphasised cultural and relational understanding for Pasifika youth, acknowledging their worldviews and connections to their *aiga* (family), *nu'u* (community) and *aganu'u* (culture; Fairbairn-Dunlop, 2014; Puna & Tiatia-Seath, 2017; Seiuli, 2013; Tamasese et al., 2005). The involvement of the elders, church leaders and ministers was pertinent to this research. Witnessing the elders and leaders serve their youth (participants) authentically and naturally actioned the concept of *meaalofa* (gifting) and *tautua* (reciprocity of service), all while upholding Pacific core values, as highlighted earlier. The participants' sense of wholeness, relational connection to their church community and indigenous ways of "being and doing" were embraced. The disconnection of the *vā* or (sacred space) of such close entities is unimaginable.

Consequently, the primary researcher was responsible for ensuring that the *vā fealoaloa'i* (relational respect) between the participants, elders and leaders was preserved and nurtured throughout this research. Parallel to this notion, Vaioleti (2006) confirmed that the *Talanoa* framework emphasises the importance of open dialogue and relationship building in research, which this research aimed to achieve.

Facilitating *Fa'afaletui Talanoa* allowed the researcher to recognise the complexities from a cultural and emotional lens. This led to the participants having an open and honest *Talanoa* of their experiences and perspectives on the *Loto Malie*. Therefore, a respectful, relational *vā* and formal approach between the participants and researchers was crucial for authenticity and clarity in research (Tuia & Cobb, 2021).

It was appropriate to acknowledge the entirety of a Pasifika individual, as it honoured meaningful connection with others, particularly their environment. According to Seiuli (2013), the need to consider one's physical, mental and social needs must be contextualised to their “*olaga fa'aleagaga* (spiritual foundations), *tu ma aganu'u* (customs and traditions), *aiga* (kin), and *laufanua* (environment)” (p. 42). For instance, delivering programs like *Loto Malie* at church strengthens the connection to their beliefs, values, and Pasifika ways of being. Supporting this view, Puna and Tiatia-Seath (2017) reiterated the importance of maintaining familial and social support connections in fostering mental wellbeing.

Furthermore, Mulipola et al. (2023) explored Samoan families' perceptions and engagement with person-centred care models in mental health services. The study highlighted the importance of safeguarding cultural and faith beliefs for improving wellness. Prioritising these beliefs and upholding the cultural and spiritual understanding of *Loto Malie* created the opportunity for participants to express themselves freely within the *vā* (sacred relational space), resulting in a richer and more authentic *Fa'afaletui Talanoa*.

Centralising Pasifika core values

Research should adhere to Pasifika ethical standards to promote transformative change and favourable results. As previously noted, establishing sacred relationships between researchers and participants and embracing values like *alofa* (love), *loto maualalo* (humility), and *fa'aaloalo* (respect) are crucial for facilitating *Fa'afaletui Talanoa* with Pasifika youth. Therefore, Mateiviti-Tulavu (2013) confirmed that to conduct research ethically and uphold human dignity, the research methods and processes must be culturally appropriate for the participants, hence the aim of this article.

Overall, Pasifika researchers have been drawn to seek indigenous principles to better understand cultural knowledge systems and methods of knowing. The emphasis on incorporating Pacific-Indigenous knowledge and core values as part of the research methodological process was vital to the study. Subsequently, employing such methods in this research was crucial for revealing deeper meaning, which necessitates understanding. Overall, the *Fa'afaletui* and *Talanoa* frameworks in this study were anchored in indigenous epistemology, which reflected the participants' cultural values and engagement in this research.

Data Availability: All data generated or analysed during this study are included in this published article (and its supplementary information files).

Declarations: The author(s) reported no conflicts of interest

Ethics approval: The study was reviewed and approved by the Massey University Human Ethics Committee: Northern, Application NOR 21/96.

Informed Consent: Not applicable

The reference for this article is as follows:

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CHAPTER 5 : O MAFAUFAUGA LOLOTO (SOUL-SEARCHING PERSPECTIVES)

This chapter provides context for the in-depth analyses of results, which are presented as overall research findings in the final article (Article 3). With respect to the research question addressed in Chapter 1 (p. 24), ***Is a Pacific therapeutic approach relevant for Pacific youth engaging with mental health tools?***, this chapter provides insight in response to this question. Examining the relevance and perspectives on *Loto Malie* as a Pacific therapeutic approach ultimately provided these key insights, which are detailed in Article 3.

The initial four chapters of this PhD were fundamental in situating the purpose of this research. As a result, this chapter provides evidence that Pacific youth engage with mental health tools when the therapeutic environment is rooted in culture and spirituality. Anchoring Pacific-Indigenous methodologies, known as *Fa'afaletui* and *Talanoa* frameworks (as described in Chapter Four), enabled a deeper understanding of Pacific youth experiences and narratives of engaging with *Loto Malie*.

Drawing on *Fa'afaletui* and *Talanoa* methodologies for the purposes of data collection enhanced the next step of the analysis process. Providing the opportunity for the participants to share authentically and accurately was monumental as this was aligned with the concept of the *Fa'afaletui* and *Talanoa* frameworks. 'Setting the scene' as described in Article 2 contributed hugely to the participants' engagement in the *Fa'afaletui Talanoa*. For instance, the set-up of the church setting, the customised *Loto Malie* booklet, Tote Bag, Kawakawa balm, the support from the Church Minister, youth leaders and the women (elder) were purposefully conducted as part of upholding the principles of Pacific-Indigenous ways of knowing, doing and being. The enriched narratives and perspectives from each participant was respected and weaved throughout the *Fa'afaletui Talanoaga*, which also nurtured and maintained the *vā fealoaloa'i* (relational engagement). Although there was diversity in ages, ethnicity and genders in this study, the participants were able to disclose and share their perspectives in the *Talanoaga*. The notion of *Loto Malie* was

woven throughout the facilitation of the *Fa'afaletui Talanoa*, highlighting the importance of relational connection, fostered by trust (*fa'atuatua*), respect (*fa'aaloalo*), love (*alofa*) and humility (*loto maualalo*). Ultimately, the *Fa'afaletui Talanoa* in this study created 'a safe place where the heart was satisfied and fulfilled' or in Samoan, '***o le nofoaga e fa'amalie ai le loto.***'

As specified in Chapter 4, the *Fa'afaletui* dialectical analysis involved data consolidation with and cultural advice from a *toeaina* (cultural elder) and academic supervisors. This process enhanced psychological understanding and uncovered cultural nuances and concepts associated with using the *Fa'afaletui* and *Talanoa* frameworks. On the whole, Article 3 highlights the generation of new knowledge, which aims to help reinform clinical practice and ultimately provide a deeper understanding of Pacific youths' needs in the context of a therapeutic approach to wellness.

Cultural Data Analysis for Loto Malie

The data was analysed using *Fa'afaletui* dialectical analysis (Alefaio-Tugia, 2022a) alongside the thematic analysis developed by Braun and Clarke (2006). Transcriptions were coded, reviewed, reread, categorised and analysed for the initial process. Due to the amount and quality of data, NVivo 10 was used to organise and code the data and identify patterns and themes in the *Fa'afaletui*. Once themes were identified, I was able to organise these into four houses of knowledge, following the *Fa'afaletui* framework introduced in Article 2. The four houses of collective wisdom (Alefaio-Tugia, 2022a) comprised high school students, tertiary students, young adults and youth leaders. The next part of the data analytical phase acted as a catalyst in providing in-depth, rich and meaningful explanations of the data. According to Alefaio-Tugia (2014), *Fa'afaletui* dialectical analysis is significant in research for evaluating and providing answers in light of the knowledge traditions within *Fa'a Samoa* (Samoan way of life) or Pacific worldviews, which are accentuated in Article 3.

In the Samoan context, the concept of *toeaina* means an older male figure in the family, who also represents one who is wise, culturally experienced, and a leader of the family or community. In the church context, a *toeaina* is also referred to as an

elder of the church, encompassing one who holds leadership status and has spiritual maturity. The *toeaina* who helped analyse the data of this research was my father, an elder and a Church Minister for over 30 years. Additionally, part of this process was critical because the Pacific-Indigenous language communicated between me and the *toeaina* was being translated and back-translated, with interpretive conversation taking place to help with these interpretive translations (Alefaio-Tugia, 2022a). The process of listening to each Fa'afaletui Talanoaga was ongoing with the *toeaina*, which required intensive time together to deepen the Talanoaga. In other words, to uncover some of the cultural nuances, the *toeaina* shared a lot of stories, knowledge, and metaphors to provide insights into cultural meanings. This was not a one-off Talanoaga, but it was a continuum of Talanoaga conducted in different spaces and environment.

The interpretation of the raw data was translated to Samoan, then back to English and then analysed. For instance, the Samoan language in this research was only used to translate during the analysis with the *toeaina*. These cultural concepts and constructs were explained by the *toeaina* in Samoan and then translated to English in this research. Therefore, the data was consolidated and validated with the *toeaina* and the researcher's academic supervisors, who were of Pacific descent.

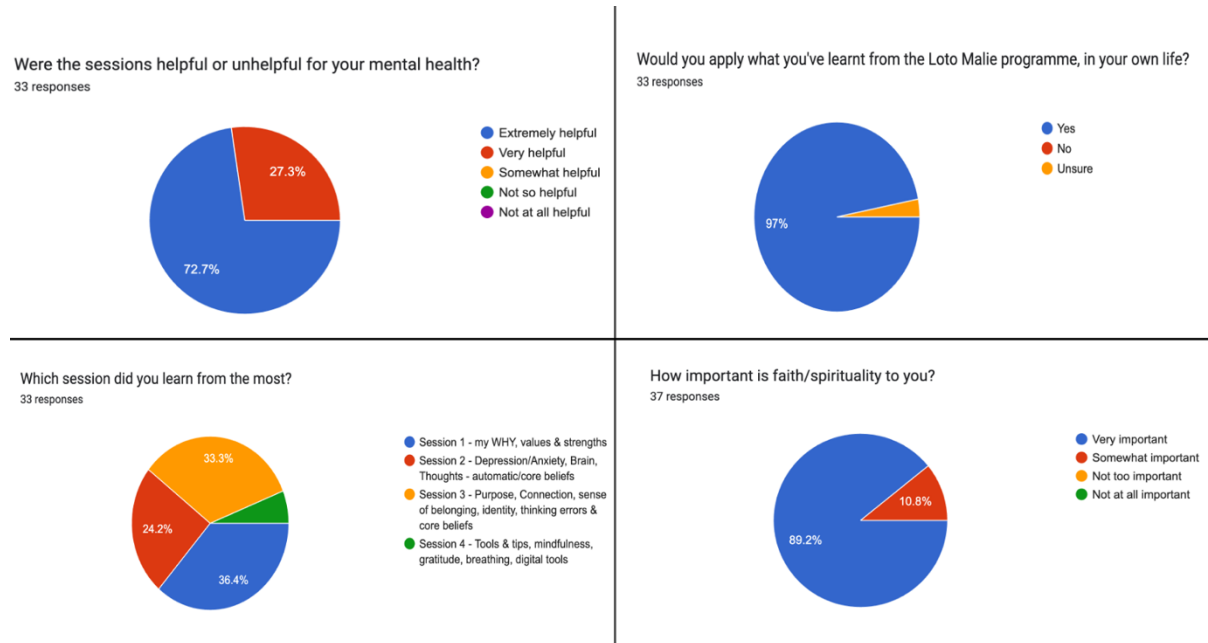
Analysing the collated data generated new ideas, explanations and meanings. This critical cultural analytical approach allowed a profound knowledge and understanding of the cultural subtleties, concepts and stories shared by participants. According to Alefaio-Tugia (2022a, p. 36), applying the dialectical process through a cultural-historical framework allows for more in-depth examination of the "cultural trajectory of psychology." It serves as a bridge for introducing new information, such as Pacific youths' understanding of *Loto Malie* and overall mental wellbeing.

Baseline findings

Summaries of the participants' responses to questions related to *Loto Malie* are presented below. Responses indicated areas that were significant for participants, their insights from the programme and their perspectives on mental wellbeing.

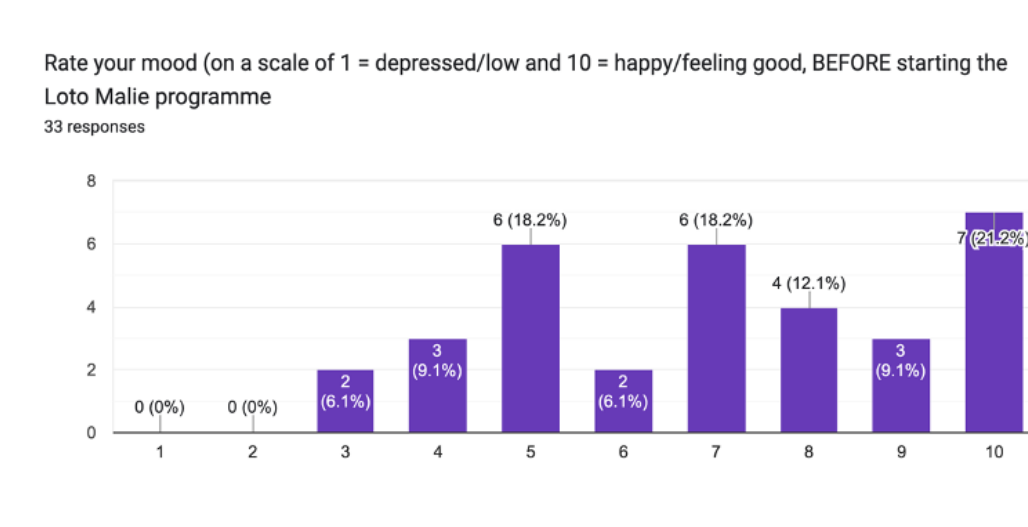
According to the analysis, 89.2% of participants stated that faith/spirituality was “very important” to them, and 10.8% confirmed that it was “somewhat important.”

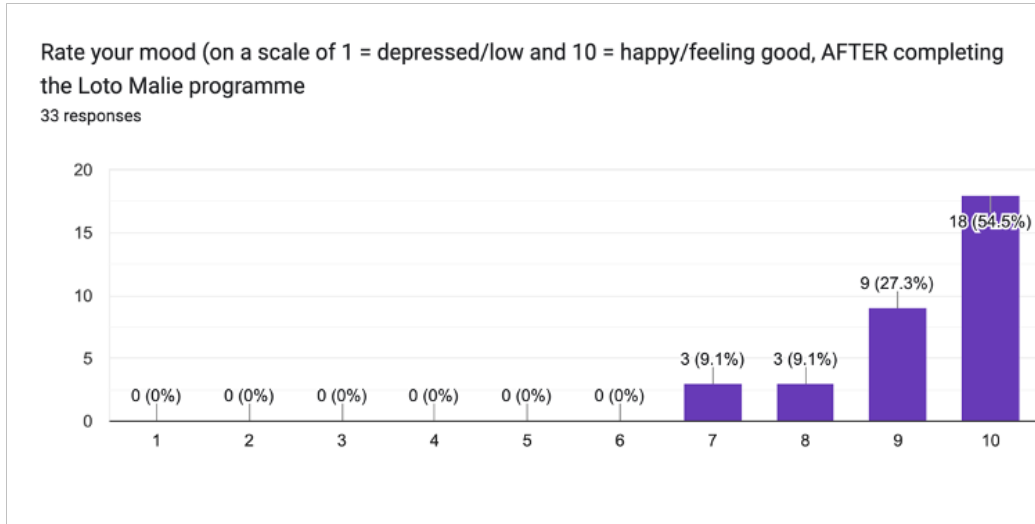
FIGURE 5-1: PARTICIPANTS’ RESPONSES RELATED TO THE LOTO MALIE PROGRAMME



Moreover, participants were asked to rate their mood before and after completing the four sessions of *Loto Malie* (Figure 5-2). The evidence showed an improvement in their mood following the completion of *Loto Malie*.

FIGURE 5-2: PARTICIPANTS’ MOOD BEFORE AND AFTER LOTO MALIE





The emphasis on incorporating culture and spirituality was evident throughout the *Fa’afaletui Talanoa*, which had positive results in which provided the foundational basis of *Loto Malie* and overall improvements in participants’ moods. The participants’ perspectives on the mental health and psychoeducational tools were that they were culturally applicable and relevant.

Within the *Fa’afaletui Talanoa*, the following questions initiated the conversation about their views on wellbeing as Pacific youth. The quotations presented in Table 5-1 to 5-4, emphasise the variety of themes and perspectives shared by Pacific youth participants during the *Fa’afaletui Talanoa*.

Some of the questions outlined in this chapter have also been summarised and incorporated into the five themes in Article 3 and Chapter 6. The 37 participants in all three *Fa’afaletui Talanoa* were asked to share their views verbally or digitally (Google Forms).

TABLE 5-1: HOW DOES CULTURE AFFECT WELLBEING?

Theme	Summary of Pacific youth’s responses
The benefits of preserving Pacific-Indigenous knowledge and worldviews	<p>“Culture significantly influences our wellbeing, as it influences our parents’ teachings, parenting skills, and traditions, which are passed down through generations. Cultural practices can have a positive and a negative impact.”</p> <p>“A lot of my core beliefs and morals are built on my culture.”</p>

	<p>“My sense of belonging. It’s my identity.”</p> <p>“My Samoan culture has been rooted and embedded deep within me which has been passed down from my ancestors. Samoan traditions and the way we do certain things is evidence in the way i live life and view things in the wider world. My values are shaped around my culture. Such as, respecting elders and talking back no matter right or wrong is seen as disrespectful whereas in other cultures voicing your opinion is appropriate despite age.”</p> <p>“My upbringing in my Tongan culture has shaped my values, morals, beliefs and the way I perceive the world. Therefore I feel like my culture has heavily influenced the way I see 'health' or 'wellbeing'. In a lot of ways, some cultural practices may not take into consideration the affects it may have on our Mental Wellbeing, however, since it is a tradition that I have grown up with I don't tend to question these practices.”</p> <p>“Respect is a big part of my culture, carrying this through life not only helps me through life but throughout my day to day life.”</p> <p>“Like in Samoa we are taught to rely on God for every problem we have.”</p>
<p>The impact of preserving Pacific-Indigenous knowledge in a Pacific diaspora context²</p>	<p>“In the Samoan culture, expressing feelings and emotions especially to parents is not considered normal for some of us. “Tough love” and masking our emotions and true feelings by “get over it” is how most of Samoan teens deal with our emotional and mental problems.”</p> <p>“Because, of the cultural values that we uphold and the fear of failure it affects our wellbeing.”</p> <p>“Everything. Because being an Islander we don’t speak about things that need to be addressed. Being in a Samoan family it’s hard like you can’t have emotions like you can’t talk about it because in our culture that’s weak.”</p> <p>“There’s a lot of standards that the culture has for males. Like they’re very heavy on being a provider being a protector. If your wellbeing isn’t very stable then the expectations weigh on you even more and often I find myself questioning myself worth because There will be times where we can’t provide or find ourselves in tight money situations and then because of how I know Samoan men to be from the cultural expectations it can mess me up at times.”</p> <p>“In the Samoan culture having depression or anxiety is not normalised or talked about so whenever someone especially the Samoan youth have depression or anxiety and a parent sees they either brush it off or get angry at them.”</p> <p>“In saying this, Mental Wellbeing was not something that I grew up learning about, or was made aware about, and I think that is purely because it is not always talked about in my culture.”</p> <p>“Being a NZ born Samoan can be challenging being raised with strong Samoan parents. Growing up in a country where your values and culture are not normal it can be hard. It almost feels like you're living in two different worlds. So it's hard to find that balance because you want to</p>

³ Pacific diaspora refers to the dispersed peoples and groups from the Pacific Islands who have migrated elsewhere and now reside in significant populations in Australia, Aotearoa NZ and the United States (Ka’ili, 2017, Alefaio-Tugia, 2022).

carry your culture everywhere with you but MOST of the time it's not possible to do that because it does not align with their culture.”

Based on this collective understanding, almost all participants expressed that culture greatly impacts their mental wellbeing. The participants’ understanding of mental wellbeing is aligned with the Pacific-Indigenous knowledge outlined in Chapter 2. The preservation of cultural knowledge and practices is still at the very core of their being, shaping their identity and worldviews. The emphasis on culture also has, to some extent, impacted their mental health in an unhelpful way. For instance, the perceived stigma and lack of mental health understanding within families impact their overall wellbeing. Later in this chapter, Article 3 provides further insights into this understanding and it is discussed and interpreted critically in Chapter 6. The next question offers a glimpse of their help-seeking behaviours during distress.

TABLE 5-2: WHERE DO YOU GO WHEN YOU FEEL DISTRESSED?

Theme	Summary of Pacific youth’s responses
Maintaining Pacific-Indigenous knowledge and worldviews	“I’ll often speak out loud in these situations to God not formal or anything just raw and honest. But one other way I deal with stress is talking with my parents. Like hearing them say something gives me the biggest assurance. If I feel stressed out I tell them and when they say it’ll be fine, of course I trust them because they’ve never been wrong. They’ve done such an amazing job in creating that type of relationship with me where if I feel like I need help I’m able to just go to them.”
	“Most times I pray to God when I am overwhelmed/stressed because I believe no one can help me like he can. Other times I go to my sisters, mother, partner and friends for their point of view.”
	“Close family and friends- because I trust them and value them.”
	I talk to my husband about my stress as he supports me through it and assures me that he's my support person.
	“Going to your close circle, e.g., family members or friends. They know how to comfort you during tough times.”
	“I pray to God to give me strength. My family- My sisters they give the best advice & so understanding.”
	The first person that I find comfort in is my God, because I know that he will not judge me and is always there for me.
	I usually message my Girlfriend and she always seems to message back with something that’ll make me feel better, or just makes me try harder.
	“I pray to God or sometimes share with close trusted friends and family. Our culture encourages us to seek the Lord and sometimes it can be easy

	to feel like you're a failure because you can't get past your issue through prayer.”
Help seeking perspectives and the impact of cultural knowledge in a Pacific diaspora context	“I don't seek help because I never really learned what to do if I ever feel stressed. I usually just keep to myself.”
	“I don't seek out help and that's because I don't want to either talk about it or burden someone or my family.”
	“I distance myself from everyone & keep to myself. I do this because it works for me & reflecting alone does so much for improving how i feel. Talking to people or reaching out for help makes me feel like I'm being annoying. Therefore I like to be alone through these times.”
	“I don't look for help. Naturally growing up in a family with past traumatic childhood experiences, I've grown up to know no one can help, it's my own problem and I need to solve it myself. Not even to my own family, it's always between me.”
	I go nowhere. When I was young I was use to my family not asking if I'm ok so as I got older I didn't like or want them to ask me if I was ok I thought it was too late”
	“I go to the gym/ training or starve myself because it helps me release stress and it's somewhere where I'm able to think about what's going on around me and just helps me relax.”
	“I always go to my gospel music. I find peace and soothing sensations. I always turn to my journal and meditation. I've realised that I tend to wait for my emotional breakdown then I turn to my siblings. I go to them because I know that they will tell me the truth.”
	“When I feel overwhelmed/stressed I go to train to cope . I do this because training helps release the adrenaline I feel. It makes me feel as if every time I complete a set pressure has been lifted off my shoulders.”
	Watching k-dramas is a sort of coping mechanism to escape from reality and it just generally makes me happy and in a good mood.
	“I normally take walks or getting up for fresh air, which helps me not to think too much about the stressful situation that I'm going through.”

The participants' initial thoughts on this question varied between seeking help from their family, faith in God or engaging in physical activity. Furthermore, the family unit played a significant role in providing reassurance, support and safety for the participants and was usually their “go-to” during their time of need. Confiding with their family and God heavily depended on trust and cultural values. Contrarily, some participants preferred to deal with their issues alone. The effect of cultural knowledge concerning their help-seeking perspectives was evident, meaning some participants felt ill-equipped to disclose, and other participants refused to “burden” their families with mental health issues. The sacred relational space or *vā fealoaloa'i* (as mentioned in Chapter 2) is central for Pacific peoples. In other words, Samoans believe that the breach of *tapu* (sacred) relational boundaries, also known as *solī le*

vā, can result in curses (Alefaio-Tugia, 2022a). Therefore, maintaining and nurturing a sacred space (*tausi le vā*) is paramount to prevent the violation of *solu le vā* between individuals.

The next couple of questions specified the participants' views on digital mental health tools and whether seeking online help would be an option to improve their mental health.

TABLE 5-3: WHAT ARE YOUR THOUGHTS ON ONLINE/DIGITAL HELP WHEN FEELING DISTRESSED?

Theme	Summary of Pacific youth's responses
Lack of digital awareness	<p>"I've never really thought about online help, to be honest. I don't really think it's useful."</p> <p>"Nothing really because it never crosses my mind to hop online for help, not my thing to do"</p> <p>"Online help is something that I've never considered turning to during challenging times. Growing up, online help is something that I have never looked into or been told about."</p>
Maintaining Pacific worldviews of connectedness	<p>"I guess it's good but most times being able to talk in person just hits different but talking online help"</p> <p>"Personally when I am going through some difficult thoughts, online help is not my go to. More like when we feel like that going on our phone is the last thing I'd go on."</p> <p>"I personally, find it hard to reach out so I don't know if it is something I would ever use. I like that it is easily accessible for our youth and usually anonymous. I also feel like it might not be as helpful as having someone physically there with you though. I say this because I think a lot of our youth feel disconnected, and I'm not sure if online services would help that or worsen it. As an islander I think human connection is so important, we thrive of our community and our connection to our family and environment so I'm not sure how an online approach would impact that."</p> <p>"I don't like online help I like face to face conversations online doesn't help"</p>
Embracing newfound insights for improving wellbeing	<p>I agree with online help. I know it will help young people and people in general that don't want to talk to anyone about the situation they are in."</p> <p>"I have recently entered the online help world. It's amazing it gives me tools that I can use daily and especially in times of sadness or challenging times. I think it's very accessible especially for us- this new generation."</p> <p>"I believe Online help is a very fast paced platform for young people to reach out and get help and also a positive way to engage young people to express their thoughts especially those who are not quite confident in doing face to face"</p>

For many participants, using online help was not a preferred option, as evident in their responses listed in Table 5-3. Connecting with someone face to face was more favourable, which also mirrors their perspectives listed in Table 5-2. Linking this understanding to Pacific-Indigenous psychology as outlined in Chapter 2 is explored further in Article 3 and Chapter 6. Some participants were open to exploring online help further and agreed that this could be potentially relevant and impactful for the younger generation. Lastly, the following question explored the participants' perspectives on their experiences of the effectiveness of using DMHTs.

TABLE 5-4: WHAT ARE YOUR THOUGHTS ON USING DIGITAL MENTAL HEALTH TOOLS (DMHTS)

Themes	Summary of Pacific youth’s responses
<p>Varied perspectives on the use of DMHTs</p>	<p>“I haven’t experienced any digital mental health tools but i think it would be helpful to those who would recommend and enjoy it.”</p> <p>“I have never really thought of using digital mental health tools but I am open minded towards it. Any sort of help/change would be useful within our Pacific community and given that our younger generation are easily attracted to social media, I believe it is the best place to target this generation.</p> <p>“My thoughts on existing digital mental health tools is positive. I think it’s great for people who are in those dark places.”</p> <p>“I personally believe that existing digital mental health tools are very helpful for us (Pacific young people) as it benefits us on how to look after our mental health and not to think too much about the difficult situation that we may face in life.”</p> <p>I have used one digital mental health tool in the past once out of curiosity to see if I was dealing with depression at the time. Although I ranked high in the depression rating, I did not take much thought into it mainly because I tend to not let myself believe everything on the internet.”</p> <p>“I have tried the app “calm”. Wasn’t a big fan, didn’t feel personal? If that makes sense. Didn’t feel like it was designed for me.”</p> <p>“I have used a digital mental health tool on Facebook. It was a great resource I use to help me manage my anxiety. It was amazing and useful. I’m new to this online help world and so far it’s great.</p>
<p>Benefits and limitations of using DMHTs</p>	<p>“I myself have not looked at any online tools. I personally feel like online tools don't really encompass Pacific/Christian values. I have not been exposed to any online Mental Health tools that align with my personal Pacific and Christian values but that could partially be because I have not sought to find any. As a Pacific person, I think physical/in-person interaction and connection is important, and online tools eliminates that.”</p> <p>“I think it would not be as effective as face to face talk especially with us Pacific people we love to <i>talanoa</i>. Digital resources is a great start but I do not think it will help in the long term.”</p> <p>“I think digital is unhelpful I think they need to remove it and do some programs that are face to face where someone is there just sitting there and listening and doing daily check-ups.”</p> <p>“Unhelpful, not much to offer, not actually 100% available for you 24/7”</p> <p>“I don’t really seek for digital mental health tools.”</p> <p>“I have not used any digital mental health tools because I don’t really trust anything digital, like things to do with online. & I’m unaware of these things.”</p> <p>“I’ve never learnt about digital mental health tools. At school or at home, it’s never talked about.”</p> <p>“Never heard of it, and just really not my go to personally when feeling low!!”</p>

“I didn’t know digital mental health tools exist.”

“But I feel that some digital resources aren’t being promoted in more places. It took me a while to find a good digital tool.”

The themes in the findings in Table 5-4 parallel the evidence found in Article 1 (Chapter 3). Understanding Pacific youth’s perspectives on DMHTs can help identify benefits, limitations, and gaps, as detailed in Table 5-4. Furthermore, the insights from Table 5-4 are critiqued later in Chapter 6. The participants’ opinions on using DMHTs demonstrate how Pacific-Indigenous knowledge has influenced their perceptions of engagement. Hence, *Loto Malie* aimed to improve the cultural relational connection of using DMHTs for Pacific youth to enhance engagement and promote their mental wellbeing. Building on this, Article 3 in the next part of this Chapter contributes to this discussion comprehensively and invites readers to journey along in witnessing the heartfelt experiences expressed by Pacific youth, who, as Chapter 1 outlined, **“were and still are seeking opportunities to make their voices heard.”**

Article 3:

Grounding Mental Health Digital Tools of Therapy in Cultural and Relational Connection for Pacific Youth in Aotearoa New Zealand

Abstract

Creating a reciprocal therapeutic relationship within therapy and promoting mental wellness is crucial as it produces feelings of liberation and contentment. This article is based on a study undertaken by the first author with Pacific youth in Auckland New Zealand, exploring the impact and engagement of a therapeutic programme, *Loto Malie*. This programme grounded mental health digital tools of therapy within a Pacific context. Aimed at improving overall Pacific youth mental wellbeing, the emphasis was weaving culture and spirituality in the engagement and content of *Loto Malie*. The findings revealed positive results based on participants' experiences in their engagement with mental health tools. A transformational shift of perspectives in improving their mental wellness was highlighted in five key findings, forming the concept of the *Loto Malie* therapeutic framework. The findings from this research have revealed significant contributions and newfound insights for improving the wellbeing of Pacific youth as it explored the Pacific culture in relation to mental health cognition and behaviour. Bridging the gap between mental health tools and the relevance of indigenous cultural understandings as the main tool is necessary for informing and strengthening psychological practices for Pacific youth.

Keywords

Pacific youth, Digital mental health tools, Cultural framework, Pacific-Indigenous approach, Pacific mental wellbeing

Introduction

This article documents the development and findings of *Loto Malie* (contented heart), a Pacific youth-focused mental wellbeing programme based on the first author's reflective practical experience of delivering mental health sessions with

predominantly Samoan church youth. *Loto Malie* is based on cultural concepts and values by incorporating the different areas of the first author's life as a youth leader, lived experience as a Samoan, nurse and cognitive behavioural therapist. A heart that is satisfied produces contentment or, in Samoan, *fa'amalieina*. In other words, allowing oneself to express and experience a wide range of emotions contentedly is related to feeling fulfilled. The feeling of being fulfilled in this context is equivalent to the concept of Pacific wellbeing outlined by Ataera-Minster and Trowland (2018) that Pacific cultural identity is connected with mental wellbeing because it fosters a sense of belonging, inclusion, acceptance and fulfilment among Pacific peoples. The name and concept of *Loto Malie* was gifted to the first author by her father, Rev. Fa'aso'oletalalelei Auva'a, an elder and a Church Minister. Significantly, a story that originated from his home village in Falealupo, Savaii, fittingly captured the essence of one whose heart was fulfilled because of sacred relationships. The sacred relationships developed before, during, and after the programme were equivalent to the sacred bonds between "the cousins (Nafanua, Siufanua, and Oloifanua) from Falealupo" in the story her father shared. Understanding the concept of *Loto Malie* formed the foundation of this research, and actioning Pacific core values was at the heart of this programme.

The programme drew upon the first author's practical experience working with youth in her church with everyday struggles. *Loto Malie* is a cultural and clinical intervention based on a relational framework of connection providing grounding for the mental health tools (including digital). The following table summarises the numbers of participants who attended the *Loto Malie* and *Fa'afaletui Talanoa* (culturally grounded discussions). The data collated from the *Fa'afaletui Talanoa* led to the results discussed by this article.

TABLE 5-5: PARTICIPANTS WHO WERE INVOLVED IN THE LOTO MALIE PROGRAMME

Description	Total in attendance
Participants who attended the <i>Loto Malie</i> programme	43
(1) <i>Fa'afaletui Talanoa</i> (large collective discussion)	33

(2) <i>Fa’afaletui Talanoa</i> (small collective discussion)	3
(3) <i>Fa’afaletui Talanoa</i> (individual)	1

The Development of the Loto Malie (Contented Heart) Programme:

Culturally grounded approaches have been proven to be most effective for fostering good mental wellbeing for Pacific youth (Ataera-Minster & Trowland, 2018; Auva’a-Alatimu, 2023; Firestone et al., 2020; Fleming et al., 2022; Teevale et al., 2016; Tiatia-Seath, 2014; Tucker-Masters & Tiatia-Seath, 2017; Vaka et al., 2020). Although there is a paucity of literature on therapeutic approaches particularly for Pacific youth, research continues to highlight the importance of focusing on Indigenous youth’s needs and demands when developing psychological methods and digital mental health tools (Fleming et al., 2021; Mhurchu et al., 2019; Rost et al., 2020).

Initially in 2018-2019, the primary researcher and first author created seven sessions with the youth leadership team at church in response to requests from youth to learn more about mental health. The group started with 35-40 attendees. These sessions were based on the first author’s cognitive behavioural therapy (CBT) training and learnings gained as a therapist. During the sessions, examples from *gagana Samoa* (Samoan language), *aganu’u* (culture), *aiga* (family) and *soifua fa’aleagaga* (spirituality) were used to articulate and explain the psychological concepts and mental health content, resulting in successful engagement with the young people. As a consequence, *Loto Malie* was developed from the positive experiences reported by the youth. The COVID-19 pandemic delayed the launch of *Loto Malie* in early 2020. In 2022, *Loto Malie* was delivered in person to Pacific youth in four sessions implemented over 2-4 weeks. Similarly to the sessions offered in 2018, the *Loto Malie* content focused on psychoeducation and mental health tools (including digital) delivered through weaving culture and spirituality together.

Kapeli et al. (2020) have emphasised the importance of “using our culture to understand mental health” (p. 263). Prioritising the exploration of Pacific-Indigenous

knowledge through appropriate research methods was key. This article is focused on Pacific youth perspectives on *Loto Malie*, a cultural clinical intervention wellbeing programme, highlighting its impact and engagement, while incorporating the Pacific-Indigenous frameworks of *Fa'afaletui* (Alefaio-Tugia, 2022a; Tamasese et al., 2005) and *Talanoa* (Halapua, 2007; Vaioleti, 2006).

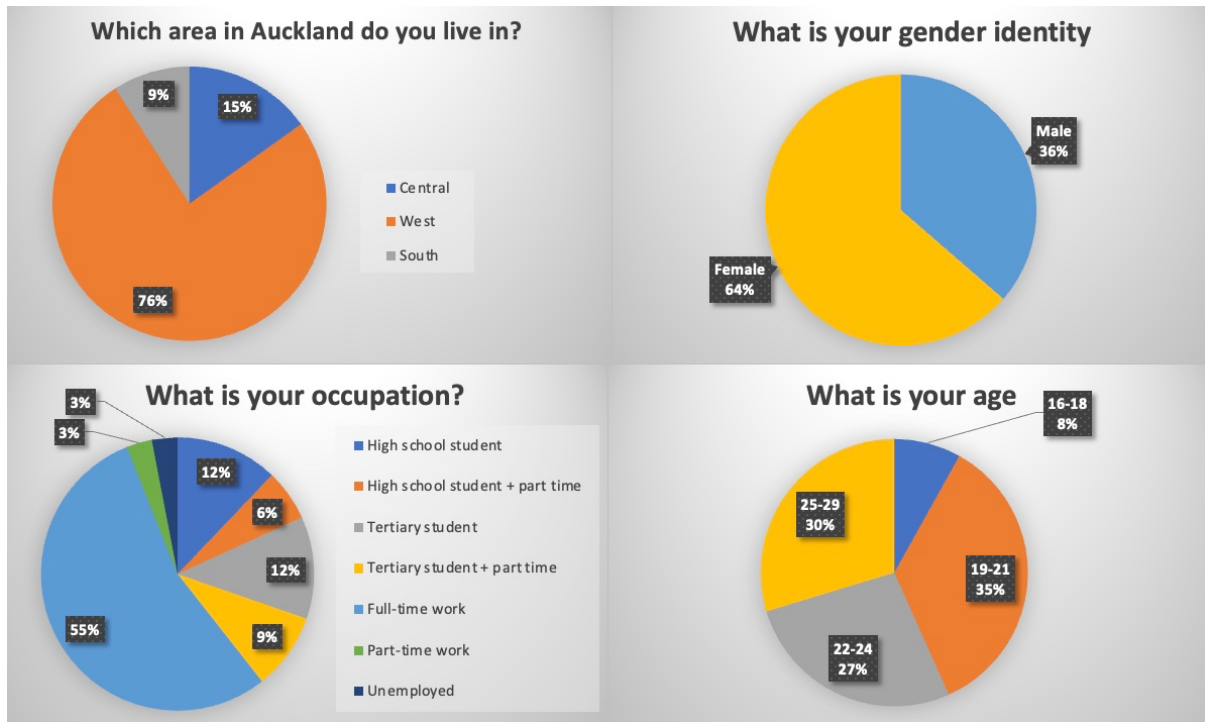
The Indigenous foundation of the *Talanoa* framework influences Pacific participants' responsiveness and participation in research (Tecun et al., 2018), parallel to the experiences shared by the youth from the *Loto Malie* study. *Talanoa* is defined as a conversation or an exchange of ideas that fosters authentic, multilayered critical dialogues (Vaioleti, 2006). Having established solid relationships with the youth meant that there were many benefits as an insider researcher. The immediate trust and connection with the youth were inevitable, which fostered a sense of safety, allowing openness and vulnerability in the *Talanoa*. This closeness alleviated tensions and misinterpretation of views, enhancing the depth and richness of *Talanoa* through the relational aspect (Dwyer & Buckle, 2009) and therefore this is what maintained the *mālie* (pleasant and satisfactory nature) of the *Talanoa*.

Fa'afaletui is a Samoan traditional cultural practice that emphasises interconnection and communal knowledge sharing, both individually and collectively (Goodyear-Smith & 'Ofanoa, 2022; Tamasese et al., 2005; Tuia & Cobb, 2021). The term *fa'afaletui* is a mixture of the words; *fa'a*, which means the ways of, *fale*, which refers to a Samoan house, and *tui*, which means the process of weaving (Tamasese et al., 2005). The *Talanoa* and *Fa'afaletui* frameworks both provide structure for qualitative research, serving as bridges for introducing and producing new information (Alefaio-Tugia, 2014).

Furthermore, the Samoan therapeutic values, including love (*alofa*), humility (*fa'amaualalo*), respect (*fa'aaloalo*), reciprocal service (*tautua*), faith (*fa'atuatua*), and relationships (*fealofani*), form the foundation of the *Fa'afaletui Talanoa* (Goodyear-Smith & 'Ofanoa, 2022) and were at the core of *Loto Malie*. These fundamental values are also acknowledged and embraced by other Pacific cultures (Tamasese et al., 2010).

Data collection and analysis:

FIGURE 5-3: PARTICIPANTS' DEMOGRAPHIC CHARACTERISTICS FOR THE LOTO MALIE PROGRAMME



An overview of the participant group is detailed in Figure 5-3 which shows most of the participants lived in West Auckland, were aged 19-29 years, and over half were engaged in full-time employment. The youth at the local church were predominantly older; only 8% were aged 16-18 years.

Thematic qualitative analysis (Braun & Clarke, 2006) incorporating a Pacific-Indigenous process of *fa'afaletui* analysis (Alefaio-Tugia, 2022a) was used. The compatibility of this analysis with the *fa'afaletui* and *talanoa* frameworks enabled the emergence of themes based on the data. Data was transcribed, and pseudonyms used to maintain confidentiality and protect the privacy of participants' identity.

Fa'afaletui Analysis

As part of the *fa'afaletui* dialectical analysis process (Alefaio-Tugia, 2022a), it was crucial to consolidate and validate the data in consultation with a *toeaina* (cultural

elder) and the researcher's academic supervisors, who were of Pacific descent. In the Samoan context, the concept of *toeaina* means older male figure in the family, who is also one who is wise, culturally experienced, and a leader of the family or community. In the church context, a *toeaina* is also referred to as an elder of the church, encompassing one who holds leadership, status, and spiritual maturity. The *toeaina* who helped analyse the data of this research was the first author's father, who is an elder and has been a Church Minister for over 30 years. Additionally, this phase of cultural analysis was critical because the Pacific-Indigenous language communicated between the first author and the *toeaina* was being translated and back-translated between Samoan and English due to the inherent metaphorical meaning embedded within Samoan language and culture (Alefaio-Tugia, 2022a). Alefaio-Tugia (2022a, p. 36) has affirmed that the application of the dialectical process to a cultural-historical framework enables a more in-depth examination of the "cultural trajectory of psychology" and provides a bridge for the introduction of new information, such as the Pacific youths' understandings of *Loto Malie* and overall mental wellbeing (Auva'a-Alatimu et al., 2023)

Moreover, part of this critical analytical process offered a more in-depth comprehension of cultural nuances, concepts and narratives shared by the participants. The phrase or concept of *tamaoaiga* was used frequently during the *talanoa* with the *toeaina*. This word in Samoan means "the state of being wealthy, prosperous or rich." In other words, this meant having an abundant supply of either material possessions, economic resources, or money. However, *tamaoaiga*, in relation to this research, as explained and summarised by the *toeaina*, held a far more profound meaning. The concept of *tamaoaiga* in this study referred to the immense richness, depth and breadth of knowledge shared by participants individually and collectively. To put it in simpler terms, *tamaoaiga* was defined and contextualised in this research as the wealth of knowledge. *Fa'atamaoaiga*, in this research context, means "to acquire or to be enriched in knowledge." This is also aligned with and supported by the principles of the *Fa'afaletui* framework, for instance, weaving in the wisdom gathered from various houses of understanding (Alefaio-Tugia, 2022a). Furthermore, the word *tamaoaiga* recognises the Indigenous knowledge and values and the narratives and cultural nuances that each individual shared. Significantly, the findings revealed the contribution and comprehension of

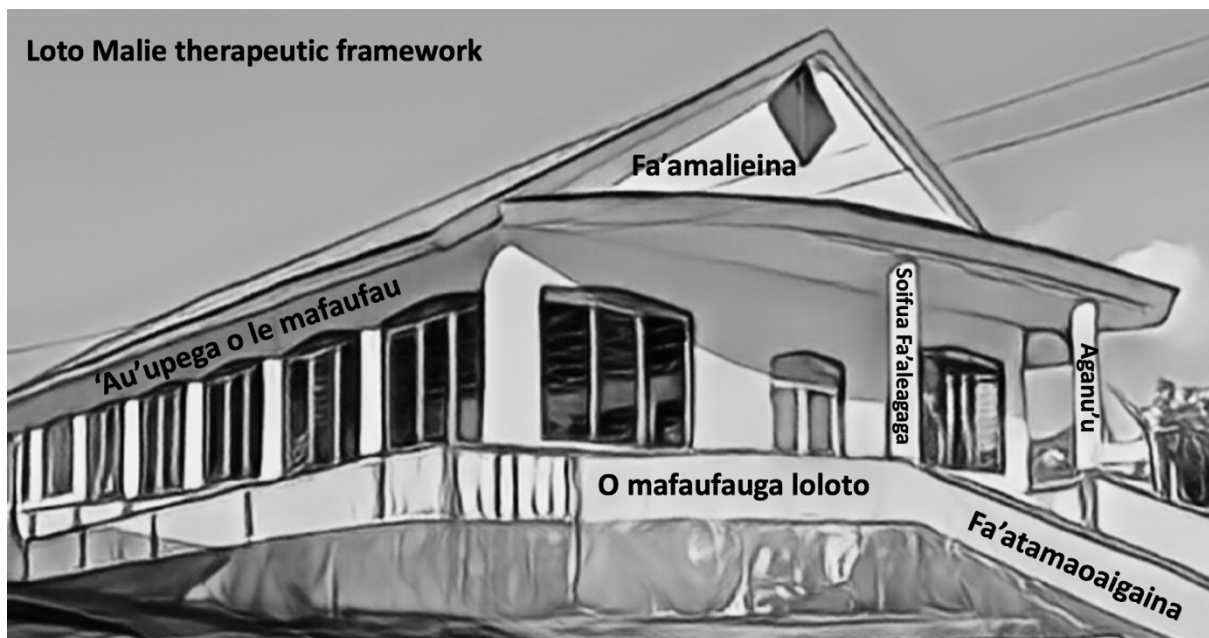
the participants' *tamaoaiga* (wealth of knowledge) on the *Loto Malie* (contented heart) wellbeing programme.

Impact of the Loto Malie programme

Themes that emerged from *Fa'afaletui Talanoa* helped to conceptualise the *Loto Malie therapeutic* framework. Furthermore, the research findings outlined five themes based on the study undertaken, which this article discusses critically.

The *Loto Malie* therapeutic framework, as shown below in Figure 5-4, is symbolised as a church building. The church building is a house of worship and a gathering place for worship services and other religious/Christian activities. In the context of this research, the church edifice embodies the meanings of protection, healing, wholeness, and strength. A participant's perception that the term "church" connoted a sense of home in the physical, mental, and spiritual senses was perhaps the most telling conclusion from this study. As a result, it was appropriate to develop a framework resembling a church in every sense of the word.

FIGURE 5-4: LOTO MALIE THERAPEUTIC FRAMEWORK



Note: EFKS, Saleaula, Savaii, Samoa. Image adapted by Taulaga Auva'a-Alatimu from an original image by Rev. Penaia Koro, 2023 (permission granted).

The following section outlines five key findings that make up the therapeutic framework of *Loto Malie*: *Fausia* (integrating and enriching culture/*aganu'u* and spirituality/*soifua fa'aleagaga*), *Fa'atamaoigaina* (strengthening self-discovery), *Fa'amalieina* (sense of home and self-fulfilment), *O mafaufauga loloto* (perception of the content and transformative reflection) and *'Au'upega o le mafaufau* (equipping youth with practical tools).

Fausia (Integrating and Enriching Culture and Spirituality)

- ***Fausia ina fa'atamaoigaina i le aganu'u ma le soifua fa'aleagaga***
Weaving together **culture** and **spirituality**

Fausia in Samoan means to build or construct. In this research context, *Fausia* refers to strengthening and enriching the interweaving of culture and spirituality to form the pillars of the church as depicted in the *Loto Malie* therapeutic framework. Many studies have shown that Pacific peoples' spirituality strengthens their sense of connection and belonging to their cultural identity, family, genealogy and environment, which improves their overall wellbeing (Fa'alili-Fidow et al., 2016; Paterson et al., 2018a; Puna & Tiatia-Seath, 2017; Teevale et al., 2016). When viewed through a Pacific perspective, being spiritually and culturally grounded are perceived to be protective factors for mental health and promoters of wellbeing (Ataera-Minster & Trowland, 2018; Teevale et al., 2016; Tucker-Masters & Tiatia-Seath, 2017). Within the context of the *Loto Malie* therapeutic framework, the *poutū* (pillars) represent *aganu'u* (culture) and *soifua fa'aleagaga* (spirituality). The pillars are the structural components of a building responsible for bearing weight. In other words, they provide support and stability to strengthen the structure of the building. Metaphorically speaking, drawing strength, stability, and resilience from these pillars was grounding and fundamental in the *Loto Malie* framework.

Many participants shared similar views about *Loto Malie* being culturally relevant. The language that was used to explain psychoeducational concepts ensured they were articulated in a relatable manner that allowed the participants to understand and engage with them easily. The following quotes express their views on cultural

and spiritual inclusivity, which were grounding for them and made it a lot more comfortable to discuss mental health:

I liked that it was catered to Pacific youth. I liked that a lot of the content was inclusive of our spiritual beliefs and journeys. I liked that there were some familiar faces in the programme. It made me feel more comfortable seeing people that looked like me (i.e., brown) discuss such sensitive topics and take mental health seriously.

Starting off with devotion and going through some Bible verses helped and reminded me of God's love and that I'm never alone.”

Another participant agreed:

I really enjoyed the breakdown of thoughts and that mind. To think that I'm a Christian and we always talk about God and creation, and I always think about the big things, but miss the minute details like thoughts and just how big a part they play in our thinking. The way our thoughts are formed and where they are influenced from. This opened my eyes to the problems I struggle with in terms of mental health.

The examples were rooted in Pacific ways of being and doing, for example, discussing life experiences from a Pacific perspective. One participant expressed:

I like that Loto Malie was heavily rooted in our culture and faith. Each session started off and closed with a prayer which was super comforting. I could relate to a lot of what was said in the sessions because of the similarities of our cultures. The little things that stood out to me were the Bible verses and the Samoan proverbs that were incorporated. When I heard these subtle Bible verses or cultural sayings, it made me feel at home. I felt like I was with my people, and I could be myself.

Some participants agreed that discussing mental health was a sensitive topic. However, the examples and explanations of the psychoeducational tools were relatable and culturally appropriate, as evident in the following excerpt:

I love how much we can relate to what was shared with us. There are so many common situations we see or hear every day close to home, yet we, as Pacific, are not educated or have the basic tools to manage or talk about our mental health.

Two sessions covered the importance of understanding one's purpose and passions ("my why") and their sense of belonging. Therefore, the exploration of areas such as the strengths, values, and qualities of a person was highlighted. The importance of understanding where they drew their strength from and reflecting on the origins of their values was paramount for most. One participant found this helpful:

It helped me to learn and understand where my passions came from and how these values and aspects affect my life. Learning about how much mental wellbeing really means to me. This helped me learn what my values and strengths were.

Furthermore, one stated:

This session I resonated most with because it emphasised how important my sense of belonging was. These sessions reminded me that my family, my past, my personality, and my culture all contribute to and shapes my identity.

- **Inclusion of church elders and youth leaders**

Church Ministers are respected and are trusted guardians in Pacific communities (Hopoi & Nosa, 2020; Sternberg et al., 2007). A study by Hopoi and Nosa (2020) explored Samoan Methodist Church Ministers' knowledge, awareness and roles in health promotion. The findings indicated that they prioritised and valued their congregation members' community service and wellbeing. Hence, having the church elders and youth leaders participate in *Loto Malie* was fundamental to this research

due to their desire to serve and enhance the overall wellbeing of the youth. The Church Minister opened *Loto Malie's* first session with a prayer and Bible encouragement. The third theme of this research, the sacred space and sense of safety resulting from the inclusion of spirituality and cultural responsiveness in this programme, is discussed later.

The youth leaders contributed significantly to the *Loto Malie* programme, participating in prayer-opening during sessions and supporting participants with any queries. They sat at different tables to answer questions and encouraged brainstorming and opinion sharing. Therefore, the youth leaders encouraged others to share their views and contribute to the programme's success. One participant explained:

I like how you had the youth leaders there. They were always supportive. And I like how you introduced them at the start of every session as well and they got to open up with a prayer. I think that was really helpful.

Weaving together Pacific core values in *Loto Malie* was imperative. Such values of *tautua* (service), *alofa* (love), *fa'aaloalo* (respect) and *loto maualalo* (humility) were evident throughout the sessions. The participants received cooked meals at the end of each session. Church women (elders and aunties) cooked and served the participants, demonstrating the Samoan concept of *tautua* (a reciprocal act of service). Food is perceived to strengthen the spirit for Pacific peoples, and it maintains and nurtures the sacred relational space. As a result, the participants experienced the church women serving them despite their age and status. These women's heart-felt and thoughtful acts instilled gratitude and humility among the youth. Such acts portrayed a sense of collectiveness, as the women served knowing the purpose of empowering and supporting the youth and their wellness. One participant voiced:

The safe space was created, and I felt comfortable knowing that everyone was there for promoting our mental health. I felt like I can be open because everyone, including the youth, leaders and elders were there for the same purpose.

Another participant explained:

Being served by our elders was so heart-warming and humbling. It's usually that we serve our elders, but we witnessed them serve us; in a way it was like breaking the cycle. It was a surreal experience!

Fa'atamaoaigaina (Strengthening Self-Discovery)

- ***Fa'amalosia o le fa'atamaoaigaina***

Awakening the inner self

Fa'atamaoaigaina, as mentioned earlier, means to gain or increase one's knowledge. In this research, *fa'atamaoaigaina* meant empowering young people to become more self-aware, helping them discover their strengths, values and purpose. In relation to the *Loto Malie* therapeutic framework, *fa'atamaoaigaina* represents the church pathway, or *o le ala* in Samoan. The concept behind *o le ala* summarises this theme precisely. The *toeaina* (cultural elder) explained a well-known phrase in Samoan, *o le ala, e tau atu ai le manuia*, which translates to, "the pathway that leads to success."

Furthermore, the *toeaina* explained that the participants felt a strong sense of self-discovery because they could fully embrace their wholeness or *tagata atoatoa*, identity and life experiences. He elaborated on the pathway representing one's journey or *malaga*, acknowledging that they will discover life lessons and challenges to gain wisdom (*fa'atamaoaigaina*) and grow their characters. The *toeaina* reiterated the significance of embracing one's journey, stating, "the path in which one has to persevere consists of many mountains, as winning the race is never easy, *O le ala e te asaina. E tele mauga sa a'e ina, e le faigofie le tausiniōga.*"

The following statements provide the notion of embracing their *tagata atoatoa*, (wholeness), attitudes, and perspective. For instance, the participants voiced their preconceived biases before attending *Loto Malie*:

I came into the program with the thought of neglect. I walked out refreshed and grateful that I came. This program helped me realise how important mental wellbeing is

Another participant's thoughts also coincided with this:

I thought I wouldn't need to come, but after coming and hearing that mental health isn't all negative. I learnt ways to deal with different situations, i.e., breathing techniques.

Parallel to the concept of *fa'atamaoaigaina*, the participants felt empowered with the knowledge (mental health tools) they had acquired. The experiences they encountered after completing some of the sessions were understood as awakenings with newfound insights into mental wellbeing.

When we got asked "where do we belong" and "who am I?" I found it hard to answer those questions even though I know the answer. I couldn't find the right words to write down. I found myself pondering. After the facilitator gave examples I was able to think of some answers. This really helped with my own identity and discovering myself.

Other participants agreed that being able to explore their strengths, values, and purpose was an eye-opener:

Prior to coming, I struggled to find my strengths and what my why was because I haven't really thought about it and it just made me question what am I doing in life and what keeps me going day by day.

For many, the power of understanding their purpose (their "why") and passions was at the core of self-discovery. Participants were asked to brainstorm their "why," which enabled them to explore their purpose, passions, and interests. The following quotes provide evidence of the power of understanding purpose:

Understanding my why was so important, I thought I knew but I really didn't. *Loto Malie* has helped me understand this a lot better.

The importance of knowing your why. Keeps you grounded and almost humbles you in a way. Helps you remember why you're doing what you're doing.

Recognising self-awareness involved authentic vulnerability. For instance, the participants' abilities to open up about their strengths and weaknesses was evident throughout the *Fa'afaletui Talanoa*. One participant struggled to convey their sense of belonging:

I struggled with finding my sense of self in a place. I didn't really know if I felt like I belonged somewhere. This session has really opened my eyes, and it has helped me in so many ways.

On the other hand, one participant expressed that being reminded of their sense of belonging was very much needed:

This session stood out for me as it made me think a lot about my relationships and the importance of having a home or my sense of belonging. I feel blessed and am so grateful to have a home and an *aiga* to belong to.

Part of being self-aware meant people tended to reflect on and critique their habitual ways of thinking. The session on identifying strengths and values highlighted the importance of understanding one's values and how values and personality traits stem from childhood, social environment, life experiences, and, potentially, genetics.

So seeing that there was a way to help combat these feelings and thoughts was relieving. You never want to think those things and get so deep in it and when you do you can start to blame yourself but seeing that sometimes it's a genetic thing, that was also interesting.

- **Deep thinking and soul searching**

Other participants struggled to articulate their purpose and sense of belonging. For some, the answers did not come automatically, requiring some time to dig deeper. One participant opened up about this:

Session 1 was heavy for me. It was deep and honestly the moment where I felt I needed to dig deeper and elaborated more on my why, my passions and my values. I really thought I knew for sure what my why is but honestly, I could not find any words to describe it.

One participant could easily describe their whys; however, they still wrestled with this concept:

I mean I had my whys, like God and family but I didn't feel the passion behind it so I wanted to do some searching. It was more of a deep dive into who I am.

For some, it meant that digging deeper required a process of being vulnerable and uncomfortable. As the facilitator, it was intensely heart-warming when some participants shared that they wanted to explore this further. The participants' willingness and efforts to understand the roots of their purpose (whys) better were profound. Many, wrote their responses in their *Loto Malie* booklet, and some chose to complete the task at home. For instance, one participant expressed the need to reflect on this with their partner:

I was lost. I didn't even think about it, and I didn't know what to write in my book. I was thinking, where do I belong? And I was just thinking about my husband and my kids. Oh, is this where I belong? I ended up going home and had the same discussion with my partner, I asked him 'do you know what belonging means?' and he didn't know as well. Um he knew what it meant but he didn't know how to explain it.

Session 1 and 3 planted the seed of the question of who am I? I went home these two nights and I had so much to write in my journal, and it got me practising my reflection.

One participant pondered deeply about the values exercise:

I struggled to find my why and values, specifically values, I found it hard to write my father's values. I struggled to find what my why is and I am still searching for that today.

Overall, creating opportunities for participants to dig deeper into various topics was not automatic or straightforward for some. Some participants were willing to search deeper into the roots of their responses, despite fears of the unknown, or emotional triggers attached to them. Consequently, their understanding and realisation of this was enriched more meaningfully, best described as ***fa'atamaoigaina***. Some of the emotions that were present will be detailed later on in Theme 3. Most participants felt self-empowered and enlightened by the programme. The following statements provide examples of transformational changes as they delved deep into their self-discovery:

I've struggled to be a part of something and having these thinking errors that I'm not worth it, and I'm not good enough. Now coming to realise that I belong to a space where I can be myself and noticing how I am comfortable and not trying to be someone else feels amazing.

The belonging topic where the idea of what is belonging came about, and I automatically thought fitting in. Finding out that "fitting in" is conforming and changing who you are is not belonging. This session was a game changer!

Fa'amalieina (The Sense of "Home" and Self-Fulfilment)

- ***Ua fa'amalieina le loto ona ua tamaoigaina***
Feeling "safe" and "at home"

Fa'amalieina means fulfilment or contentment in Samoan. As illustrated in the framework (Figure 5-4), *fa'amalieina* is symbolised by the roof. In Samoan, the roof is referred to as *taualuga* or *falealuga*. The roof serves as both a literal and metaphoric representation of several aspects. This structural component signifies the completion of a significant task and beautifying a building, providing ultimate protection and covering. As the *toeaina* best summarised, “*ua taualuga le fa'amoemoe, aua ua fa'amalieina le loto,*” meaning, “the ‘roof’ signifies completion, due to one’s heart desire being fulfilled.”

In the *Loto Malie* framework context, *fa'amalieina* indicates that the participants felt a sense of safety and self-fulfilment due to their experience in the programme. The presence of *malu* or protection in this research context allowed the participants to maintain a sense of safety which enclosed and covered the relational space, as Alefaio-Tugia (2022a) emphasised, allowing for *vā fealoaloa'i* (relational respect and engagement) and *vā tapuia* (sacred relationships). For instance, almost all participants experienced an overwhelming sensation of safety. Most participants associated the sense of “feeling safe” with the environment or Church setting, as the following quotes prove:

The church setting was helpful because I felt at home.

I was in a safe space, being in the church.

I loved the sense of home that was created and the atmosphere from the church setting.

Furthermore, incorporating spirituality and culture reinforced the relational sacred space between the primary researcher and participants. The Christian and Pacific values were embedded in the delivery and content. As a result, it created a respectful and trusting relationship where participants felt comfortable and were open to sharing. Surprisingly, some who were not a part of the Church youth group and who the facilitator had never met before, said they felt comfortable sharing:

It was easy to share my thoughts because of the environment that I was in, I felt safe and comfortable even though I am not from this church.

Furthermore, the following participants continued to stress how significant the “safe space” was to them:

I felt like I was in a safe enough space to express myself verbally to those around me as well as through journaling.

All the sessions were taught in a way that I considered to be a safe place.

Furthermore, one participant discussed the importance of expressing themselves freely, given it was their first time experiencing a Christian church setting like this:

I felt like I was in a safe space, being in the church you know listening to worship music and just know that everyone was going through the same thing, I felt like it was really easy for me to express my feelings.

When a person feels safe in a relationship, there are elements of trust, acceptance and non-judgment. For instance, one participant explained:

The level of comfort I felt during the programme, like I was expecting it to be intrusive but I guess when there are other people who are able to talk about the things that I’m struggling with. It helped me feel comfortable.

The sense of “home” and connectedness was repeated throughout the *Fa’afaletui*. The facilitator ensured that the Church setting was set up in a culturally “homey” manner. One participant summarised this “homey” feeling well:

I loved the warm and homey feeling this programme has created for me and everyone else. It wasn’t just the place but the people. It was such a vibe, a safe space that is filled with love, with no doubt a stranger can walk into this place and automatically feel safe at home, loved and valued.

Another participant shared this “fuzzy and warm feeling”:

The booklet was nicely laid out, I can see and feel that so much work, thought and effort has been put into making this booklet. The island patterns were so nice that writing in it made me feel at home. I didn't know that a booklet like this made me feel so fuzzy and warm.

The word “atmosphere” was frequently mentioned in the *Fa’afaletui*. Almost all participants had a positive encounter with the programme in regard to the “atmosphere that was created” during the sessions. Most participants shared similar views, stated in the following quotes:

I like the atmosphere that was created, it was very welcoming.

The atmosphere that was created made us feel comfortable to share our thoughts/experiences as well.

The atmosphere felt safe and comforting knowing that I wasn't the only person going through some of the points that were mentioned.

The participants reported that they were appreciative and humbled by the whole experience. Some participants felt emotional and overwhelmed by all the *alofa* (love) displayed through the teachings, spiritual nourishment (devotion, prayers, and Christian hymns/songs) and the provision of food. The following quote highlighted the role and significance of food which enhanced engagement:

I even liked the feeds after each session! The food was amazing and it reinforced that at-home feeling for me.

Ultimately, the *Loto Malie* programme significantly improved participants' mental wellbeing, given the relationship between the researcher and participants had been well-established for over a decade. This allowed them to share comfortably, along

with those who were non-church members. As a result, this fostered a self-fulfilled and contented heart, also known as *o le loto ua fa'amalieina* or **Loto Malie**.

- **Perception of the program delivery and engagement**

The collective's perception regarding the programme's delivery and engagement was imperative to explore. The stories and examples shared by the facilitators from their personal cultural upbringing and clinical background were considered a highlight for many. This enlightened some participants as the shared examples normalised their personal experiences. Therefore, they had a clearer understanding of their situation:

I loved that you included your life experiences to help us understand each session. Having something to relate to is the best way of learning for me. There was a sense of relief knowing that I'm not the only one who sees things from certain perspectives.

When I first heard the meaning of thinking errors, you had my absolute attention. It was as if you were describing how my thoughts function. It gave me a better understanding of myself, which I'm so grateful for.

Another participant reiterated:

You gave a lot of real-life/relatable examples during the session that I was able to resonate with, which made it a lot easier to get involved during the sessions.

The importance of providing "real-life examples" was at the forefront in the facilitator's delivery. The facilitator embraced vulnerability with the intention of strengthening the therapeutic relationship and engagement with the participants. Most participants felt a sense of connectedness throughout the programme, as the following quotes explain:

Your personal stories were so emotional that I feel I could relate to them on many levels.

Your examples were so helpful. Making yourself vulnerable to us made that connection with us even better!

It was vital to explain the psychoeducation concepts in a calm and non-confrontational manner. One participant voiced that, at first, it felt confronting. However, their perspective changed when they had a better understanding:

Learning about thinking errors was confronting because I am guilty in that area but seeing it up there and when you explained this was helpful.

Most participants shared similar views about not feeling pressured to share or disclose issues. Some had their own misconceived biases prior to attending the programme. However, the facilitator was careful to honour each participant by respecting their space and privacy, as the following excerpts describe:

My expectation before attending was that I was going to be pressured to speak up or share something personal but it was the total opposite, and I love that you respected that about sharing/keeping to yourself.

When it came time to brainstorm together, you would never force us to speak. You would only ask if we have questions and say words of encouragement like, “there is no wrong answer.”

I appreciated how you respected our privacy.

As a whole, prioritising the participants’ needs in relation to promoting mental wellness was paramount. The implications from this theme are that the participants needed to feel a “sense of home” and self-fulfilment in order to share knowledge (*tamaoigaina*, the wealth of knowledge) and receive knowledge (*fa’atamaoigaina*, to acquire the wealth of knowledge). To conclude this theme, the response below encapsulated the aim of this research in such a profound statement:

I liked that we were made to feel important. It made me feel valued.

I like that we were made to feel heard.

O Mafaufauga Loloto (Perception of the Content and Structure of Loto Malie)

- ***O mafaufauga loloto ona le fa'atamaoigaina***

Understanding of psychoeducation: perception, favoured topics, and transformative reflections

Both literally and figuratively, the building is robust because it has a strong foundation. In other words, the foundations' strength determines the stability and resilience of a structure. The *fa'avae* (foundation) within the *Loto Malie* framework reflects '*o mafaufauga loloto*' (perception of the content and transformative reflections of *Loto Malie*). Referring to the *toeaina*'s understanding of this theme, he emphasised the need to lay the solid foundation of a building first, which *Loto Malie* aimed to achieve. He further explained that the foundation starts at the beginning, metaphorically referring to the participants' generational roots, Pacific-Indigenous knowledge, and life experiences, which he articulated in Samoan, "*E tāua le malosī o le fa'ava'e. O le fa'avae o le amataga, e fa'atusa i le olaga a le tagata, o mea na tupuna mai ai.*" Acknowledging the participants' core foundational layers, as mentioned above, was paramount. In this research context, the *toeaina* echoes the importance of strengthening the foundation due to the concept of *fa'atamaoigaina*, the newfound knowledge and wisdom gained from the programme.

The most frequent narrative shared amongst all the participants was the learnings and insights received from *Loto Malie*. For instance, learning about the basics of psychoeducation and the fundamentals of CBT was a highlight for many. Their newfound insight was one of the most rewarding moments for the participants:

I loved the learning on the science part behind mental health. I loved learning about the hormones, and so straight forward and easy to understand.

One of the sessions you spoke about how our thoughts determine our action, and how if we keep thinking the same thing then the outcome will remain the

same, but if we think otherwise then the outcome will be different. It made me realise how dangerous our thoughts can be and how important it is to keep active and positive. Even trying your breathing techniques or using the 5 senses.

I learnt about endorphins, dopamine, serotonin and oxytocin. Learning about these hormones was interesting, and the causes and effects of depression and anxiety. I also learnt something important: how to approach someone with depression/anxiety.

The participants were able to apply the psychological principles they learned within the context of their own lives. The following quotes demonstrate the context in which these ideas were formed:

One of the sessions allowed me to understand the automatic thoughts that come to mind—understanding the stages of this so that I can work on this better so that it does not hinder my relationships.

The thinking errors were a highlight. It made me think and reflect, "Wow, I actually do that a lot."

I never recognised myself as "good enough" because I often ignore the qualities and strengths that I have, and now having to go over this session I realised that what keeps me going is the things I'm good at.

The cultural examples and practicalities of providing mental health support to those in need were emphasised throughout the *Fa'afaletui*. In the following quotes, we can see the evolution of such ideas as experienced by the participants:

I believe these sessions were extremely helpful in knowing what to look for when someone suffers from depression or anxiety.

I loved how the facilitator explained step by step what to do when a friend is in need, how to deal with them when you're in a situation when a friend is on the edge.

Loto Malie has given me a better understanding of how mental health can affect our life daily and when to take action when I recognise early signs of mental health problems.

The overwhelming majority of participants commented on the creativity in the presentation of the sessions, which attributed to the participants' engagement in the programme. The following participant shared their positive experiences below:

I loved the icebreakers and the circle time where everyone gathered on the mat and had a chance to speak and talk about the meaning of their name, where it originated from. It made me feel valued in way and also valued others in the programme.

The inclusiveness of the interactive components in the sessions was critical in capturing the participants' interests:

I learnt that I struggled with automatic thoughts and core beliefs that weren't good at all. She drew this diagram which helped me understand it more clearly as a visual learner. It was a mental crusher—any positive compliments that anyone would give me, I wouldn't accept it. I would crush that thought because I have already convinced myself otherwise.

Transformational reflections: The most striking finding to emerge from the data was the participants' transformational thinking. The shifts in perspective for many participants were phenomenal, and these are considered the main achievements of this research. The following participants expressed a desire for such a shift in thinking:

The sessions enabled me to learn more about why I do the things I do. This has given me a new perspective on approaching work and relationships with others.

I can say 1000000% that this programme might have saved me from situations in the future and how to prioritise my mental health as a teenager and having a healthier transition into adulthood.

One participant felt ill-equipped prior to attending *Loto Malie*, however, feels confident after gaining a deeper understanding of mental health:

There are loved ones that are in need of help and because I didn't know how to approach them, I now have tools that I can use to help them and others.

The quote below tells a poignant and transformational story, influenced by the narrator's newfound insight which ultimately impacted the relationship with their family:

Prior to the sessions, I would say I have an okay relationship with my mum, but we just butt heads a lot. But after these sessions, I noticed that my mum wasn't doing things that usually make her happy, e.g., gardening. The past weekend, we (siblings) have all taken days to cater to her. It has eased my mind knowing this. The sessions made me understand like she's also human and made me look at her differently, in a different light.

While the sessions were informative and helpful for almost all participants, a small number of participants indicated that they would have benefited from having more than four sessions. Some participants reported a preference for sessions that lasted longer than an hour. The more surprising correlation with this was related to the participants' desire to learn more about mental health. The following quotes explain this well:

I just didn't like how it only lasted for an hour, I wish it was longer.

The programme for me felt short. I wish it were a bit longer. I guess you know you want something longer when you're going through something. I just wanted more.

- **Structure of sessions**

The goal of distributing the material across four sessions was to allow the participants to understand the topics without feeling overwhelmed by the amount of information. The following participants repeatedly voiced the effectiveness of the information delivered throughout the four sessions:

I loved how the *Loto Malie* programme was broken down into sessions, with each 4 sessions I was able to take something away from it and still remember it. With the information, it was super easy to understand. The information wasn't too much or overwhelming that it became confusing or too little or less that It felt like I didn't learn anything, BUT it was just right!

I liked how it was divided in to 4 sessions, it wasn't too overwhelming for me. I also liked how we got to do exercises (icebreaker I think) and the brainstorming in each session, it was a good way of waking everyone up and it gave me a better understanding about each point being made.

'Au'upega o le Mafaufau (Equipping Youth with Meaningful and Practical Tools)

- ***Fa'atamaoigaina 'au'upega o le mafaufau***

Interactive activities

In reference to the *Loto Malie* framework (Figure 5-4), the windows, or in Samoan, *fa'amalama*, represent '*au'upega o le mafaufau*' (equipping youth with meaningful and practical tools). The windows are significant as they provide light, warmth, air, and visibility. The *toeaina* was able to provide a more profound cultural explanation. He stated that many windows represent diverse perspectives. Therefore, providing greater visibility and exposure to light allows individuals to acquire knowledge

(*fa'atamaoigaina 'au'upega o le mafaufau*) and better understand themselves. Furthermore, the *toeaina* provided a grounding insight into the representation of windows, which symbolise faith, hope, and appreciation. He uttered this in Samoan, *'O le fa'amalama, o le auala lea e te iloa ai le matagofie o le Atua. Ua fa'atamaoigaina, ina ia susulu atu le tāua le soifua ma le ola.*" This translates to, "the window with more visibility allows one to 'gaze and marvel at God's handiwork, His creation and illuminate the 'light of knowledge' about wellness."

Most activities incorporated cultural and spiritual aspects, which assisted participants in determining their values (personal and family) and strengths. The facilitator instructed the participants to practise mindfulness by writing a letter to their parent/grandparent or late parent/grandparent/ancestor. The findings were remarkable and a prominent experience for many. One participant stated:

I like how the programme incorporated Pacific and Christian views. I liked the segment where we wrote letters to a loved one thanking them. I didn't know this was something I needed but I felt connected and a sense of inner peace thanking my grandma who passed away 18 years ago.

Another participant added:

This exercise was so relevant—connecting back to our ancestors/grandparents and back to our roots—this was so important for me, it definitely humbled me.

Such tools were impactful for some of the participants:

I was shown different techniques and teachings about my wellbeing and the importance of this. Knowing that there are tools can help me with this.

Reflective exercises and icebreakers aimed to encourage deep thinking, while Christian/Samoan hymns played in the background. The participants were sometimes asked to gather around the *fala* (mat) to *Talanoa*. This was generally appealing to the participants, as the following quotes confirm:

The mindfulness reflection sessions were helpful. I stopped myself from tearing up because I didn't want people around me to see me tear up. This was during the ancestors' mindfulness reflection.

I liked the interactive components, especially the reflective icebreakers at the beginning of each session.

The most striking observation to emerge from the data was the participants' responses concerning the real-life narratives shared by the facilitator, for example, about practical steps to take when helping someone in need or in severe distress. The findings confirm their perspectives on the practicality of the examples:

The *Loto Malie* programme, in general, can help save lives. For example, if someone were feeling depressed, I would make the time available for them to listen to what they have to say.

I learnt some important tools about approaching a person with suicidal thoughts and how your presence could mean so much for them and hopefully could save a life.

Furthermore, equipping the youth with strategies to use when helping someone in need was received positively by the participants. The following participant shared their heart-felt perspectives on this:

I also learnt that your presence means a lot for people going through things. I always feel lost when thinking about what to say or do when someone tells me they're having a hard time. But through the sessions I was able to learn that my presence alone can be enough for people.

- **Psychoeducational tools—including digital mental health tools.**

For many, gaining new knowledge regarding psychoeducational tools was a highlight. Feeling equipped with such tools developed a sense of confidence and

competency among the participants. Session 4 focused on mental health tools, which included mindfulness, faith-based strategies, music, grounding exercises, physical movement, journaling, and digital mental health tools. The following quotes provide insight into their understanding:

I learnt how to cope with depression or anxiety (the tools) helped as well because now I can help myself and others cope with panic attacks using these tools.

During the 4th session I learnt a few coping techniques for myself and to offer people who might be going through anxiety or a rough time. These exercises I had never been taught before so I learnt a lot around what could help.

Digital mental health tools were also a focal point for Session 4. The list of digital mental health tools was presented to the youth and details of the tools were provided in the booklet. Surprisingly, almost all participants were unfamiliar with the digital tools. A few participants expressed their interest in pursuing these tools further. Here are some examples:

I was also exposed to a lot of the digital resources in the last session which is super helpful if I ever need to look for support.

In the last session, it was very interesting to learn about digital mental health tools I have never heard about or seen. I will be looking into that in future times.

I also learnt of the different digital resources available if we need support. Before Session 4 I was not aware of many digital resources, but we were introduced to a pretty long list of support services which was helpful.

On the other hand, the majority of the participants had their preferences in relation to “where and how” they would seek psychological help. Online and digital space was not a priority for many. The following quotes provide an accurate depiction of their views on online help or digital mental health tools:

When I think of online mental health tools, I feel like that's what lacks for me...most tools are usually not from a Pacific or Christian background.

Online help is something I've never considered turning to during challenging times. Growing up, online help is something that I have never looked into or been told about.

It's rubbish does not help at all. I just found out today on websites I've never seen before. Even waiting on a call like during that time I would have killed myself.

One participant who sought online help when they were in distress described an unpleasant experience:

I've been in positions where I've almost taken my life and I've reached out to online, phone, and texting services (helplines). They are delayed and can only offer words of comfort whereas people with poor mental health need physical and realness.

Significantly, the disconnectedness of a tool/app from the user or young person appeared to do more harm than good for some. The humanness of face-to-face psychological support seemed crucial. The following quotes are in support of this notion:

I don't like online help; I like face to face conversations—online doesn't help.

It's not my go-to personally. I want to engage with someone who would talk to me face to face rather than online.

For me personally the physical presence of someone makes it easier & means more when I need to release stress & talk to someone.

What I need during challenging times is someone to feel my humanity. Like I want to feel like a real person is listening.

I think a lot of our youth feel disconnected, and I'm not sure if online services would help or worsen it. As an islander I think human connection is so important, we thrive off our community and our connection to our family and environment so I'm not sure how an online approach would impact that.

Nevertheless, one of the most uplifting activities that resonated well with the participants was the gratitude exercise. The importance of reflecting and identifying the simple aspects of life was tremendously helpful for some. The following participants voiced their experiences:

I learnt a few exercises or coping mechanisms that I think I will keep practising for my mental [health], the gratitude journal I found was very calming for me so I would like to keep that up.

The exercises that stood out to me were the breathing techniques and the thank you/gratitude letter.

Following on from this quote, the breathing exercises were indeed an applicable and powerful tool experienced by most participants. To their amazement, some participants found this beneficial in improving their mental wellness. The following quotes provide their rationale:

The tools that we learnt throughout the different sessions, I can now apply to real life situations. For example, the breathing techniques whenever I'm having an anxiety moment when I'm out of the house.

Session 4 was practical and it was such a good wrap up! The breathing exercise helped me relax a lot more.

Breathing technique! Wow, I can see how this will help me relax my mind when under pressure or stressed.

I was able to get involved in the exercises (e.g., the breathing exercise) and see for myself how it can be helpful.

Conclusion

Overall, the three *Fa'afaletui Talanoa* findings have provided tentative initial evidence of Pacific youths' views on their engagement with and the impact of *Loto Malie*. The findings from this research provide further evidence that Pacific youth are more likely to respond positively to culturally grounded delivery of mental health tools in comparison to mainstream Western interventions for mental health. The incorporation of culture and spirituality within the therapeutic environment of the *Loto Malie* programme, which was deeply rooted in Pacific-Indigenous knowledge and core values, has led to transformational changes in perspective. The embodiment of such values was demonstrated and actioned in profound ways, potentially impacting Pacific youth's decisions to maintain overall mental wellness. Ultimately, the *Loto Malie* therapeutic framework discussed in this article provides a culturally led clinical practice, contributing new knowledge and evidence in the field of psychology.

Author's note

The Church building used in the image for the *Loto Malie* therapeutic framework is significant as it is the researcher's home church in Saleaula, Savaii. Furthermore, Saleaula is known for the iconic London Missionary Society (LMS) church engulfed by the lava flow in 1905. The remnants of this church edifice are still visible today. Figure 5-4 shows the Ekalesia Fa'apopotoga Kerisiano Samoa (EFKS) Saleaula church built in 1974. This is significant for the researcher as it is the church in which their late maternal Grandfather, Fa'aso'otauloa Poasa, and mother, Oneonemanogi Auva'a, were born and raised. The Church image shown in Figure 5-4 is an adapted version of an original by Rev. Penaia Koro.

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CHAPTER 6 : LE LOTO UA FA'AMALIEINA (THE PURSUIT OF CONTENTMENT)

This closing chapter completes the *malaga* (journey), as my father *toeaina* Rev Fa'aso'oletalalelei Auva'a explained earlier in Chapter 5. In uncovering the meaning of one of the findings in Chapter 5, the *toeaina* emphasised the value of embracing one's journey, stating, "the path in which one has to persevere consists of many mountains, as winning the race is never easy; ***O le ala e te asaina. E tele mauga sa a'e ina, e le faigofie le tausiniōga.***" This statement profoundly speaks to the PhD journey I have pursued. The "mountains" he alludes to represent the challenging lessons and learnings faced along the way. In a literal sense, the process of journeying is travelling from one place to another. He further explained that a significant part of journeying is the need to *tāpena* or prepare. To elaborate, he acknowledged "*o fa'amoemoe e lava tāpena, e manuia,*" which translates to "a thorough preparation leads to a successful journey." The highs, lows and unpredictability of this PhD journey produced transformative growth as a researcher. The experiences I encountered were rewarding and worth the cost of the sacrifice. As this chapter concludes the PhD journey, it is necessary to reflect on the research aim and questions, which served as an anchor and catalyst in the search for new knowledge and understanding of mental wellbeing for Pacific youth utilising DMHTs.

The following section is divided into two parts. The first part provides an in-depth discussion of the reflections and contributions of the research in response to the research questions. To achieve this, an overview of the three major discoveries drawn from the five main themes inherent within the *Loto Malie* therapeutic framework is provided, which weaves in the key insights outlined in the three articles. The second part of this chapter concludes with considerations and future directions for advancing Pacific-Indigenous psychological research and a policy brief that emphasises the importance of implementing culturally relevant approaches to promote youth engagement and improve overall wellbeing.

Part 1: Research Reflections and Contributions

From the outset (Chapter 1, p. 24), this research focused on seeking answers to one overall main question with subquestions to achieve the study aims (as outlined below and as presented in Chapters 2-5, pp. 28, 39, 70 and 98).

Research question:

Is a Pacific therapeutic approach relevant for Pacific youth engaging with mental health tools?

- What therapeutic approaches are most effective for promoting mental wellness for Pacific youth?
- Does incorporating spirituality/culture into a therapeutic environment impact the mental wellbeing of Pacific youth?
- Can Pacific youth benefit from mental health tools (including digital) without a Pacific therapeutic approach?

Reconsidering the research question helped clarify the findings and significance of this research contribution. In short, the ***Loto Malie* therapeutic framework is a Pacific therapeutic approach for Pacific youth** that employs mental health tools with a unique Pacific digital tool approach. The development of *Loto Malie* has allowed young people to acquire mental health knowledge and equipped them with relevant tools for wellbeing improvement.

Three major elements discussed in the next sections make *Loto Malie* as a culturally appropriate, relevant and safe approach for Pacific youth. Consequently, the three elements and the insights from the three articles are discussed and woven together to address the main research question and subquestions. Within this *Loto Malie* approach, DMHTs are grounded by placing the church at the centre for the reason highlighted by the study participants, who perceived “church” as a cornerstone of their wellbeing.

- Does incorporating spirituality/culture into a therapeutic environment impact the mental wellbeing of Pacific youth?

Church at the Centre of the Loto Malie Therapeutic Framework

There were many moments during the programme where the word and concept of church was repeated. Based on the findings (as outlined in Chapter 5), many participants attributed their sense of home and safety to being physically present in the church environment. In other words, the church fostered their sense of belonging and was perceived as a “safe haven” for many, which filtered throughout the *Fa’afaletui*.

Numerous studies have demonstrated how Pacific people’s spirituality deepens their connection and sense of belonging to their cultural identity, family, genealogy, and environment, which enhances their overall wellbeing (Fa'alili-Fidow et al., 2016; Paterson et al., 2018a; Puna & Tiatia-Seath, 2017; Teevale et al., 2016).

Furthermore, being spiritually and culturally grounded are seen to be protective factors for mental health and encourage wellness from a Pacific perspective (Ataera-Minster & Trowland, 2018; Teevale et al., 2016; Tucker-Masters & Tiatia-Seath, 2017); in this research, this statement summarises the participants’ views precisely.

Churches are vital community centres that do more than host religious services, as detailed in Article 2. Aligned with the participants’ perception of *Loto Malie*, participating in research in a church setting helped improve community relations and built deeper connections in a familiar and trusted environment (Ataera-Minster & Trowland, 2018; Hopoi & Nosa, 2020; Peterson et al., 2002). Consequently, the participants’ sense of wholeness, relational connection to their church community and Indigenous methods of “being and doing” were embraced. Correspondingly, the aim of Article 2 was to anchor and strengthen the use of Pacific-Indigenous methodologies when conducting research for Pacific youth. Grounding this research in the *Fa’afaletui* and *Talanoa* frameworks was paramount to provide culturally safe practices. A further critical insight highlighted in Article 2 is the showcasing of *Fa’afaletui* and *Talanoa* approaches to strengthen Pacific cultural values and ethics.

Ultimately, this reflected the participants' cultural values and strengthened engagement in this research, which paved the way for providing an enriched, meaningful, and authentically insightful *Talanoa*.

The evidence from the literature speaks for itself, and placing the concept of the church at the centre of Pacific youths' perspective was profoundly meaningful (Ataera-Minster & Trowland, 2018; Fa'alili-Fidow et al., 2016; Hopoi & Nosa, 2020; Teevale et al., 2016). To honour their perspectives, it was appropriate to develop the findings into the conceptual therapeutic framework known as *Loto Malie* therapeutic framework (as discussed in Chapter 5). This framework was represented as a church building, which encompassed the five themes emerging from the data, which are reflected on in this section. Implementing *Loto Malie* at the local church provided an opportunity for participants to action their cultural faith with the aim of improving their wellbeing. Doing so created a better understanding of the significance of prioritising this for future psychological interventions.

Arguably, when developing the initial stages of *Loto Malie*, I contemplated whether delivering such a programme would be relevant for non-church members or those not religiously affiliated. It was a hypothesis I was willing to examine further. Reflecting on the responses from those who were non-church members, confirmed that the assumption made was invalid. The 13 participants who were not church members reported that in the church environment they felt "safe, comfortable and at home." The notion of disclosing and sharing their stories in church made it easy and worthwhile. A participant who was not a -church member explained:

I liked that it was in church and just the way it was delivered. I felt like we were in a safe space, safe enough to share.

Upon reflection, the physical space was monumentally important for the participants. For most, it reminded them of their roots and acknowledged their indigenous knowledge and ways of being. Consistent with this idea, Chapter 2 also highlighted the significance of *vanua* (land) in Pacific-Indigenous culture. The concept of *vanua* refers to the social and cultural elements of the physical environment (Koya, 2017; Ravuvu, 1987). In reference to this concept, the phrase "church at the centre,"

implies that the participants' connection with this familiar cultural space was empowering. Furthermore, the Bible verses and prayers shared in *Loto Malie* promoted a sense of safety, restorative healing, and calm throughout the programme. The Christian music and Samoan hymns played throughout the sessions was important. For some, this was a surreal and nostalgic experience. The atmosphere created with the music enabled participants to “feel and be” in the moment while reflecting and reminiscing on their treasured moments and stories with loved ones who have passed on. The music (hymns) acted as a portal of connection to their Indigenous ways, rooted in culture, histories, and spirituality. For instance, some participants explained that the hymns helped them reflect on the times spent with their grandparents back in the homeland of Samoa. Most participants described this as an emotional and overwhelming experience; some could not articulate their feelings. As the facilitator, I was humbled and grateful to witness this surreal experience, which succeeded well beyond expectations.

Spirituality and Culture are the Main Tools for a Pacific Therapeutic Approach

In the context of the *Loto Malie* therapeutic framework, the pillars of the church building symbolised spirituality and culture (as highlighted in Chapter 5). In the initial stages of developing *Loto Malie*, weaving in culture and spirituality was key in promoting wellness for Pacific youth. In reference to a church building, the *poutū* (pillars) are the structural component of the building responsible for bearing weight. To elaborate, the *poutū* offers stability and support, which help to reinforce the building's structure. Within this research (as discussed in Article 2), spirituality and culture were foundational in relation to the participants' engagement with *Loto Malie*. Parallel to these findings, the literature supports the importance of *aganu'u* (culture) and *soifua fa'aleagaga* (spirituality) as the foundations for Pacific youth's mental wellbeing (Fairbairn-Dunlop, 2014; Puna & Tiatia-Seath, 2017; Tucker-Masters & Tiatia-Seath, 2017).

Acknowledgement and recognition of Pacific cultural understanding and core values were incorporated throughout Article 3. For instance, the involvement of the Church

Minister, youth leaders and elders (women) in *Loto Malie*, strengthened the cultural practice of promoting community efficacy. The communal support demonstrated by the leaders and elders was significant for the participants. This fostered connectedness and promoted resilience and hope for the younger generation. Congruent to this experience, Tamasese et al. (2020) designed a community-based approach for Samoan youth to support their psychosocial needs following a tsunami. Cultural and relational values were embedded in promoting and supporting healing and wellbeing for Samoan youth. This approach is supported by the findings from *Loto Malie*. In other words, the Pacific values, rooted in Indigenous cultural knowledge, was actioned in *Loto Malie*. Demonstrating and incorporating *aganu'u* and *soifua fa'aleagaga*, ultimately enhanced the engagement with the participants (youth), as evidenced by the findings outlined in Chapter 5.

Building on this discovery, I already knew that engagement was a priority in implementing *Loto Malie*. I have had the privilege of establishing strong relationships with the youth for over a decade, as mentioned in Article 2. One of the key insights from Article 2 was the value of the trust, respect (*fa'aaloalo*) and love (*alofa*) that were nurtured over the years. Reflecting on this process, I am aware that trust and respect were not givens. They were nurtured, maintained, and earned over the years, and therefore, when facilitating *Loto Malie*, the foundations had already been laid. Given the role as a youth leader and a Church Minister's daughter, I was fully aware of the different "hats" I wore and ensured that nurturing the sacred space (*vā tapuia*) and "living out" Pacific values were at the core. Mila-Schaaf (2006) confirmed that sustaining the *vā* allows one to express oneself harmoniously, honourably and reciprocally.

I recognised that capturing the participants' interest from the first session of *Loto Malie* was pivotal. Session 1 was structured using a strengths-based approach, encouraging participants to explore their purpose and strengths, as discussed in Chapter 5. Drawing on their Indigenous cultural knowledge and faith-based perspectives was critically important and meaningful. This idea mirrored my rationale in Chapter 4, (p. 71). Unexpectedly, the results and feedback from Session 1 were phenomenal. As highlighted in Chapter 5, Sessions 1 and 3 were the most favoured sessions of *Loto Malie*. Session 3 encompassed the sense of belonging and

connection, providing numerous cultural and spiritual examples reinforcing and promoting wellness. Similarly to the findings from *Loto Malie*, a study by Puna and Tiatia-Seath (2017) found that NZ-born Cook Island youth required social and cultural connections for mental wellbeing.

After completing the *Fa'afaletui* dialectical analysis with the *toeaina*, I had a light bulb, “aha” moment. As I pondered on the analysed data, an analogy repeatedly came to mind, which helped me make sense of this discovery. The analogy was the experience of dining at a restaurant. On the menu, there are different selections. When I dine out with my family, I always admire my husband’s selection of foods. The selection involves an appetiser, mains, drinks and dessert. The mains almost always consists of a steak meal, the “best of the best,” he says. This analogy came to mind as I attempted to connect and critically reflect on the significance of these findings. In this research context, the “mains” at a restaurant symbolise evidenced-based interventions, such as mental health tools. As specified throughout this PhD thesis and from the literature, spirituality and culture have previously been emphasised as an “incorporation” or “an additional” to promoting wellbeing for Pacific peoples. However, in conclusion, after analysing the findings, it is clear the “mains” in this research context are ***aganu’u*** (culture) and ***soifua fa’aleagaga*** (spirituality). They are not the “appetizers” nor a “complimentary” option on the menu. As such, *Aganu’u* and *soifua fa’aleagaga* are the **main tools** for improving wellness for Pacific youth in this research.

- What therapeutic approaches are most effective when promoting mental wellness for Pacific youth?

Soul-Searching reflections on Therapeutic Engagement

Interestingly, the notion of enhancing their *tagata atoatoa* (wholeness) was another powerful discovery embraced by the participants. As encapsulated in the phrase *fa’atamaoaigaina* (to acquire the wealth of knowledge), this research helped youth become more self-aware by assisting them to discover their strengths, values and purpose. In reference to the *Loto Malie* therapeutic framework, the theme

fa'atamaoaigaina (strengthening self-discovery) epitomises the church pathway, or **o le ala** in Samoan. As stated in Article 3, the *toeaina* noted that the participants experienced profound self-discoveries resulting in them embracing their whole self (*tagata atoatoa*), identity, and life experiences. Therefore, the participants' path (*o le ala*) embodies their journey (*malaga*), acknowledging the life lessons and challenges of gaining wisdom (*fa'atamaoaigaina*) and growing their characters.

Equally, the power of self-discovery for many participants relied on understanding their purpose and passions through deep, soul-searching reflections in *Loto Malie*. Firstly, the rationale for drawing on their unique strengths was purposeful for promoting wellness, as stated previously in Chapter 4 (p. 71). Elder et al. (2011) have reiterated that focusing on one's strengths and personal beliefs fosters resilience, ambition, capability, and uniqueness. Furthermore, positive mental health enhances one's capacity to think, be creative, and participate in healthy and positive relationships and find fulfilment (Government Office for Science [UK], 2008; World Health Organization, 2017). In other words, helping the participants reflect on their cultural roots and sense of belonging and acknowledging those strengthened their purpose in a meaningful way. The realisation of this discovery for some participants was not automatic or straightforward. Significantly, these participants were open to reflecting and digging deeper in search of meaningful insights.

Following on from the notion of self-discovery, *o mafaufauga loloto* or the soul-searching approach of *Loto Malie* is reflected in the *fa'avae*, or foundation of the *Loto Malie* therapeutic framework. The *fa'avae* of a building must be strong, both literally and figuratively. As stated in Article 3, the foundations' strength determines the stability and resilience of a structure. In reference to the *toeaina's* understanding of this theme, he emphasised how important it was to build strong foundations first, which the *Loto Malie* aimed to achieve. He further explained that the foundations point to the beginning, metaphorically referring to the participants' generational roots, indigenous knowledge, and life experiences. He emphasised this by stating, **“E tāua le malosi o le fa'ava'e. O le fa'avae o le amataga, e fa'atusa i le olaga a le tagata, o mea na tupuna mai ai,”** meaning, acknowledging the participants' foundational layers, as mentioned above, is paramount.

In relation to the previous section, for the participants, the compelling questions from *Loto Malie*, *What is my why?* and, *Where do I belong?* were their epiphanies. As a researcher and practitioner, their *soul-searching* responses were profound. I lost count of the times when they expressed that God and family were at the core of their being, their voices of reason, and the reasons for their existence on earth. God and family motivated their pursuit of excellence, which often requires working and studying tirelessly for better opportunities to help their families succeed. Alefaio-Tugia (2022a) has confirmed that the Samoan concept of “*others-centred*” places the needs of the family collective before one’s own, in parallel to the experiences voiced by the participants. Moreover, the self in Samoan is viewed as a collective unit, stressing the importance of relational identity (Tamasese, 2002). The *Loto Malie* findings revealed that bettering themselves with this newfound knowledge will contribute to their families’ success in living fulfilled lives.

In relation to this newfound knowledge, the windows depicted in the *Loto Malie* therapeutic framework represent ‘***Au’upega o le mafaufau***’ (equipping youth with meaningful and practical tools). In reference to the church building, the windows or *fa’amalama*, are important as they provide light, warmth, and visibility. As indicated in Chapter 5, the *toeaina* explained that windows, in the cultural context, represent diverse perspectives. Consequently, these provide greater visibility and light exposure, which allows participants to acquire knowledge (*fa’atamaoigaina* ‘*au’upega o le mafaufau*’) and a better understanding of self. Furthermore, the *toeaina* provided a grounding insight regarding the *fa’amalama*, which is aligned with faith, hope, and restoration. He voiced “***O le fa’amalama, o le auala lea e te iloa ai le matagofie o le Atua. Ua fa’atamaoigaina, ina ia susulu atu le tāua le soifua ma le ola.***” This translates as “the window with more visibility allows one to gaze and marvel at God’s handiwork, His creation and illuminates the ‘light of knowledge’ about wellness.

Based on the *toeaina*’s explanation, this acquired knowledge or *fa’atamaoigaina* ‘*au’upega o le mafaufau*’ is related to the mental health content and tools in *Loto Malie*. In this research context, the mental health content enabled participants to have a better understanding of mental health and aimed to challenge the lack of mental health awareness and stigma associated with this. Most participants were

unaware of the basics of neuroscience (the physiology and brain chemicals) that can affect one's thinking and behaviours. Furthermore, understanding the basics of CBT, including the 5-part model, was tremendously helpful for most participants, as they could contextualise this in their own lives. Several voiced their personal stories in the *Fa'afaletui* of how the mental health content positively transformed and shifted their perspective, influencing their self-awareness and strengthening their relationship with their loved ones. In connection with this, key insights described in Article 3 came from the participants' experiences and stories shared in the *Fa'afaletui Talanoa*. As a researcher, this was the most rewarding part of this research process. The willingness to disclose and share their heart-felt narratives and vulnerabilities awakened and enhanced the *vā fealoaloa'i* (sacred relational) therapeutic engagement. To witness the participants' transformative reflections about their engagement with *Loto Malie* was a surreal experience for me as an insider-outsider researcher.

Additionally, normalising conversations about mental health while incorporating a Pacific therapeutic approach (*Loto Malie*) helped reduce the stigma related to this topic. Evidently, the participants positively engaged with the mental health tools because they better understood this newfound knowledge about mental health. *Loto Malie* created an atmosphere of openness and trust for participants to raise questions and share their stories. Providing knowledge about depression and anxiety was the most helpful way of alleviating concerns and changing misconceptions due to their lack of understanding in this area. The clinical and cultural examples provided by the facilitator assisted with clarifying the participants' presumptions and perceptions about mental health. The participants were able to connect with these "real-life examples," which were familiar and relatable. This created a sense of safety for participants to disclose because the elements of trust, acceptance and non-judgement were evident.

- Can Pacific youth benefit from mental health tools (including digital) without a Pacific therapeutic approach?

Before commencing my literature search at the start of my PhD, I was enthusiastic about exploring the relevance of DMHTs for Pacific youth in relation to the evolving

digital domain and its potential impacts on future generations' overall mental wellbeing. With their accessibility, availability, and usability, such tools would be simply "at their fingertips." Upon reflection, there were alarming statistics about Pacific youth wellbeing and their reluctance to seek psychological help, for various and complex reasons (Fleming et al., 2014). As emphasised in Article 1 (Chapter 3), the stigma associated with mental health has discouraged Indigenous and minority youth in Aotearoa NZ from seeking professional help (Fleming et al., 2014; Fleming et al., 2019; Peni et al., 2014). Kapeli et al. (2020) found that seeking help was challenging for Pacific youth as they were unaware of "where" and "how" to seek support for mental health issues. These findings raised alarm bells for me, and from there, I brainstormed some possible ways to explore this further, hence the development of *Loto Malie*.

Reviewing the literature (see Article 1) confirmed that DMHTs are an effective method for enhancing youth mental health (Fleming et al., 2021; Garrido et al., 2019; Merry et al., 2012; Pine, 2022). The effectiveness of DMHTs in addressing the barriers to access to service providers is beneficial in numerous ways. However, the findings related to Pacific youth's engagement in the digital space needed further exploration. As indicated in Chapter 3, there is a dearth of literature on DMHT's relevance for Pacific youth as well as a scarcity of culturally appropriate psychological interventions. The key insight from this article was that understanding and valuing Pacific youths' needs in engaging with therapeutic modalities such as DMHTs are crucial for providing culturally relevant care. The questions I pondered on thereafter were: If DMHTs have the potential to impact one's mental wellbeing due to their useability and accessibility, then why aren't our Pacific youth engaging with these tools? Does this mean these tools are irrelevant? Or is it simply because they are unaware that these tools exist?

These questions sparked my interest while working closely with my youth at church. Referring back to my reasons for exploring DMHTs and their relevance for Pacific youth, these prompted my workshops for youth (as described in Chapter 1) to teach the youth what I was learning at the time as a new CBT therapist. Witnessing the youth engage and respond positively to the *Loto Malie* programme provided a sense of fulfilment as a researcher. The findings from this research indicated that the

participants also experienced this fulfilment. The following point makes reference to this in detail.

The last structural component of the church building in the *Loto Malie* therapeutic framework is the roof. *Fa'amalieina* is symbolised by the roof, which serves as both a literal and metaphoric representation. In Samoan, the roof is referred to as *taualuga* or *falealuga*. The roof denotes the successful completion of a significant task and beautifies a building, offering ultimate protection and covering. As specified in Article 3, the *toeaina* summarised the significance of the roof as, “***ua taualuga le fa'amoemoe, aua ua fa'amalieina le loto,***” meaning the “roof” signifies completion, due to the achievement of the fulfilment of one's heart desire. Furthermore, the importance of *malu* or protection in this research context allowed the participants to maintain a sense of safety and covering of the relational space, as Alefaio-Tugia (2022a) emphasises; *vā fealoaloa'i* (relational respect and engagement) and *vā tapuia* (sacred relationships) were achieved in *Loto Malie*.

Considering *Loto Malie 2.0 Mukbang + mental health*, is also crucial in this discussion, as outlined in Article 2. My version of a cultural digital mental health intervention, known as *Loto Malie 2.0* came after a challenging period of delays in delivering *Loto Malie* due to the COVID-19 pandemic. *Loto Malie 2.0* provided mukbang videos (broadcasting while eating) on my YouTube and Facebook pages, weaving in cultural and clinical information about mental health. This intervention aimed to provide accessible, culturally appropriate information and foster meaningful interaction with the viewers, as outlined in Article 2. The purpose of *Loto Malie 2.0* was based on relational engagement. The therapeutic connection between myself and the viewers was a highlight for many. In parallel to the *Loto Malie* findings, the viewers' shared that they felt connected and could resonate with the content on the Mukbang videos. Being able to see a 'brown' familiar face, sharing mental health content through a cultural and spiritual lens was pivotal as this fostered a trusted and meaningful connection. The rapport built over the years with the viewers also enhanced the virtual engagement. Furthermore, the content was founded on my personal and professional experiences. For example, providing real-life clinical and cultural examples was key. Therefore, the knowledge the viewers acquired while watching the mukbang videos were beneficial in many ways, improving their overall

mental wellbeing. Some of the youth who were active on my *Loto Malie 2.0* Facebook page later joined the *Loto Malie* programme.

As I reflected on the raw data I had transcribed and analysed, I was taken aback by the length and depth of the digital responses in the large collective *Fa'afaletui Talanoa*. Participants were involved in the collective discussion, expressing themselves verbally, digitally (online Google forms answered anonymously) or both, as outlined in Article 2. The online responses were just as rich and specific as the verbal *Talanoa* responses. When reading through the online responses, it almost felt like diary entries. Reading through their deepest thoughts, vulnerabilities, and experiences through their lenses was profoundly meaningful. I remember gazing around the room of 37 participants. Most were concentrating on their devices, while others had tears streaming down their faces. Prior to this large collective *Fa'afaletui Talanoa*, I feared that the participants would be hesitant to voice their thoughts accurately online. This assumption was proven invalid, and their digital device was clearly a tool for accurately expressing their perspectives. The anonymous option provided in the online responses may have been beneficial in eliciting more accurate and reliable data. Ultimately, the facilitation of this *Fa'afaletui Talanoa* was grounded in Pacific worldviews and cultural values, meaning the *vā tapuia and vā fealoaloa'l* was created and maintained throughout *Loto Malie*.

Overall, the findings highlight that grounding mental health tools, including digital, within a Pacific therapeutic approach (*Loto Malie*) is **relevant** for promoting mental wellbeing for Pacific youth. Through the reflective practice of *Loto Malie* the significance of the ocean as context came to symbolise the *heart-felt* experiences I encountered with the participants which were *powerful, deep, immeasurable, vast, calm, mysterious, and grounding*. In conclusion, the response below (highlighted in Article 3) encapsulated the aim of this research in such a profound statement by one of the participants from this study:

“I liked that we were made to feel important.

I like that we were made to feel heard. It made me feel valued.”

Therefore, a self-fulfilled and contented heart is known as:

***“O le loto ua fa’amalieina”* or *Loto Malie*.**

Part 2: Conclusions, Future Research and Policy Brief

Considerations

This research had a few considerations. Firstly, the translation and back translation of the summary of the findings with the *toeaina* was not a simple task. The struggle to capture the richness and depth of cultural knowledge in the English translation was a limitation. For instance, the cultural nuances of the Samoan metaphors were articulated in the Samoan language by the *toeaina*. The tasks of translation and back translation took time, and the *toeaina* and researcher spent a lot of time reflecting. The continuous dialogue between the researcher and *toeaina* helped to accurately uncover the cultural meanings, providing quality and clarity for the research.

A further consideration was the diverse representation of Pacific ethnicities in this study, given this research aimed to understand Pacific youth mental wellbeing. Of the 43 participants, 39 were Samoan, three Tongan, and one was of Cook Islands ethnicity. Recruiting Fijians, Niuean’s, Tuvaluans, and other Pacific nations would have provided valuable insights in this research. Understanding the various perspectives could potentially have generated more rigorous and robust data.

I had encountered and raised questions about the relevance of *Loto Malie* for non-church members or those not religiously affiliated. These 13 participants were from different religious backgrounds. There were a number who were not active in church, nor had they visited a church in years, and a few who were not religious. Their attendance in the programme was due to their connection with a local church member. On the contrary, the findings may not be generalisable to Pacific youth, given that only 13 participants were non-church members. Therefore, generalisability may potentially affect the validity of the data.

This research demonstrated the numerous benefits from working closely with the church youth for over a decade. The trust and rapport between myself and the participants were solid. However, the potential for the participants to disclose biased perspectives due to this relational connection was crucial to consider. Upholding my ethical and professional standards as a researcher and clinician was a priority to ensure an accurate and truthful interpretation of the data. Therefore, seeking constant guidance and support from my academic supervisors was fundamental in this research process.

Future Research

Further research is needed to develop and implement culturally responsive interventions that prioritise Pacific therapeutic approaches that will improve Pacific youth mental wellbeing, such as *Loto Malie*. Grounding DMHTs with cultural and relational connection has proven to enhance maximum engagement and uptake among Pacific youth, specifically in this study. A relationally grounded and led intervention was also at the heart of delivering a digital intervention, *Loto Malie 2.0 Mukbang + mental health*. Therefore, this research highlights the importance of focusing on strengthening relational engagement with Pacific youth, when developing and implementing DMHTs.

Significantly, *Loto Malie* has the potential to reach Pacific youth who are rooted in their cultural heritage but may not be actively involved in churches. In saying this, an evaluation of *Loto Malie* is recommended to examine the efficacy of this approach. As spirituality and culture were accentuated in the findings, the clinical workforce should be encouraged to collaborate closely with church and youth leaders in implementing Pacific therapeutic approaches that will improve the wellbeing of youth in Aotearoa NZ. Equipping church and youth leaders with skills and mental health training would help tremendously with the facilitation and implementation of Pacific therapeutic approaches, such as *Loto Malie*. Additionally, the relevance of a Pacific-Indigenous approach and its potential benefits for others from Indigenous communities with similar worldviews should be carefully considered.

Conclusion

It is only fitting to summarise and conclude this PhD thesis with the conceptualisation of *Loto Malie* (highlighted in Article 2) in the story told by my father, an elder and a Church Minister, Rev. Fa'aso'oletalalelei Auva'a.

Mavaega (farewell) story from Falealupo, Savaii, Samoa:

There were twin sisters named, Tilafaiga and Taemā. Taemā had two daughters, Siufanua and Oloifanua, and Tilafaiga had one daughter, Nafanua. The cousins (Siufanua, Oloifanua and Nafanua) had a strong and sacred relationship. Their bond was like no other. When it was time for the cousins to leave, Nafanua said to Siufanua:

O mai na o, e lilo atu oulua tino i la'u va'ai, ae tō fatu moanaina oulua, ma le tatou mafutaga, ia o'o le fa'avavau.

(Be on your way. Although I may lose sight of you, I will always treasure the sacredness of our bond in my heart for all eternity)

O le loto ua fa'amalieina, malie aisea? Malie i le mafutaga. Malie i mea sa faia.

O le ala e tāua ai le loto malie, po'o le loto fiafia, ona o le loto ua ato'atoa.

(Why does one have a grateful and fulfilled heart? A contented heart is a result of a sacred relationship).

“Loto Malie”

In concluding this research, I return to the overall aims to guide this policy brief for working with Pacific youth in strengthening their mental wellbeing:

Policy Brief

Title: Strengthening engagement with mental health tools to promote mental wellbeing for Pacific youth in Aotearoa New Zealand: Reflections on using a Pacific therapeutic framework.

Key messages:

- The preservation of cultural knowledge, practices, and spirituality is central to Pacific youth's identity and worldviews.
- The significance of the church perceived as a cornerstone of Pacific youth's mental wellbeing, fostering a sense of belonging and acknowledging Pacific-Indigenous knowledge.
- The power of self-discovery enables youth to reflect on their purpose, passions, and cultural roots, and embrace their *tagata atoatoa* (wholeness).
- The mental health content and psychoeducational tools provide Pacific youth with a comprehensive understanding of mental health, leading to significant transformations in self-awareness and interpersonal relationships.
- Using clinical and cultural examples enhances engagement and relational connection in a Pacific context.
- The family unit and their faith in God are the most favoured resource for Pacific youth during their times of distress, while some may be open to online help due to its potential impact on younger generations.

Executive summary

The voices and perspectives of Pacific young people can often be overlooked, yet they are instrumental in shaping the future of today's society and their voices need to be amplified. Pacific youth, a diverse and vibrant group in Aotearoa New Zealand (NZ), are facing growing mental health concerns and are less likely to seek psychological help due to stigma and a lack of mental health awareness (Fleming

etal., 2022; Peni et al., 2014). The paucity of culturally appropriate psychological interventions may contribute to Pacific youth's reluctance to seek help. Ataera-Minster and Trowland (2018) encourage the implementation of Pacific worldviews when promoting wellbeing with Pacific youth. Bridging the gap between digital mental health tools (DMHTs) and Indigenous cultural understandings as the main tool is necessary for Pacific youth. This evidence-based policy brief addresses the need to implement mental health tools that are culturally relevant to foster youth engagement.

Introduction

This brief focuses on a PhD study undertaken by the first author, that explored Pacific youth's experiences of engaging with mental health tools, specifically a Pacific mental health intervention developed to meet Pacific youth's needs, *Loto Malie* (contented heart). The findings from this research provide significant contributions and newfound insights and understanding for improving the wellbeing of Pacific youth.

It is intended that this research will inform psychological practices and help strengthen psychology's theoretical cultural trajectory. The *Loto Malie* therapeutic framework aims to provide a guide for Pacific therapeutic approaches for improving the overall wellbeing of Pacific youth in Aotearoa NZ. This research has demonstrated that Pacific youth are more receptive to mental health tools based on a Pacific therapeutic approach embedded with their worldviews.

Loto Malie (contented heart) is a cultural clinical intervention founded on cultural concepts and values that incorporates the first author's diverse life experiences as a Samoan, youth leader, mental health nurse, and cognitive behavioural therapist. Therefore, *Loto Malie* is based on a relational framework of connection for grounding mental health tools (including digital).

The first author conducted seven sessions for youth at their local church in 2018-2019, combining psychoeducation and mental health tools interwoven with Samoan

language, culture and spirituality. The success led to the development of *Loto Malie*. The COVID-19 pandemic delayed its implementation, but it resumed in 2022.

Approach

Loto Malie was delivered in 2022 as a two to four-week programme with four sessions. The key topics covered were knowing your WHY, basic psychoeducation, sense of belonging and connection, and mental wellbeing tools. Forty-three participants aged between 16 and 29 years attended the *Loto Malie* sessions. There were 29 females and 14 males; of the 43 participants, 39 were Samoan, three were Tongan, and one was of Cook Islands ethnicity. On the other hand, the *Fa'afaletui Talanoa* (culturally grounded collective discussions) comprised 37 participants. The first *Fa'afaletui Talanoa* had thirty-three participants; the second *Fa'afaletui Talanoa*, involved three participants, and the third was an individual *Fa'afaletui Talanoa*. The data was gathered verbally and digitally (via Google forms) from the three *Fa'afaletui Talanoa*, which led to the results of this PhD study.

In exploring youth experiences and perspectives on mental health, prioritising Pacific-Indigenous knowledge in the research methodological process was fundamental. Drawing on Pacific-Indigenous methodologies, *Fa'afaletui* (Tamasese et al., 2005) and *Talanoa* (Vaiotei, 2006) frameworks provided culturally sound processes of engagement for Pacific youth to share their stories and experiences authentically. The *Fa'afaletui* dialectical analysis involved data consolidation and cultural advice from a *toeaina* (cultural elder) and academic supervisors of Pacific descent. This process enhanced psychological understanding by uncovering the cultural nuances and concepts of using the *Fa'afaletui* and *Talanoa* frameworks. Findings highlight key themes that have been used to formulate and conceptualise the *Loto Malie* therapeutic framework and revealed the importance of weaving culture and spirituality into the therapeutic environment. This approach significantly strengthened Pacific youth engagement.

Results

To honour the participants' perspectives, it was appropriate to frame the findings into the development of a conceptual therapeutic framework known as *Loto Malie* therapeutic framework, which was constructed according to three major discoveries:

Church at the Centre of the Loto Malie Therapeutic Framework

Fa'amalieina (the sense of "home" and self-fulfilment): DMHTs are grounded by placing the church at the centre, as highlighted by the study participants, who perceived church as a cornerstone of their wellbeing. The church fostered a sense of belonging and was perceived as a "safe haven" for many. The physical space was monumentally important for the young people, as it reminded them of their roots and acknowledged their Indigenous knowledge and ways of being. In reference to this discovery, "church at the centre" embodies the participants' connection with this familiar cultural phenomenon, which was empowering.

Spirituality and Culture is the Main Tool of a Pacific Therapeutic Approach

Fausia (integrating culture and spirituality): The importance of incorporating culture and spirituality was evident, and resulted positively in providing the foundational basis for *Loto Malie* and the overall improvement in the moods of the youth. Almost all Pacific youth in this study expressed that culture significantly impacted their mental wellbeing. The findings revealed that the preservation of cultural knowledge and practices is still at the very core of their being, shaping their identity and worldviews.

All the sessions incorporated cultural and spiritual aspects, which assisted the youth in determining their values and strengths. The involvement of the Church Minister, youth leaders and elders (women) in *Loto Malie* strengthened the cultural practice of promoting community efficacy. This fostered connectedness and promoted resilience and hope for the younger generation. Pacific values, rooted in Indigenous cultural knowledge, were actioned in *Loto Malie*. Demonstrating and incorporating *aganu'u*

(culture) and *soifua fa'aleagaga* (spirituality) ultimately enhanced the engagement with the youth in this study.

The Bible verses and prayers shared in *Loto Malie* promoted a sense of safety, restorative healing, and calm throughout the programme. Christian music and Samoan hymns provided a nostalgic experience, and the atmosphere created with the music enabled Pacific youth to “feel and be” in the moment while reflecting and reminiscing on their treasured moments and stories with loved ones who have passed on. The music (hymns) acted as a portal of connection to their indigenous ways, rooted in culture, history, and spirituality.

Soul-Searching reflections on Therapeutic Engagement

Fa'atamaoaigaina (strengthening self-discovery): The power of self-discovery for many relied on understanding their purpose and passions through the deep, soul-searching reflections in *Loto Malie*. The acknowledgement of individuals' reflections on their cultural roots and sense of belonging strengthened their purpose in a meaningful way. The notion of enhancing their *tagata atoatoa* (wholeness) was another powerful discovery embraced by the young people of this study.

O mafauauga loloto (perception of the content and reflections): The compelling questions from *Loto Malie*, *What is my why?* and *Where do I belong?* were the catalysts for their enlightenment. The Pacific youth expressed repeatedly that God and family were at the core of their being. Confiding with their family and God heavily depended on trust and cultural values. In Samoan culture, the self is viewed as a collective unit, stressing the importance of relational identity. The *Loto Malie* findings suggest that bettering themselves with this newfound knowledge will contribute to their families' success in living a fulfilled life.

'Au'upega o le mafaufau (equipping youth with meaningful and practical tools): The mental health content enabled Pacific youth to understand mental health better and aimed to challenge the stigma associated with it. The youth's newfound knowledge of psychoeducational tools was a highlight. Feeling equipped with such tools

developed a sense of confidence through the practices of mindfulness, faith-based strategies, music, grounding exercises, physical movement, journaling, and the use of digital mental health tools.

In this PhD study, many were unaware of the basics of neuroscience and how it affects the way people think and behave. Understanding the basics of CBT, including the 5-part model, was tremendously helpful for most individuals, as they could contextualise this in their own lives. Several voiced their personal stories in the *Fa'afaletui* of how the mental health content positively transformed and shifted their perspective, influencing their self-awareness and strengthening their relationship with their loved ones.

Normalising conversations about mental health while incorporating a Pacific therapeutic approach (*Loto Malie*) helped reduce the stigma related to this topic. *Loto Malie* created an atmosphere of openness and trust for participants to raise questions and share their stories. Providing knowledge about mental health was the most helpful way of alleviating concerns and changing misconceptions due to their lack of understanding in this area. The clinical and cultural examples provided by the first author helped change the participants' presumptions and perceptions about mental health. The Pacific youth connected with these "real-life examples" shared by the first author, which were familiar and relatable. The first author embraced vulnerability with the intention of strengthening the engagement and the *vā fealoaloa'i* (relational space). This created a sense of safety for the youth to disclose because trust, acceptance, and nonjudgement were evident.

Digital mental health tools (DMHTs) were a focal point for one of the sessions. Surprisingly, the results showed almost all the participants were unfamiliar with the digital tools. Using DMHTs or online help was not a preferred option for many. The family unit played a significant role in providing reassurance, support, and safety for the Pacific youth. Most importantly, seeking help from their family or belief in God was usually their "go-to" during their times of need. Furthermore, connecting with someone face to face was more preferred by the participants as this reflected their Pacific way of being and knowing. Some youth were open to exploring online help

further and agreed that this could be potentially relevant and impactful for the younger generation.

Implications and recommendations

This policy brief highlights the transformational impact of *Loto Malie* among Pacific youth in improving their mental wellbeing. Further research is needed to develop and implement culturally responsive interventions such as *Loto Malie* that prioritise Pacific therapeutic approaches to improve Pacific youth mental wellbeing.

Specific Recommendations:

- Enhance psychological practices for Pacific youth through a codesign of *Loto Malie* and evaluation of its effectiveness through a review and evaluation process.
- Provide mental health training and skills to church and youth leaders to enhance the facilitation and implementation of Pacific therapeutic approaches like *Loto Malie*.
- Strengthen collaboration with the leaders and stakeholders of Pacific communities to review and enhance current therapeutic approaches for Pacific youth.
- Consider the relevance and benefits of a Pacific-Indigenous approach for others from Indigenous communities with similar worldviews

Data Availability: All data generated or analysed during this study are included in this published article (and its supplementary information files).

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APPENDICES

Appendix 1: An Overview of Studies of Digital Mental-Health Tools

DMHT	Focus	Description	Age	Cultural context	Impact
<i>Global</i>					
Gonsalves et al., 2021	To test the feasibility and acceptability of POD Adventures for adolescents in India	A pilot evaluation of 'POD (Problems, Options, Do it) Adventures,' a problem solving game-based intervention delivered via a smartphone app in Indian secondary schools.	12-17-year-olds in local schools in New Delhi & Goa, India.	248 participants in India	Participants found POD Adventures easy to use, engaging and helpful in solving their problems. They were satisfied with the guidance provided by the counsellor irrespective of delivery format.
Headspace, 2020	Information about mental health to support young people and their families.	A free website/app for Australian youth. They help those to access vital support through their various services in over 145 communities across Australia including online and phone counselling services, vocational services, and their presence in schools.	12-25-years	Australia	N/A
Kayrouz et al., 2016	Study examined the effectiveness of an online course for Arabs in Australia that	Trial of self-guided and modified internet-delivered CBT (iCBT) version of the Arabic Wellbeing Course for	18 and over	36 participants from 7 countries. For Arab people around the world.	Significant improvement, with an overall reduction in symptoms of depression, anxiety

DMHT	Focus	Description	Age	Cultural context	Impact
	included 5 lessons offered for 8 weeks	Arabs with depressive and anxiety symptoms			and psychological distress
Kenny et al., 2016	Explored adolescents' needs and concerns around mental health mobile apps.	5 focus groups were conducted with young people in Dublin, Ireland. Participants were asked about their views on using mental health mobile technologies and to respond to a mental health app prototype (CopeSmart).	15-16 years	34 participants in Dublin, Ireland (adolescents, 60% male).	Participants identified: 1) safety 2) engagement 3) functionality 4) social interaction 5) awareness 6) accessibility 7) gender and 8) young people being in control as important factors to consider when designing mental health mobile apps.
Marshall et al., 2020	The purpose of this study was to locate mobile apps related to mental health that used recognised theoretical frameworks to underpin their development.	A systematic review of app stores (Apple and Google play) was performed to identify apps that delivered therapeutic interventions relating to anxiety/depression.	Not specified	293 apps were listed as a treatment option for depression & anxiety	Of the 293 apps, 162 were based on recognised evidence-based frameworks. Of the 162 apps, only 10 had published evidence for its effectiveness.
MeeTwo, 2020	Provides peer support, expert help, educational resources, and links to UK charities and helplines.	An app that combines peer support and preventative mental help tools within a safe social media experience for teens in the UK	Teens/youth	UK	About 5,500 young people use the app every month, mainly from the UK (Rost et al., 2020) A review by Thackery (2018);

DMHT	Focus	Description	Age	Cultural context	Impact
					cited in MeeTwo 2020) found that using MeeTwo increased self-esteem of young people who received counselling (Rost et al., 2020).
Tran et al., 2018	Explored Vietnamese youth's perspective on mobile-phone-based health-related interventions	Identify the patterns of usage of mobile phone apps and the preferences for functionalities of mobile phone-based health-related apps among Vietnamese youth.	15-25 years	356 participants in Vietnam were selected	54% reported that the app was appealing and "integral for the mobile apps to have a sharing/social network functionality." However, the findings also indicated low usage of mobile health-related apps among the youth.
Aotearoa NZ					
LeVa, 2016a	Aunty Dee wellbeing tool is to help people cope with stressful life experiences through support with problem solving.	Aunty Dee provides structured problem solving in a self-reflective way	Pacific and Māori young people aged 14-25 years but Aunty Dee is free for all.	Not specified	Micro-intervention features: Quick, interactive problem solving.

DMHT	Focus	Description	Age	Cultural context	Impact
LeVa, 2019a	Mana Restore targets Pacific youth and gamers.	Website with a game-like look and feel, and brief, clear information about mental health and wellbeing topics including sleep and gaming.		Not specified	Includes some Pacific-focused content.
LeVa, 2019b	Mental Wealth focuses on mental health literacy skills. Positively framed resources and information to inform and support individuals and others' re: mental health.	Mental Wealth topics include sleep, mindfulness, eating well, alcohol, stigma, depression and anxiety.	Pacific youth, adults and families.	Not specified	Not specified
Merry et al., 2012	To evaluate whether a new computerised cognitive behavioural therapy intervention, SPARX (Smart, Positive, Active, Realistic, X-factor thoughts) could reduce depressive symptoms in help seeking adolescents as much or more than treatment as usual.	Computerised gamified cognitive behavioural therapy (CBT; SPARX) comprising 7 modules delivered over a period of between 4 and 7 weeks, versus treatment as usual comprising primarily face-to-face counselling delivered by trained counsellors and clinical psychologists	12-19-year-olds	94 participants were allocated to SPARX and 93 participants to treatment as usual. 38% of the participants were of Pacific descent.	Showed that participants who played SPARX had a higher reduction in depression than the control group. The same was found at a 5-months follow up.
Mhurchu et al., 2019	Aotearoa Māori- and Pacific- focused app (OL@-OR@) that mainly targets physical activity and physical health ((Fleming et al., 2021)	The OL@-OR@ trial was a 12-week, 2-arm, cluster-randomised controlled trial. The intervention group received the OL@-OR@ mHealth programme	18 years or older, with regular access to a mobile device or computer, and regular internet access.	337 Māori participants from 19 clusters and 389 Pasifika participants from 18 clusters (n=726 participants)	There were no significant differences between the intervention and control groups in any secondary outcome. The OL@-

DMHT	Focus	Description	Age	Cultural context	Impact
		(smartphone app and website). The control group received a version of the app that only collected baseline and outcome data.		in the intervention group. 320 Māori participants from 15 clusters and 405 Pasifika participants from 17 clusters (n=725 participants) in the control group.	OR@ mobile health programme did not improve adherence to health-related behaviour guidelines amongst Māori and Pasifika individuals.
Shepherd et al., 2015a	To conduct semistructured interviews with Māori youth (<i>taitamariki</i>) and their families to explore their perspectives on a prototype computerised cognitive behavioural therapy (cCBT) program, SPARX.	To explore the relevance of SPARX to Māori, including the cultural acceptability of designs and content, and the perceived relevance of SPARX to Māori.	16–18-year-old adolescents; (<i>taitamariki</i>), mothers, and family (<i>whanau</i>).	26 participants were involved. 7 focus groups on the subject of the design and cultural relevance of SPARX were held.	Māori participants were positive about the SPARX prototype and considered it appealing and applicable. Cultural relevance was viewed as important for the engagement of Māori young people with SPARX and <i>whanau</i> are important for Māori youth's wellbeing.

Appendix 2: Detailed Overview of the Loto Malie Sessions

Overview of the Loto Malie sessions:		
Session	Topic	Content
1	Knowing your WHY	<ul style="list-style-type: none"> • Opening prayer and devotion by Pastor • Icebreaker—name story • About me • Mental health intro • Knowing your WHY—finding purpose, discovering passion/interests • Exploring values • Strengths & qualities exploration • Prayer—song mindfulness (<i>Breathe</i> by Jonathan McReynolds)
2	Basic psychoeducation	<ul style="list-style-type: none"> • Prayer—led by one of the youth leaders • Icebreaker/Recap Session 1 • CBT 5-part model • Quick stats/facts about youth mental health • Signs & symptoms of depression • Signs & symptoms of anxiety • Brain function—brain chemicals, e.g., hormones • Thought—automatic/challenging, thoughts are not facts, fact or opinion, lies vs God’s truths • Prayer—song mindfulness (<i>I speak Jesus</i> by Charity Gayle)
3	Sense of belonging & connection	<ul style="list-style-type: none"> • Prayer—led by one of the youth leaders • Icebreaker/Recap Session 2 • Revisit WHY session—Vision board • Define belonging and connection • Scripture/devotion about belonging—1 Corin 19-20, 1 Corin 3:23, & 1 Peter 1:18-19 • Personal story—seeds of belonging & connection, emphasis on my WHY—Proverbs 31:20, examples of those who struggled with mental health problems from my clinical work, failure in high school and my academic journey, talked about a message relating to my late maternal grandmother • Importance of belonging • Who are you? Define YOU—discuss identity/cultural identity, values, beliefs, culture, language, traditions, faith, personality traits, etc. • Belonging & connection—purpose, what does it mean to belong, discussed barriers of belonging and the impact of belonging.

	<ul style="list-style-type: none"> • Mindfulness (gratitude) exercise (audio in the background: old Samoan choir hymns), write a note to your parent/grandparent/family member thanking them for what they have done, e.g., impact on your life, qualities they have passed on, sacrifices they have made, and what qualities they would like to uphold or pass on to their future children. • Thinking errors—three levels of thought, challenging unhelpful beliefs, core beliefs – source: childhood events/experiences, attitudes/biases derived from upbringing, etc. • Prayer—mindfulness song (<i>Goodness of God</i> by CeCe Winans)
<p>4 Mental wellbeing tools</p>	<ul style="list-style-type: none"> • Prayer—led by one of the youth leaders • Icebreaker/recap Session 3 • Cycles—depression and anxiety • Unhelpful and helpful coping strategies • Mindfulness—purpose and practical tips • Practical tools: <ul style="list-style-type: none"> ○ 4-7-8 breathing technique ○ Music—a helpful tool for the brain/body ○ Grounding techniques—5,4,3,2 & 1 grounding exercise ○ Physical exercise—benefits and impact on brain/body ○ Recap happy brain chemicals ○ Finding a hobby/interest to motivate movement, enhance hormone stimulation and energy, to improve wellness ○ Gratitude—simple ways to practice gratitude. ○ Gratitude exercise: grateful letter/3 things that make them happy and grateful ○ Digital resources—list of various digital tools to utilise, including Loto Malie 2.0 Mukbang. Discussed relevance and purpose of each one. ○ Prayer—song mindfulness (<i>Graves into Gardens</i> by Elevation Worship)

Appendix 3: Massey Human Ethics Approval

From: humanethics@massey.ac.nz
Sent: Tuesday, 24 May 2022 9:06 am
To: Laga.Auva'a-Alatimu.1@uni.massey.ac.nz
Cc: Human Ethics
Subject: [HE014] - Human Ethics Application NOR 21/96 Approved

[Link to the application](#)

HoU Review Group:

ReviewerGroup:
A/Pro Julia Ioane and A/Pro Siautu Alefaio-Tugia

Researcher: Taulaga Auva'a-Alatimu
Title: Loto Malie (wilful heart): Understanding Pacific youth mental wellbeing

Dear Taulaga,

Thank you for the above application that was considered by the Massey University Human Ethics Northern Committee at their meeting held on 24/05/2022. On behalf of the Committee I am pleased to advise you that ethical approval has been granted for your research.

Approval is for three years. If this project has not been completed within three years from the date of this letter, reapproval must be requested by contacting the Research Ethics Office at humanethics@massey.ac.nz.

If the nature, content, location, procedures or personnel of your approved application change, [please](#) advise the Secretary of the Committee.

If you wish to print an official copy of this letter:

1. Please login to the RIMS system (<https://rme.massey.ac.nz>).
2. In the Ethics menu, select Ethics Applications.
3. Using the Advanced search with appropriate criteria to find only this application.
4. With the application on the Results tab, select Reports from the toolbar.
5. Select the "Human Ethics - Full Application Letter" link, this will open the report viewer.
6. Select the application code from the Report Parameters dropdown and submit. You can then select an export option from the top toolbar (Print, Save).

Yours sincerely
Professor Craig Johnson
Chair, Human Ethics Chairs' Committee and
Director (Research Ethics)

Appendix 4: *Fa'afaletui Talanoa* Informed Consent

Loto Malie (wilful heart): Understanding Pacific youth mental wellbeing

FA'AFALETUI CONSENT FORM

I have read, or have had read to me in my first language, and I understand the Information Sheet attached as Appendix I. I have had the details of the study explained to me, my questions have been answered to my satisfaction, and I understand that I may ask further questions at any time. I have been given sufficient time to consider whether to participate in this study and I understand participation is voluntary and that I may withdraw from the study at any time.

1. I understand that I have an obligation to respect the privacy of the other members of the group by not disclosing any personal information that they share during our discussion.
2. I understand that all the information I provide will be kept confidential to the extent permitted by law, and the names of all people in the study will be kept confidential by the researcher.

Note: There are limits on confidentiality as there are no formal sanctions on other group participants from disclosing your involvement, identity or what you say to others in the focus group. There are risks in taking part in focus group research and taking part assumes that you are willing to assume those risks.

3. I agree to participate in the focus group under the conditions set out in the Information Sheet attached as Appendix I.

Declaration by Participant:

I _____ [print full name] _____ hereby consent to take part in this study.

Signature: _____

Date: _____

Appendix 5: Participant Information Sheet

Participant information sheet

Loto Malie (wilful heart): Understanding Pacific youth mental wellbeing

Researcher: Taulaga Auva'a-Alatimu

Supervisor(s): Assoc. Prof. Dr Siautu Alefaio & Assoc. Prof. Dr Julia Ioane

Talofa lava,

My name is Taulaga Auva'a-Alatimu and I am studying towards a Doctor of Philosophy (Psychology). I am a qualified CBT therapist and am also practising as a Registered mental health nurse. I am of Samoan descent, born and raised in NZ. I have approached your leaders and you have been chosen as someone who has currently or have previously completed the '**Loto Malie**' programme at church.

We (Assoc. Prof Dr Siautu Alefaio, Assoc. Prof. Dr Julia Ioane & I) would like to invite you to take part in a study exploring and understanding Pacific youth mental wellbeing. We are interested in exploring your experiences and attitudes of completing the 'Loto Malie' programme, with the overall aim of enhancing understanding and developing an ongoing psychological, cultural intervention for those with mental health issues in our Pacific community. You have been selected to take part because you are someone who might be interested in sharing your experience of the use of the 'Loto Malie' programme.

What is the purpose of the study?

The purpose of having a better understanding of the impact and perspectives of your use on existing digital mental health tools will highlight potential benefits, limitations and gaps related to the engagement of such tools. Furthermore, this research will evaluate the efficacy of the "Loto Malie" intervention programme, emphasising their perception of the content, delivery and impact on their mental wellbeing. Thus, delivering a clinical cultural intervention is a significant step, potentially informing clinical theory and improving Pacific youth mental wellbeing. Exploring a Pacific perspective will also give an opportunity for you to share your realities because at times it has been overlooked upon with constraints in Pacific mental health research.

What are your rights?

You have a choice to take part in this study. You are free to also refuse to participate in this study. If you do decide to participate, you are allowed at any time to withdraw, without giving a reason. To enable you to settle on your choice, please read this information sheet precisely.

You are under no obligation to accept this invitation. If you decide to participate, you have the right to:

- *decline to answer any particular question.*
- *withdraw from the study (specify timeframe).*
- *ask any questions about the study at any time during participation.*
- *provide information on the understanding that your name will not be used unless you give permission to the researcher.*
- *be given access to a summary of the project findings when it is concluded.*

If recording individual interviews, include the statement:

- *ask for the recorder to be turned off at any time during the interview.*

If an anonymous Questionnaire is used, replace the above rights with the statement:

- *Completion and return of the questionnaire imply consent. You have the right to decline to answer any particular question.*

Am I eligible to take part in this study?

If you identify as a Pacific, and are aged between 16-29, and have currently or previously completed the Loto Malie programme, then you are eligible to participate in this study.

What will It involve?

The study requires you to attend a **four-week** intervention programme called “Loto Malie,” which will take **30mins - 1hour** at the **local church hall**. These sessions will be conducted on Friday nights for four weeks in the **evening**. At each session, you will receive a presentation/seminar on the basics and fundamentals of mental health, and a short debrief session at the end.

Once the four-week sessions are completed, you will then be invited to attend an interview. A face-to-face interview will be conducted by Taulaga Auva’a-Alatimu in the church hall. The interview will take up to 35-60minutes of your time. This interview will emphasise what you think about the Loto Malie programme and your own personal thoughts on the programme whether it was helpful or unhelpful. There will be questions on your thoughts of using existing digital mental health tools and exploring effective ways of engaging in order to promote mental wellbeing. It will be recorded using an audio digital recorder, with your consent. You can request for the recorder to be switched off at any phase of the interview and you can only answer the questions that you feel most comfortable answering. The interview will be conducted in English. After the interview, you will have six weeks to withdraw your permission to use the information contained in your interview.

Can I take a support person to the interview?

You are more than welcome to bring your aiga (family) or a support person to the interview.

What is the time-span for the study?

The study is expected to start in Jan 2022 and will continue till Sep 2023.

By what means will the information you give be utilised?

The information you disclose in the interview will be incorporated in a PhD publication, research literature and future presentations, however, your personal details will not be revealed or identified and will be kept anonymous and confidential. You will sign a consent form that emphasises confidentiality of your information.

Does it cost to participate in this study?

No, it does not cost anything to participate in this research. At the end of the interview, a \$20 voucher will be given to the participant in appreciation of their time and valuable knowledge.

In what capacity will the information be stored?

All data gathered will be stored safely by the research team (Taulaga Auva'a-Alatimu, Assoc. Prof. Dr Siautu Alefaio & Assoc. Prof. Dr Julia Ioane) which will be kept in a secured, locked folder with a password on a computer device. The information from the interview will be transcribed by Taulaga Auva'a-Alatimu and another researcher. The results will be kept for a one-year period. At the end of this period, the data will be destroyed by the research team (through shredding of information). The recordings will be destroyed after the analysis is complete (usually within 12 months). Following the completion of the study, all paper copies of transcripts and other information will be stored in a locked cupboard. No names will be visible on any papers on which you provide information. Digital information will be stored on a password protected computer at the Massey University Albany for five years.

What are the dangers and advantages of participating in this study?

A possible risk of participating may incorporate feeling upset discussing a period where you were perhaps troubled or depressed. You will be provided with support from the researcher and a referral for further support to your keyworker will be undertaken if you want further support. This support will also be extended to your family members or support people if needed. There has been no research on Pacific experiences of using the Loto Malie programme, as well as exploring effective ways of engaging with mental health interventions, specifically digital tools. By taking part in this study, it will enable you to express your reality and perspective in which the researchers and health professionals will take into consideration when delivering interventions to Pacific youth. You will have the opportunity to have a 'voice' in the wider community and provide a deeper understanding on this treatment in a more insightful and meaningful way. We will provide time at the end of the interview to debrief. If you want to talk to someone who isn't involved with the study, you can contact an independent health and disability advocate: Health and Disability

Consumer Advocates on 0800 377-766 or the Health Advocate's Trust: 0800 555-050. Should you require support after the interview please let any one of the research team members know.

What will happen to the results of the study?

On the day of your interview your interviewer will ask you if you would like to receive a summary of the research either by postal/email. This will be noted on your consent form. Our findings will be reported in a range of professional and academic journals and conferences.

What might happen in the event that I agreed to participate in this study?

If you are interested in participating in this study, please fill in the attached consent form. Your keyworker will keep in touch with you regarding the next step in this study as well as organise the details of the interview. You can reach me by email at taulaga.alatimu@gmail.com or 0212560719.

Other members of the research team are:

Assoc. Prof. Dr Siautu Alefaio (supervisor) by email at s.alefaio@massey.ac.nz

Assoc. Prof. Dr Julia Ioane (co-supervisor) by email at j.ioane@massey.ac.nz

If you have any concerns regarding ethical issues you may contact:

This project has been reviewed and approved by the Massey University Human Ethics Committee: Northern, Application 400002536. If you have any concerns about the conduct of this research, please contact Dr Fiona Te Momo, Chair, Massey University Human Ethics Committee: Northern, telephone 09 414 0800 x 43347, email humanethicsnorth@massey.ac.nz.

Appendix 6: Loto Malie Advertisement

Loto Malie (wilful heart): Understanding Pacific youth mental wellbeing

Have you ever taken the time to prioritise your *mental health*? Would you consider *participating* in a study that focuses on your *mental wellbeing*? We are interested to hear your perspective and experience on the *Loto Malie* programme.

What's involved?

The study is in two parts:

- **Part 1 of the study is to:** Attend an hour session of the *Loto Malie* programme. Four sessions in total (spread over four weeks).
- Sessions will focus on mental health tools with aspects of spirituality woven together to improve mental wellness.
- Food will be provided at each session
- **Location:** Grey Lynn Community Church Hall
- The sessions will be delivered face-to-face or via zoom (depending on Covid restrictions).
- **Part 2 of the study is to:** take part in a **35 minute-60-minute** talanoa. You will be asked to share your experience and perspective on engaging with the *Loto Malie* programme and the benefits and limitations of seeking digital/online help.
- Receive a \$50.00 Countdown food voucher

Eligibility criteria:

- **We are looking for:**
 - Pacific male or female, aged 16-29 years
 - Retrospectively completed the *Loto Malie* programme, both past and present.

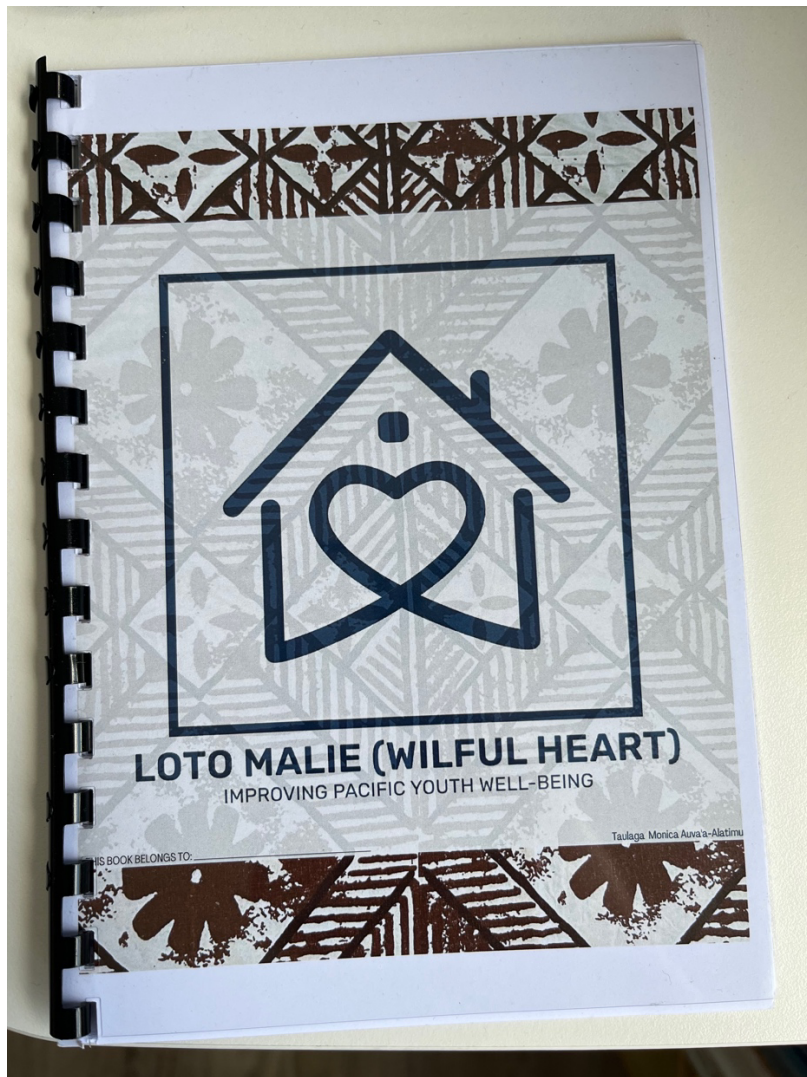
Contact:

For more information and participation in this study, please contact: Jesse Mataafa Ph 0210327554 or email fugagamataafa@hotmail.com. You can also contact Taulaga Auva'a-Alatimu. Ph: 0212560719 or email: taulaga.alatimu@gmail.com

Appendix 7: Loto Malie Tote Bag



Appendix 8: Loto Malie Booklet



LOTOMALIE (WILFUL HEART)
 A heart-shaped logo inside a house outline, with the text "LOTOMALIE (WILFUL HEART)" below it.

UNDERSTANDING HOW WE THINK, FEEL & BEHAVE
 A circular diagram showing the relationship between Thoughts, Feelings, and Behaviors. The text "CBT" is in the center.

5 PART MODEL
 A circular diagram with five points: Thoughts, Feelings, Behaviors, Beliefs, and Attitudes.

AUTOMATIC THOUGHTS
 A diagram showing a sequence of thoughts and feelings, with a color-coded bar on the right.

THOUGHTS ARE NOT FACTS
 A diagram titled "THOUGHTS are NOT FACTS" with a "PRACTICE" section.

UNHELPFUL THINKING STYLES
 A diagram titled "UNHELPFUL THINKING STYLES" with various icons and text.

CHALLENGING UNHELPFUL THINKING STYLES
 A diagram titled "Unhelpful Beliefs" with a list of beliefs and their effects.

FACT OR OPINION
 A diagram titled "FACT OR OPINION" with a "FACT?" and "OPINION?" section.

EMOTIONS
 A circular diagram titled "Emotions" with a color wheel.

STOPP
 A diagram titled "STOPP" with a list of thoughts and feelings.

LIES VS GOD'S TRUTHS
 A diagram titled "LIES VS GOD'S TRUTHS" with a table comparing "You Say..." and "God Says...".

Exploring Values
 A diagram titled "Exploring Values" with a table for values.

Value Assessment Grid
 A grid for assessing values, with columns for "Value", "How often you think about it", and "How often you live by it".

Value Assessment Grid
 A grid for assessing values, with columns for "Value", "How often you think about it", and "How often you live by it".

Worship Exploration
 A diagram titled "Worship Exploration" with a table for exploring worship.

Worship Exploration
 A diagram titled "Worship Exploration" with a table for exploring worship.

FAITH

- Meditation & Prayer
- Worship
- Bible or Quran
- Fasting
- Christian music
- Belonging to a faith community (church/synagogue)

Photo © iStockphoto.com/Robert Kozma/Thinkstock

BREATHING

1-2-3 Breathing Technique

Physical techniques & things

Photo © iStockphoto.com/Robert Kozma/Thinkstock

MUSIC

Photo © iStockphoto.com/Robert Kozma/Thinkstock

MINDFULNESS

Photo © iStockphoto.com/Robert Kozma/Thinkstock

GROUNDING

The 1-4-2-1-1 Grounding Technique

Photo © iStockphoto.com/Robert Kozma/Thinkstock

PHYSICAL EXERCISE

What are the benefits of exercise on mental health?

Photo © iStockphoto.com/Robert Kozma/Thinkstock

PRACTICAL WAYS TO IMPROVE WELLNESS

20 WAYS TO IMPROVE YOUR MENTAL HEALTH

Photo © iStockphoto.com/Robert Kozma/Thinkstock

Feeling grateful...

GRATITUDE LETTER

Photo © iStockphoto.com/Robert Kozma/Thinkstock

PRACTICE GRATITUDE

Photo © iStockphoto.com/Robert Kozma/Thinkstock

GRATEFUL JOURNAL

Photo © iStockphoto.com/Robert Kozma/Thinkstock

Digital Resources

Photo © iStockphoto.com/Robert Kozma/Thinkstock

5 minute journaling

Photo © iStockphoto.com/Robert Kozma/Thinkstock

5 minute journaling

Photo © iStockphoto.com/Robert Kozma/Thinkstock

Appendix 9: *Fa'afaletui Talanoa* Guiding Questions Outline (Loto Malie Programme)

Fa'afaletui Outline:

- Background of the participant: ethnicity, age, student/employer, details about their culture/religion etc.
- How important is faith/spirituality to you?
- Does culture play a big part in your life? Please elaborate further.
- How does culture affect wellbeing?
- How can you promote positive mental health amongst Pacific cultures?
- When you are overwhelmed/stressed, where do you go to for help, and why?
- What are your thoughts on online help when facing challenging times?
- Have you used any digital mental health tools, if so, which ones? If not, explain why?
- What are your thoughts/experiences on using existing digital mental health tools? Were they helpful/unhelpful, in what ways?
- What were your expectations BEFORE attending the Loto Malie programme?
- What did you like about the Loto Malie programme?
- What didn't you like about the Loto Malie programme?
- Which session did you learn from the most?
 - Session 1 - my WHY, values & strengths
 - Session 2 - Depression/Anxiety, Brain, Thoughts - automatic/core beliefs
 - Session 3 - Purpose, Connection, sense of belonging, identity, thinking errors & core beliefs
 - Session 4 - Tools & tips, mindfulness, gratitude, breathing, digital tools
- Share your thoughts on why you chose the session above?
- Which session/s did you LEAST enjoy?
 - Session 1 - my WHY, values & strengths
 - Session 2 - Depression/Anxiety, Brain, Thoughts - automatic/core beliefs
 - Session 3 - Purpose, Connection, sense of belonging, identity, thinking errors & core beliefs

- Session 4 - Tools & tips, mindfulness, gratitude, breathing, digital tools
- Share your thoughts on why you chose the session above?
- During the session/s, were you able to express your thoughts/ideas? Explain your answer
- Were the sessions helpful or unhelpful for your mental health?
 - Extremely helpful
 - Very helpful
 - Somewhat helpful
 - Not so helpful
 - Not at all helpful
- Please elaborate further (answer above):
- Would you apply what you've learnt from the Loto Malie programme, in your own life?
 - Yes
 - No
 - Unsure
- Please elaborate further (answer above):
- How likely is it that you would recommend Loto Malie to a friend or colleague?
 - Not at all likely (1)
 - Extremely likely (10)
- Rate your mood (on a scale of 1 = depressed/low and 10 = happy/feeling good, BEFORE starting the Loto Malie programme)
 - Very low/depressed (1)
 - Happy/feeling good (10)
- Rate your mood (on a scale of 1 = depressed/low and 10 = happy/feeling good, AFTER completing the Loto Malie programme)
 - Very low/depressed (1)
 - Happy/feeling good (10)
- In what ways could we improve the Loto Malie programme?
- Is there anything else you want to comment on?

Appendix 10: Letter to the Church about Research

Dear Church Leadership team at Grey Lynn,

Re: Permission Letter to Use Church Premises

I am a member of your church. I have already notified you about my upcoming research with the youth. This will be undertaken at the church premises (church hall/main church building).

I hence ask you to give me permission to do that. The talanoa/discussion for the research shall take place in May-June (one day per week, four weeks in total). The talanoa will be roughly one hour long. We will select a day of the week that is suitable for the youth and ensure that it does not interfere with any church activities/programmes.

Please let me know in advance whether the request is feasible or not. Just in case there are any costs involved, notify me of the same well in advance so that I can prepare appropriately for it.

Reach me on the phone-for any urgent matters or issues. I hope that you will receive and respond to this humble request of mine with the utmost due diligence.

Respectfully Yours,



Taulaga Auva'a-Alatimu

Appendix 11: Statement of Contribution, Doctorate with Publications/Manuscripts



STATEMENT OF CONTRIBUTION DOCTORATE WITH PUBLICATIONS/MANUSCRIPTS

We, the candidate and the candidate's Primary Supervisor, certify that all co-authors have consented to their work being included in the thesis and they have accepted the candidate's contribution as indicated below in the *Statement of Originality*.


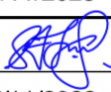
Name of candidate:	Taulaga Auva'a-Alatimu	
Name/title of Primary Supervisor:	Assoc. Prof Siautu Alefaio-Tugia	
Name of Research Output and full reference:		
Auva'a-Alatimu, T., Alefaio-Tugia, S., & Ioane, J. (2023). Understanding the impact of digital therapeutic engagement in promoting mental wellbeing for Pacific youth in Aotearoa New Zealand: An exploration of the literature. (Manuscript submitted for publication). <i>International journal of mental health systems</i> .		
In which Chapter is the Manuscript /Published work:	3	
Please indicate:		
<ul style="list-style-type: none"> The percentage of the manuscript/Published Work that was contributed by the candidate: 	80	
and		
<ul style="list-style-type: none"> Describe the contribution that the candidate has made to the Manuscript/Published Work: 	Candidate conducted all original research, drafted the article, and was completely involved in the collective editing, re-drafting, and re-writing processes during the completion of this article	
For manuscripts intended for publication please indicate target journal:		
Candidate's Signature:		
Date:	25/11/2023	
Primary Supervisor's Signature:		
Date:	27/11/2023	

(This form should appear at the end of each thesis chapter/section/appendix submitted as a manuscript/ publication or collected as an appendix at the end of the thesis)



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Name/title of Primary Supervisor:	Assoc. Prof Siautu Alefaio-Tugia	
Name of Research Output and full reference:		
<small>Auva'a-Alatimu, T., Alefaio-Tugia, S., & Ioane, J. (2023). Drawing on Pasifika methodologies for developing Loto Malie (wilful heart): a youth focused cultural intervention with a digital twist. (Manuscript submitted for publication). Asia Pacific Viewpoint.</small>		
In which Chapter is the Manuscript /Published work:	4	
Please indicate:		
<ul style="list-style-type: none"> The percentage of the manuscript/Published Work that was contributed by the candidate: 	80	
and		
<ul style="list-style-type: none"> Describe the contribution that the candidate has made to the Manuscript/Published Work: 	Candidate conducted all original research, drafted the article, and was completely involved in the collective editing, re-drafting, and re-writing processes during the completion of this article	
For manuscripts intended for publication please indicate target journal:		
Candidate's Signature:		
Date:	25/11/2023	
Primary Supervisor's Signature:		
Date:	27/11/2023	

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Name/title of Primary Supervisor:	Assoc. Prof Siautu Alefaio-Tugia
Name of Research Output and full reference:	
Auva'a-Alatimu, T., Alefaio-Tugia, S., & Ioane, J. (2023). Grounding mental health digital tools of therapy in cultural and relational connection for Pacific youth in Aotearoa New Zealand. (Manuscript submitted for publication). Trends in Psychology.	
In which Chapter is the Manuscript /Published work:	5
Please indicate:	
<ul style="list-style-type: none"> The percentage of the manuscript/Published Work that was contributed by the candidate: 	80
and	
<ul style="list-style-type: none"> Describe the contribution that the candidate has made to the Manuscript/Published Work: 	
Candidate conducted all original research, drafted the article, and was completely involved in the collective editing, re-drafting, and re-writing processes during the completion of this article	
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Date:	25/11/2023
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Date:	27/11/2023

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Auva'a-Alatimu, T., Alefaio-Tugia, S., & Ioane, J. (2023). Strengthening engagement with mental health tools to promote mental wellbeing for Pacific youth in Aotearoa New Zealand: Reflections on using a Pacific therapeutic framework. (Manuscript submitted for publication). <i>International Perspectives in Psychology: Research, Practice, Consultation</i> .	
In which Chapter is the Manuscript /Published work:	6
Please indicate:	
<ul style="list-style-type: none"> The percentage of the manuscript/Published Work that was contributed by the candidate: 	80
and	
<ul style="list-style-type: none"> Describe the contribution that the candidate has made to the Manuscript/Published Work: 	
Candidate conducted all original research, drafted the article, and was completely involved in the collective editing, re-drafting, and re-writing processes during the completion of this article	
For manuscripts intended for publication please indicate target journal:	
Candidate's Signature:	
Date:	04/12/2023
Primary Supervisor's Signature:	
Date:	08/12/2023

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