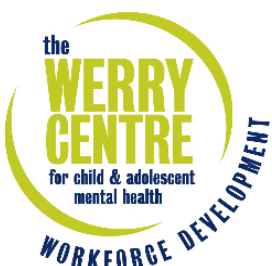


SUMMARY REPORT

The Pacific Child and Adolescent Mental Health and Alcohol and
other Drug Services Fono 2009



The Werry Centre

for Child and Adolescent Mental Health

Workforce Development

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ACKNOWLEDGEMENTS

This document was prepared by a project team from The Werry Centre for Child and Adolescent Mental Health Workforce Development. We give special thanks to the members of the planning and advisory group for their valuable contribution.

Special thanks to Matua Viliami Finau for the blessing of the day, Kaumatua Rawiri Wharemate, Master of Ceremony Mr. Epati Fale, key note speakers Dr Siale Foliaki, Dr Api Talemaitoga and Dr Monique Faleafa.

PROJECT TEAM

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EXECUTIVE SUMMARY

Mainstream and non government organization CAMHS/AoD services across New Zealand were invited to send their Pacific staff members to *Leveki*, The Pacific Child and Adolescent Mental Health (CAMHS) and Alcohol and other Drug (AoD) Services Fono 2009.

The previous Pacific national fono specifically targeting the CAMHS/AoD workforce was held four years ago in Auckland in 2005. *Leveki* was an opportunity to celebrate the many achievements and successes to date, and also discuss current issues, challenges and views on the way forward.

The fono brought together 75 Pacific leaders, managers and workers from across 28 organizations and provided a vital opportunity to gather information and ideas pertaining to access and working with Pacific communities.

In response to the two key questions posed to participants': Do we need specific Pacific services? And, how can we increase access to mental health and Alcohol and Other Drug services for Pacific children, youth and their families? All participants provided valuable information that clearly highlighted the need for increased focus on Pacific CAMHS/AoD workforce development. In addition to current services, key areas identified were the need for Pacific specific CAMH/AoD Services, Youth Workers, and Pacific Youth Consumer voices to be heard at the national fono and other forums.

To increase access to services, participants identified the need to take services out to communities and with all services working collaboratively. This included building strong relationships with mainstream services, schools, churches and other agencies. Also highlighted was the need to develop and promote youth mental health as a career pathway.

Finally, participants voiced the need to meet again within shorter timeframes and keep momentum with Pacific CAMHS/AoD workforce development.

INTRODUCTION

Talofa lava, Malo e lelei, Kia orana, Ni sa bula vinaka, Fakaalofa lahi atu, Kia ora, Halo olaketa, Taloha ni, Malo Ni and Warm Pacific greetings.

Research and reports provide information that shows that the number of Pacific Child and Adolescent Mental Health workforce is low and access by Pacific children and young people to Child and Adolescent Mental Health services is also low. To address workforce development issues and access to services for Pacific children and young people and their families, it was important to bring together Pacific workers who work in the child and adolescent sector to discuss ways to move forward. The fono provided an opportunity to hear and learn firsthand what is happening for Pacific child and adolescent mental health and alcohol and other drugs sector.

With the support of the Ministry of Health the Werry Centre and key Pacific members in the CAMHS/AoD Sector proudly hosted *Leveki*, the 4th Pacific National CAMHS/AoD Fono in Auckland on the 14th August, 2009. *Leveki* provided a key opportunity for the Pacific Child and Adolescent Mental Health and Alcohol and Other Drug workforce to engage in meaningful and progressive dialogue. Furthermore, it was an opportunity to celebrate the many successes and achievements accrued since the previous fono held in 2005.

Invited Pacific Child and Adolescent Mental Health Services (CAMHS) and Alcohol and Drug (AoD) workforce staff assembled at *Leveki* to *Talanoa* or dialogue. To gain a clear indication of development needs, the fono posed two key questions:

- 1) Is there a need for specific Pacific Services?
- 2) How could we increase access to mental health and alcohol and other drug services for Pacific children, youth and families?

This summary report provides a brief overview of the 2005 Fono and recommendations; describes the current Pacific CAMHS/AoD sector with regard to service provision, workforce and access; provides a summary of the 2009 *Leveki* Fono and the general feedback from participants; and highlights future directions for development.

1.0 BACKGROUND

The Werry Centre for Child and Adolescent Mental Health is a national workforce development centre established in 2002. It is based in the Department of Psychological Medicine at the University of Auckland. It is multidisciplinary and multicultural.

The aims of the Werry Centre are to improve the mental health of New Zealand young people by:

- Providing training of a high quality to mental health professionals
- Promoting research in child and adolescent mental health
- Advocating for mental health needs of children and adolescents in New Zealand
- Supporting the child and adolescent mental health workforce nationally
- Providing or facilitating first-class training and support to the workforce nationally
- Promoting research of a high quality and youth mental health
- Advocating for the mental health needs of children and adolescents
- Supporting the child and adolescent mental health workforce to provide high quality care

One of four national workforce development organisations funded by the Ministry to grow the capacity and capability of the mental health workforce. The other workforce centres are:

- Te Rau Matatini - Maori Workforce Development
- Matua Raki - National Addiction Workforce Development
- Te Pou - The National Centre of Mental Health Information, Research and Workforce Development; with Le Va – Pasifika within Te Pou

The first Pacific National CAMHS/AoD fono was initiated by Werry Centre with the support of the Ministry of Health in 2003. Two further fonos were convened in 2004 and 2005. The original intention of these fonos was to develop a Pacific CAMHS network and also to clarify workforce development needs¹. The intention of the most recent 2009 was to follow on from this work and to invite the current Pacific CAMH/AOD Services workforce to voice their ideas about how the needs identified in previous fono could be addressed. It was also an opportunity to network, share ideas, illuminate areas for improvement and development and celebrate achievements. In planning the fono the Werry Centre extended an invitation to Pacific Clinicians leading services and initiatives in the CAMHS/AoD sector to form an Advisory Group and to partner in the planning of the fono. As a collective the group recognized that we should not lose sight of the reason for Pacific workforce development being “*nurturing Pacific children, youth, families and communities*”. Consequently the decision was made for the theme of the 2009 Fono to be *Leveki*, the Niuean term for nurture.

¹ The University of Auckland (2004), *A Pacific Perspective on Child and Adolescent Mental Health Services Workforce Development Needs: Report from the First National Fono*, Auckland.

1.1 THE NATIONAL CONTEXT

There have been various documents over the last decade that have identified mental health services for children and adolescents as a priority area. *Whakamarama te Huarahi – A strategic framework for Child and Adolescent Mental Health Workforce Development 2006 -2016* (Werry Centre, 2006) identified one of its goals as:

Goal 5: To increase Pacific workforce numbers across all roles and parts of the sector

The more recent *Te Raukura – Mental Health and Alcohol and Other Drugs: Improving Outcomes for Children and Youth* (Ministry of Health, 2007) reported that there needs to be a focus on continuing to build and broaden the range and choice of services and support for children severely affected by mental health disorders. Further to this the strategy suggests the need to reduce inequalities and improve access to services for Māori and Pacific peoples. Should this not occur, children and adolescents with unrecognised and untreated problems in this country could face poor outcomes throughout their lives.

From a cost-benefit perspective regarding children and adolescents, the WHO (2003) has stated improving mental health leads to:

- improved physical health
- enhanced productivity
- increased stability

On the other hand, failure to improve mental health leads to:

- increased crime
- unemployment
- violence
- other risk related behaviours

The *2008 Stocktake of Child and Adolescent Mental Health Services in New Zealand* (Werry Centre, 2009) highlights that there continues to be progress in the right direction toward the key strategic priorities of *Te Tahuhu* (Minister of Health, 2005) and *Te Raukura* (MOH, 2007). And, while Pacific access rates overall have increased since 2004, Pacific access rates continue to remain below National access rates and well below access targets rates.

The Targeted Recruitment Strategies For the Child and Adolescent Mental Health and Addictions Workforce, with a Māori and Pacific Focus Report (2008) emphasized that like Maori, Pacific people in New Zealand have youthful populations that experience high levels of mental illness but have low access to treatment. There is a failure of current mental health delivery systems to adequately provide responsive and accessible services to these fast growing population groups. Furthermore, there are low numbers of Pacific services serving children and adolescents with mental health and

addiction issues. The significantly low number of Pacific clinicians working in child and adolescent mental health is also a major contributing factor (Bir et al., 2007; Ramage et al., 2005).

The recruitment strategy document highlighted the high and increasing demand for a culturally and clinically competent child and adolescent mental health and addictions workforce. However, the current supply to meet this demand is limited and there is urgent need to develop and strengthen workforces. Identifying appropriate recruitment strategies for Māori and Pacific people is a step in the direction towards increasing the capacity and capability of the Māori and Pacific child and adolescent mental health and addictions sector.

It is hoped that medium to long term strategies will develop a critical mass of Māori and Pacific workers employed in child and adolescent mental health services, over the next 2-5 years.

1.2 THE 2005 PACIFIC CAMHS/AOD FONO

The last Pasifika Child and Family Mental Health Symposium and Fono were held on the 16th of September, 2005 at Butterfly Creek, South Auckland. The Fono was opened by the Hon Taito Phillip Field who echoed the concern about the lack of access to mental health services and also accessing services at a serious stage of mental illness. He raised the issue of mental health services needing to understand Pacific service user perspectives of mental illness and values.

Key points highlighted at this fono were:

- Access to services is poor
- Youthful population (58% New Zealand born, diverse and more than one ethnic group)
- Lack of services for Families of children with mental health issues
- Lack of culturally appropriate services
- Need to increase the Pacific workforce
- Need more Pacific services
- Cultural and clinical competencies

As a consequence of discussion the following recommendations were made:

- Develop opportunities for Pacific CAMHS/AoD to share stories and learn from each other's experiences.
- Develop educational programmes for CAMHS/AoD mainstream mental health workforce about Pacific perspectives and values.
- Develop appropriate programmes targeting Pacific families of CAMHS/AoD service users.
- Develop Pacific services that will provide cultural appropriate support.

Progress on actions

Unfortunately progress on the recommendations from the 2005 Fono has not been readily obvious across the sector. The Werry Centre, however, as a workforce programme for the CAMHS/AoD sector has attempted to ensure that Pacific workforce needs are included and are being addressed in the projects that Werry Centre are contracted to do by the Ministry of Health. To further strengthen this capacity the Werry Centre has established the position of Pacific Clinical Advisor within their team.

Initiatives addressing Pacific needs have included the following:

- Provision of free training to Pacific child and adolescent workers and this training was extended to Pacific adult mental health workers. The training provided was the Mental Health Clinical Supervision Placement² for those who were interested in providing

² Available at www.werrycentre.co.nz

placement to students who were in Health training for careers in Nursing, Social Work, Occupational Therapy, counseling etc. This programme provided the tools for the providers to take on students who were interested in doing their placement within the Child and Adolescent Mental Health sector. The Pacific chapter in the hand book provided guidelines to providers what to be mindful of when taking Pacific students on placements.

- Inclusion of a Pacific chapter in the *Stocktake of Child and Adolescent Mental Health and Alcohol and other Drug* (2006, 2009) specifically written to highlight key issues and recommendations. It identifies what Pacific child and adolescent services look like nationally, workforce trends from 2004 to 2008 and access rates. It also provides data showing how many Pacific child and adolescent services under the District Health Board and Non Government Organizations nationally.
- The *Real Skills Plus CAMHS* framework³ developed by the Werry Centre has included a Pacific component. *Real Skills Plus CAMHS* is now available to implemented in CAMHS/AoD mainstream services and NGOs.
- The development of the youth participation guidelines includes guidelines for Pacific youth participation for CAMHS/AoD service providers. The Werry Centre sent out invitations to all CAMHS/AoD services to recruit Pacific service users from ages between 17yrs and 25years old to participate in the focus groups. The recruitment of Pacific youth was not an easy process and it took longer than anticipated to collect the data that was needed to develop the guidelines. The Werry Centre acknowledged Vakatoa service, Kari Centre, Solomona Latu (Cornwall House), Pasifika Health Canterbury, Rubicon AoD service, and Manaaki House for the support of bringing clients to the focus groups.

A further development hosted by Te Pou, The National Centre of Mental Health Research, Information and Workforce Development has been the launching of Le Va Pasifika in 2008 a workforce development programme dedicated to Pacific Mental Health and Addictions workers. Initiatives relevant to the CAMHS/AoD sector include:

- *Real Skills Plus Seitapu*, a competency framework for working with Pacific Peoples
- Da Hook an interactive website aimed at encouraging Pacific students to enter into the Mental Health and Addictions field as a career option

Please refer Le Va – Pasifika within Te Pou website for further information regarding their initiatives www.LeVa.co.nz

³ The Real Skill Plus is a Competency Framework for the Infant, Child and Youth Mental Health and Alcohol and other Drug Workforce

2.0 THE CURRENT CAMHS/AOD ENVIRONMENT

The following information has been extracted from The 2008 Stocktake of Child and Adolescent Mental Health Services in New Zealand (Werry Centre, 2009).

In terms of our Pacific young people the majority of Pacific children and adolescents are born in New Zealand and currently make up 9% of New Zealand's 0-19 years population. The distribution of the Pacific 0-19 years population show that 72% reside in the Northern region and over half of the Northern region population live in Counties Manukau (54%) followed by Auckland (26%) and Waitemata (19%).

Given that almost half (42%) of the Pacific population is between 0-19 years old and this population has increased by 15% since 2006 and has greater mental health needs than their NZ European peers, many regions, especially the Northern region, will continue to experience higher pockets of need which will need to be met. Pacific children and adolescent made up only 5% of clients accessing mental health services with more Pacific males accessing services than females.

2.1 SERVICE PROVISION

DHB CAMH/AoD services

In New Zealand, Pacific children and adolescents and their families have access to both mainstream and Pacific child and adolescent mental health/AoD services. Of the 21 DHBs that currently provide specialist child and adolescent mental health/AoD services, only three are providing Pacific services. These Pacific services/teams operate within the following DHBs:

- Waitemata (Tupu Pacific Alcohol and Drug Service)
- Capital and Coast (Health Pasifika)
- Counties Manukau (Vaka Toa, Whirinaki)

NGOs

Pacific children and adolescents and their families also have access to NGOs providing both mainstream and Pacific child and adolescent mental health/AoD services. One hundred NGO's were identified for the 2008 stocktake period. Of the 100 services, only 5 were identified as Pacific services. Furthermore, given that 96% of the Pacific population are enrolled in PHOs (MoH, 2004), primary health care organisations also have a key role in improving the health status of Pacific.

The Pacific population distribution in New Zealand shows that three quarters of the Pacific child and adolescent population reside in the Northern Region and this region has the largest population growth, as well as one of the largest increases in Pacific clients. However there is only two DHB Pacific service currently provided at Counties Manukau DHB, Waitemata DHB and one NGO Pacific

service (Penina Trust). Furthermore Auckland DHB has the second highest Pacific child and adolescent population in the region yet is not currently providing any Pacific services.

While Pacific children and adolescents are also able to access other peer support and advocacy Pacific services in the Northern region, there is an obvious gap in the choices available to Pacific to attend DHB funded Pacific Clinical services.

2.2 THE PACIFIC WORKFORCE

In 2008, all services that were surveyed were asked to provide the number of Pacific staff (FTE and Head Count) by occupational group. Information on the numbers of staff was provided by managers and not by the individuals themselves. Therefore the Pacific workforce is very likely to be underestimated and data presented in this section should be interpreted with caution.

The total 2008 Pacific child and adolescent mental health workforce (DHB Inpatient and Community CAMHS and NGOs) equated to 74 Pacific staff making up 5% of the total workforce with half (51%) of the total Pacific workforce in the Northern region. Over half of the Pacific workforce (59%) was employed in DHB services.

There was an overall increase of 21% in the Pacific workforce since 2006 and this increase was seen in the Pacific Clinical workforce (52%).

While Pacific in Clinical roles have increased, when looking at single occupational groups, there were more Pacific (26%) in Mental Health Support Worker roles due to more Pacific employed in NGO services.

Since there are no specific Pacific child and adolescent Blueprint Resource Guidelines for the Pacific Community Clinical workforce, the Pacific Clinical guidelines presented in this section were estimated according to the proportion of Pacific child and adolescent population using the guidelines for the total Community Clinical workforce (28.6 FTEs/total population) (MHC, 1998).

In 2008, Community services reported a total Pacific Community Clinical workforce of 33.95 actual FTEs, an increase of 32% since 2006 however showing very little improvement towards recommended levels of 114.2 actual FTEs. Despite the overall increase in the workforce, the Community Clinical Pacific workforce would need to more than triple (80.3 Community Clinical FTEs) to meet the MHC's national recommended guideline, especially in the Northern region.

While an increase of Pacific staff is required throughout all clinical disciplines there is a particular shortage of Psychiatrists, Psychologists, Occupational Therapists and Psychotherapists (see Figure 2). Pacific workforce development strategies should target these gaps in the current workforce. Furthermore, increasing the Non-Clinical pool of Pacific workers may also have the potential to up skill Pacific in the Non-Clinical roles into Clinical roles. Additionally, the development of the non-regulated health workforce is also an important strategy as they are more cost effective and mobile

therefore more able to reach the hard to reach groups and can therefore complement the role of clinicians (Perese, 2008).

2.3 PACIFIC ACCESS TO SERVICES

Access by region also shows a steady increase in Pacific access rates with the largest increase in the Northern and Southern regions. However, While Pacific access rates for all three age groups have improved since 2004 Pacific access rates continue to remain below National access rates and well below access targets rates for all three age groups.

Te Rau Hinengaro: New Zealand Mental Health Survey (MOH, 2007) identified for adults that the NZ Pacific people experience mental disorder at higher levels than the general population. Results also indicated that NZ-born Pacific people are bearing a higher burden of mental illness with a 31.4% 12-month prevalence rate compared to 15% for Pacific migrants.

Results from the Youth2000 study on 9,567 Pacific students (Mila-Schaaf et al., 2008) indicated that more Pacific students (18%) reported depressive symptoms than NZ Europeans (11.7%). There were no significant differences in suicide thoughts between Pacific (27%) and NZ European (22.6%) youth. On the other hand, significantly more Pacific students (13%) than NZ Europeans had attempted suicide in the previous year (Mila-Schaaf, Robinson, Schaaf, Denny, Watson, 2008). Also, younger Pacific people 16-24 are more likely to experience a mental disorder that is classified as serious compared with older Pacific people. For Pacific Peoples the leading cause of mortality is injury which is largely attributable to suicide. There are also higher mental health admissions for schizophrenia and schizotypal/delusional disorders (Mila-Schaaf, 2008). These strongly indicate that mental health is a key priority for Pacific young people and therefore the target access rate of 3% is therefore a conservative estimate of actual need.

MHINC data indicates that Pacific access rates have increased in all regions since 2004, however they have not increased at a rate that is relative to need and still remains significantly below Blueprint access targets for all age groups.

Service use data from the 1st 6 months of 2008 (MHINC) showed that the majority of Pacific clients access mainstream mental health services (79%). Reasons why Pacific mainly access mainstream services remain unknown but it could be due to personal choice or lack of services available to them. Therefore mainstream services not only need to be clinically effective but culturally effective as well.

Reasons for such poor access rates may include lack of services available to Pacific, lack of culturally and clinically competent staff, and personal reasons why Pacific children and adolescent and their families are not accessing services. It is well noted that Pacific People are 'hard to reach New Zealanders' (Kingi, 2008). More Pacific than NZ European youth reported problems with accessing health care and were more likely to identify barriers to accessing health care (Mila-Schaaf et al., 2008). These barriers include:

- Don't want to make a fuss
- Couldn't be bothered
- Don't feel comfortable
- Too scared
- Worried about privacy
- Cost too much

Even if Pacific People have access to services, they may not utilise them if these services are not responsive to their cultural norms (Kingi, 2008). All of these barriers impact on Pacific accessing services and there continues to be a need to address these concerns.

2.4 RECOMMENDED ACTION NEEDED

The 2008 Stocktake provides further updated information from which to progress the development of CAMH/AoD services and workforce for Pacific children and adolescents. This together with other research (Adolescent Research Group, 2000) supports the need to increase the Pacific child and adolescent mental health workforce and to address Pacific access issues to better serve the Pacific child and adolescent population. The following recommendations were also made:

- More Pacific services are needed nationally to give Pacific service users and families options.
- Pacific workforce numbers need to increase significantly to meet Blueprint levels, especially in the Northern region.
- Mainstream services and staff need to be more clinically and culturally effective.
- Recruitment strategies need to target both Pacific clinical and non-clinical workforce to ensure dual competency of services.
- Barriers to access needs to be further explored and strategies to reduce these needs to be considered.
- Data collection needs to continue to identify trends and monitor progress.

3.0 LEVEKI - THE 2009 FONONO

As one of the Werry Centre's initiatives supported by the Ministry of Health, Leveki was held on the 14th of August, 2009 at the Ellerslie Convention Centre in Auckland. The aim of the fono was to bring together the Pacific child and adolescent workers who are working in mainstreams and non government organization to celebrate their achievements and to share some of the challenges they face within in the work place. As recommended at the 2005 Pacific National CAMHS/AoD Fono, it was important opportunity for Pacific workers to hear and to tell their stories.

Secondly, the fono was an opportunity for Pacific CAMHS/AoD services to celebrate achievements, learn from each other and address current challenges. It was anticipated that key issues could be then presented at subsequent sector and national forums such as the CAMHS/AoD Sector Day and the next National CAMHS/AoD conference in Nelson, NZ in October 2009 (The conference has now been postponed to 2010).

3.1 WORKING TOGETHER

The Werry Centre senior team and the Pacific Clinical Advisor met and discussed the national CAMHS/AoD project to host *Leveki*, the 4th Pacific National CAMHS/AoD Fono. It was agreed to have a group of Pacific CAMHS/AoD leaders or managers to assist in the planning of the fono.

A list of Pacific people identified as key players in mainstream and non government organization were selected based on their role in the CAMHS/AoD, location to provide a national perspective.

Invitations to join the Pacific CAMHS/AoD Advisory Group were extended to key Pacific CAMHS/AoD workforce members from different disciplines including, Vaka Toa, Kari Centre, Tupu, Health Pasifika CAFS Team and Pacific Trust Canterbury providing regional, DHB and NGO provider representation. Two invitees could not participate in the group due to the high workload.

Three planning meetings were held in Auckland with Werry Centre. The members spoke about the need to have the fono and were very passionate about CAMHS/AoD work.

3.2 THE CONCEPT OF LEVEKI

As already highlighted the Fono Advisory group collectively recognized that we should not lose sight of the reason for developing the Pacific workforce and services and that is we must ensure that we are "*nurturing Pacific children, youth, families and communities*". Consequently the decision was made for the theme of the 2009 Fono to be *Leveki*. The word **Leveki** is derived from the Niuean language. In the Niuean dictionary the word Leveki means *to guard, to care for, to protect*. To (pronounce "dou") leveki e au a ia. *I shall care for him*. The word Leveki also means security, surety, and trustee.

As Pacific Child and Adolescent Mental Health practitioners we are the *Leveki* to all Pacific children and their families when they enter the CAMHS/AoD services. The *Leveki* is to ensure that all Pacific children and their families feel safe using the CAMHS/AoD services and they are getting the best quality service. It is also important that leaders and managers remain mindful of the Pacific CAMHS/AoD workforce needs.

A Pacific designer was subsequently engaged to develop a logo which embraced the concept. The logo represents the different Pacific nations. The different patterns are a reminder of the diversity amongst Pacific cultures and the uniqueness each Pacific islands practices and values. The circle represented the Pacific holistic world view and understanding of mental illness and well being. There are four main Pacific nations who are more visible using the CAMHS/AoD services they are Samoan, Tongan, Cook Islands, Niue and the others are made up of Tokelau, Tuvalu and Fiji.

3.3 ATTENDANCE

The Fono planning group set the suggested target of attendees (staff members who were working in a CAMH/AOD services) at 50. The total number of Pacific participants who attended the fono was 75. There was representation from the following organizations:

Ministry of Health
Ministry of Education
Special Education service
Regional Rangatahi Adolescent Inpatient service
Taeaomanino Trust
Te Roopu Kimiora
YMH Tokoroa
CMFS Specialist Service
Manukau Institute of Technology
Unitech(Student))
Werry Centre
Le Va
Kaute Pasifika
Tupu Service
Rubicon
TaKanga a Fohe
Isalei
AUT (student)
Kari Centre
Starship Children's Hospital
Child Family Unit
Faleola Pacific Clinical Service
Whirinaki - Vakatoa
Health Pasifika CAFS
Niu Development Inc
Pacific Trust Canterbury
Penina Trust
The University of Auckland (student)

3.4 TOPICS COVERED

The Fono was opened with a blessing by Matua Viliami Finau from the Tupu Drug and Alcohol service and the Werry Centres Kaumatua Mr Rawiri Wharemate. The Master of Ceremony for the day was Epati Fale who kept the day lively with both touching sentiments and jokes. For a refreshing break, he got his team from Tupu to demonstrate the picking of apples and all the participants followed.

Sue Treanor the Director of Werry Centre introduced the first key note speaker, Dr Siale Foliaki the only Pacific Child Psychiatrist from Vakatoa under Whirinaki of the Counties Manukau District Health Board. Dr Foliaki spoke about his work with Pacific families in South Auckland, growing needs of young people and families and the need to increase Pacific workforce.

Mali Erick presented a snap shot of the Pacific child and adolescent mental health Stocktake key findings. Mercy Drummond presentation addressed the cultural and clinical interface in Pacific CAMHS/AoD work. Joanne Roberts, Team Leader from Vaka Toa at Whirinaki, Counties Manukau District Health Board presentation was aptly named "*Navigating the white water rapids*". Epenesa Olo-Whaanaga Clinical Psychologist from Kari Centre, Auckland district health Board presentation "*Brown girl in the CAMHS*". Her presentation was based on the clinical and cultural needs of Pacific CAMHS services.

Dr Apii Talemaitoga was the key note speaker in the afternoon. Dr Talemaitoga presented on the Serau Pacific Provider Development Funding which sits with the Ministry of Health under his portfolio. There was high interest from the participants eager to know more about the Serau funding and how to access it.

Mark Esekielu, Team Leader of Pacific Trust Canterbury presented the NGO CAMHS perspective and identified some of the challenges experienced in the Southern region.

Dr Monique Faleafa, Manager for Le Va – Pasifika within Te Pou, presented the work that Le Va is doing with a DVD presentation.

Josephine Gray, Team Leader and the Tupu team's presentation was entitled, "Pacific AoD and Gambling services Pasifika Youth Today". The team illustrated the dynamic way in which they engage their clients and spoke about the positive impact their service has had in addressing a significant problem area for Pacific youth.

Finally Mark Esekielu facilitated the discussion on developing an Action Plan for Moving Forward Together. Unfortunately time was limited and it was clear that this would need to be continued. What was evident from the fono was the interest and energy from participants to continue to meet and forge ahead with positive change.

3.5 SUMMARY OF ATTENDEE FEEDBACK

The participant's comments throughout the day were captured on flipcharts and evaluation forms.

All feedback collected strongly indicated that participants thoroughly enjoyed the fono and the presentations and the people presenters. The fono was very interesting, thought provoking and informative. The fono was noted as being insightful, a knowledgeable day, and a day where participants left feeling a proud sense of being Pacific with motivation to improve Pacific Island young people's health.

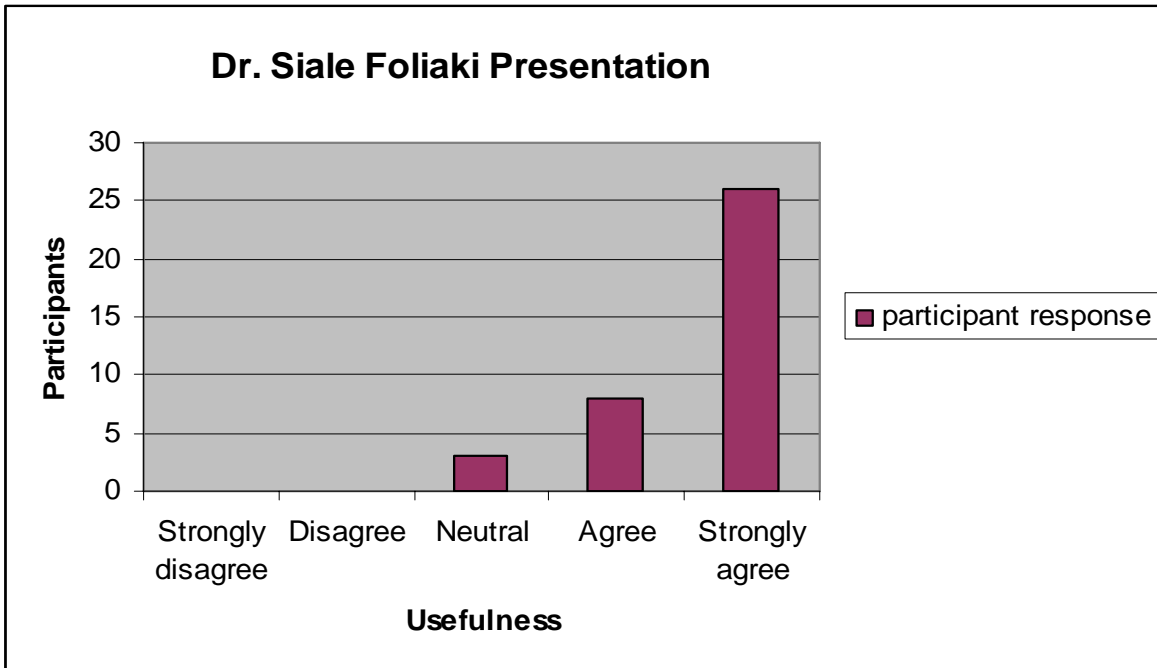
In high regard was the workshop conducted by Mercy Drummond, Family Therapist and Dr. Alister Bush, a Child Psychiatrist from Health Pasifika CAFS Capital and Coast DHB. They presented case studies on Pacific Child and Adolescent situations where they involved fono participants in assessments. Scenarios were given requiring clinical and cultural input from participants. The Ocenarios presented resonated strongly with many attendees.

The fono provided attendees the opportunity to know who the Pacific providers were and to get to know the people working within them. The fono provided information on the Pacific CAMHS/AoD workforce and highlighted the good work that is happening nationally. The practical presentations provided critical information, sharing who is out in the community that Pacific people could be referred to.

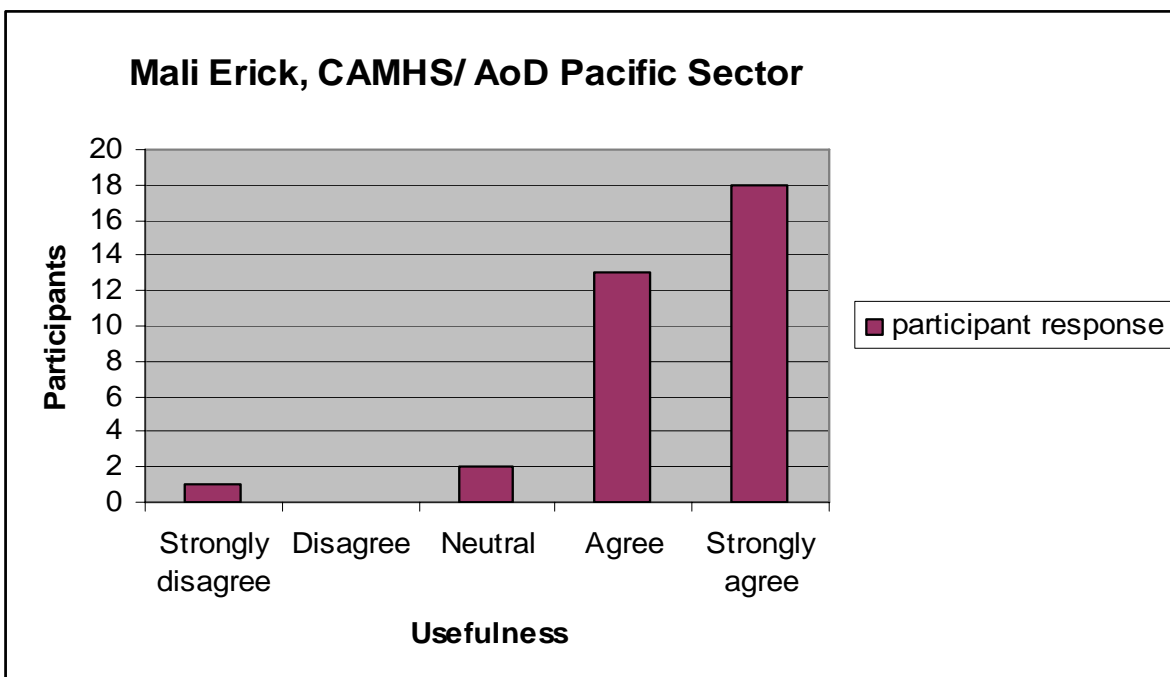
Bringing CAMHS/AoD Pacific workers together, hearing great presentations from different services, information about scholarships available, clinical practices and spirituality challenges with DSM 1V, networking, sharing and building relationships with other Pacific people were all highlights of the day. From participants' feedback, the day was inspirational and uplifting of the passion of Pacific CAMHS/AoD workforce. Feedback indicated that the presentations plainly revealed Pacific uniqueness, similarities and our passion for Pacific people.

Following is the feedback received from participants of Leveki, evaluating the usefulness and value of presentations⁴ and sessions.

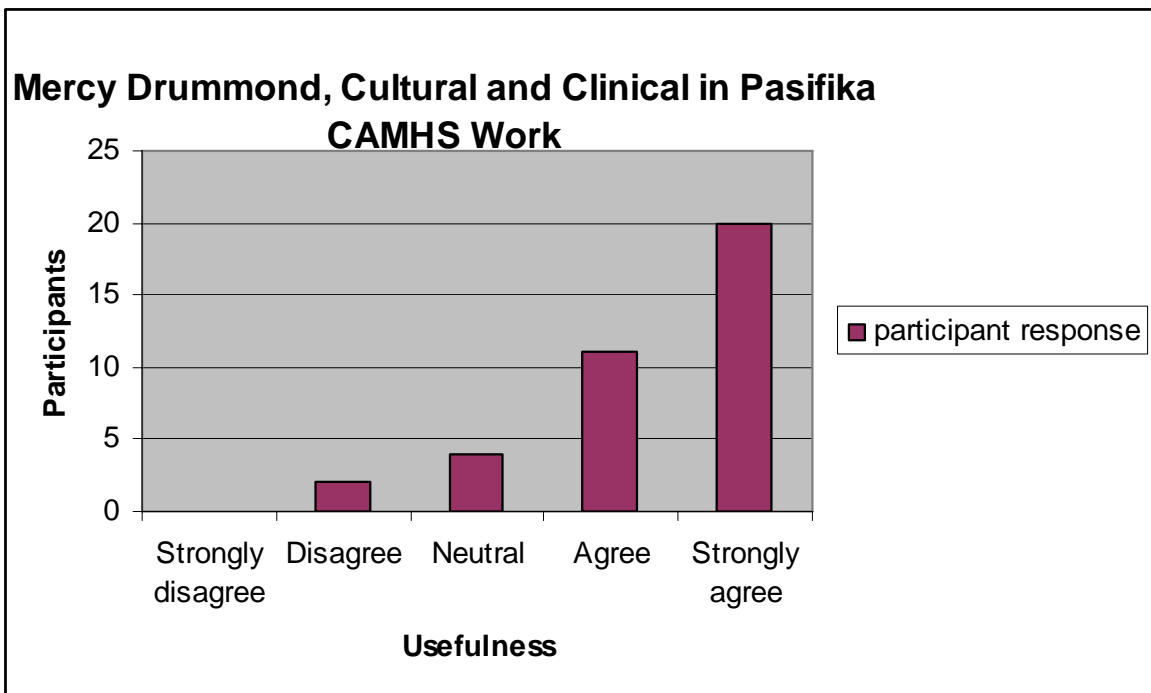
⁴ All presentations from the Leveki fono are available at www.werrycentre.co.nz



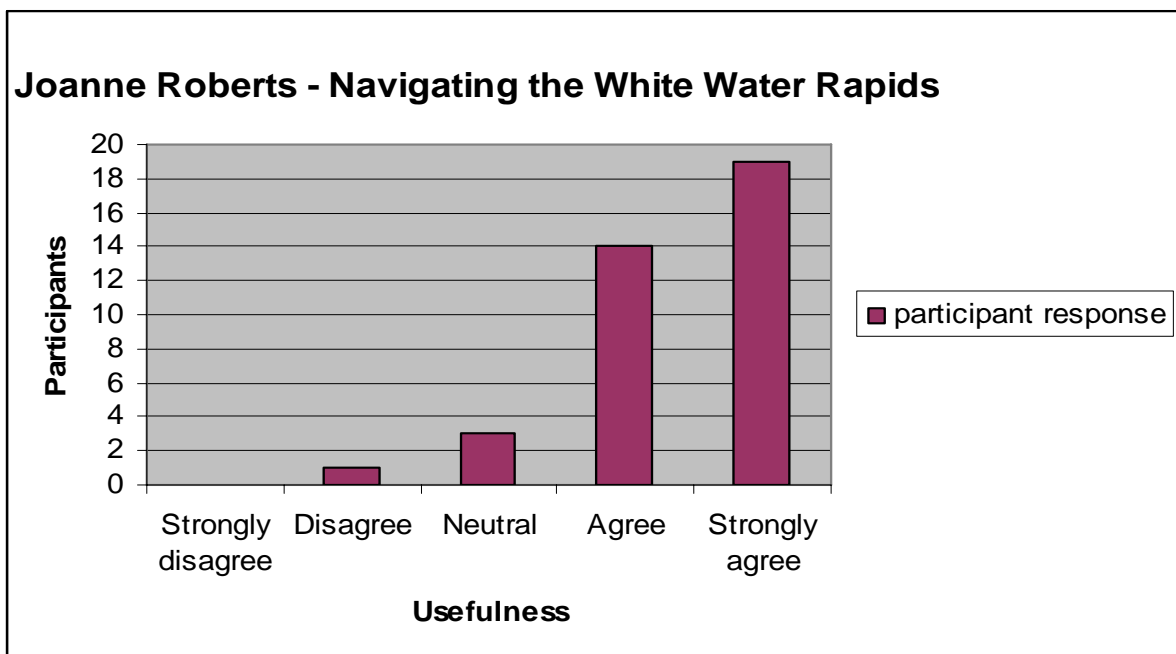
With the exception of three people, all participants agreed or strongly agreed that Dr. Foliaki's Keynote presentation was useful and worthwhile. Siale's presentation was based on his personal experience working as a Consultant Psychiatrist in Counties Manukau District Health Board.



Most participants agreed or strongly agreed that Mali Erick's presentation was useful and worthwhile. One participant strongly disagreed and two participants were neutral to Mali's presentation on the current CAMHS/AoD Pacific Sector.

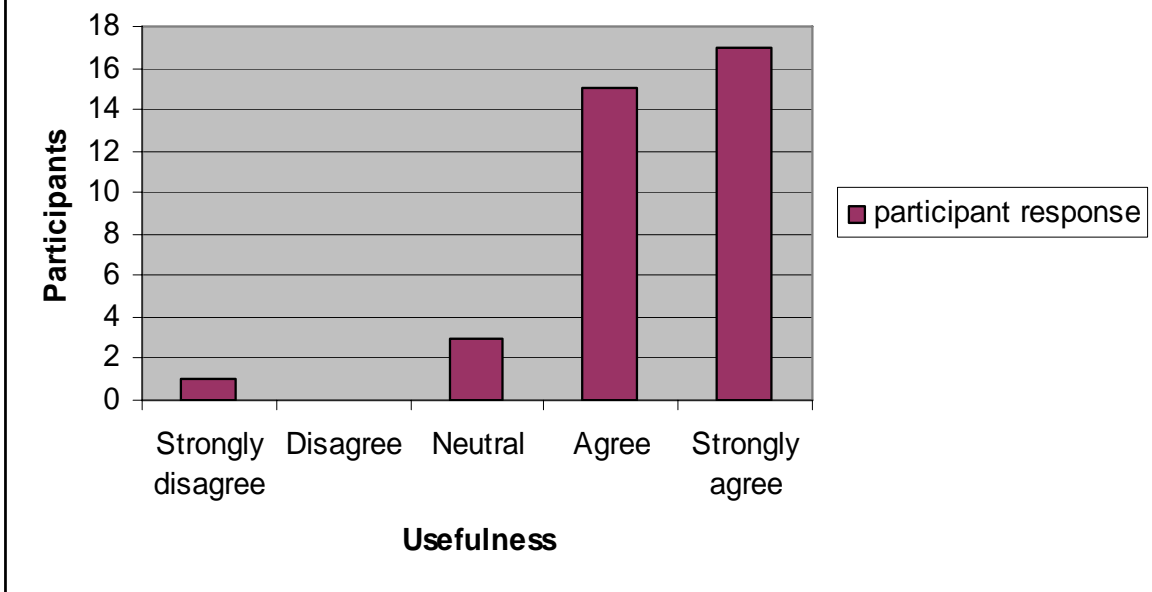


Most participants agreed or strongly agreed that Mercy Drummonds and Alastair Bush’s presentation was useful and worthwhile. Two participants disagreed and four participants where neutral to Mercy’s presentation on Addressing the Cultural and Clinical Issues in Pasifika CAMHS work.



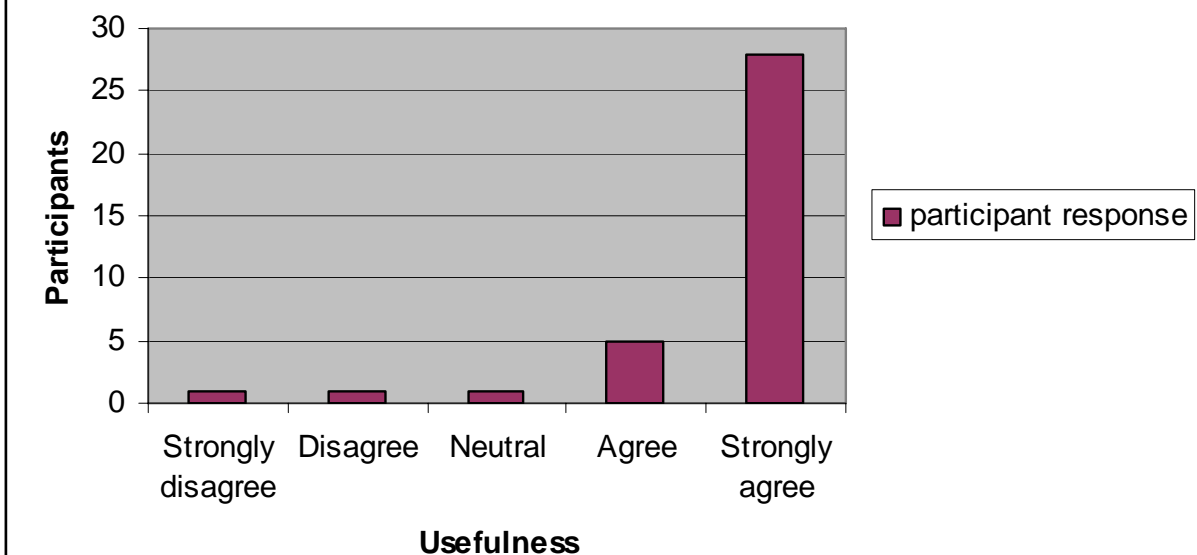
Most participants agreed or strongly agreed that Joanne Roberts’ presentation was useful and worthwhile. One participant disagreed and three participants where neutral to Joanne’s presentation.

Epenesa Olo-Whaanga - Brown Girl in the CAMHS

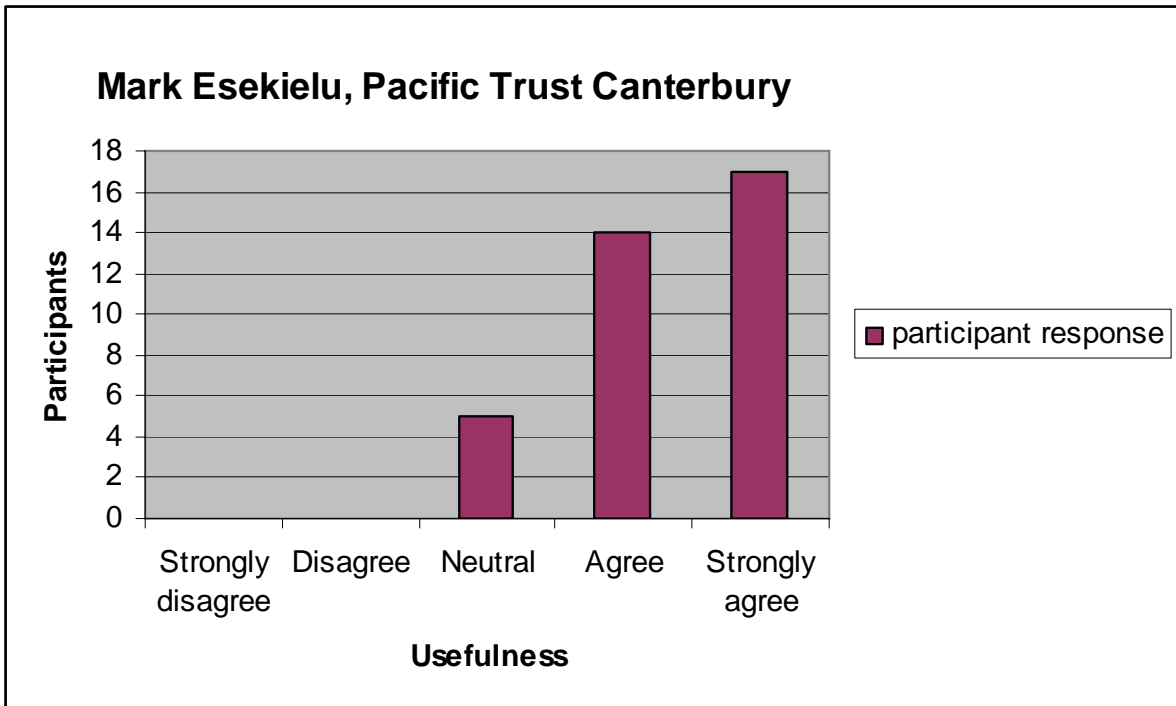


Most participants agreed or strongly agreed that Epenesa Olo-Whaanga’s presentation was useful and worthwhile. One participant disagreed and three participants were neutral to Epenesa’s presentation on working with Pacific families in mainstream CAMHS.

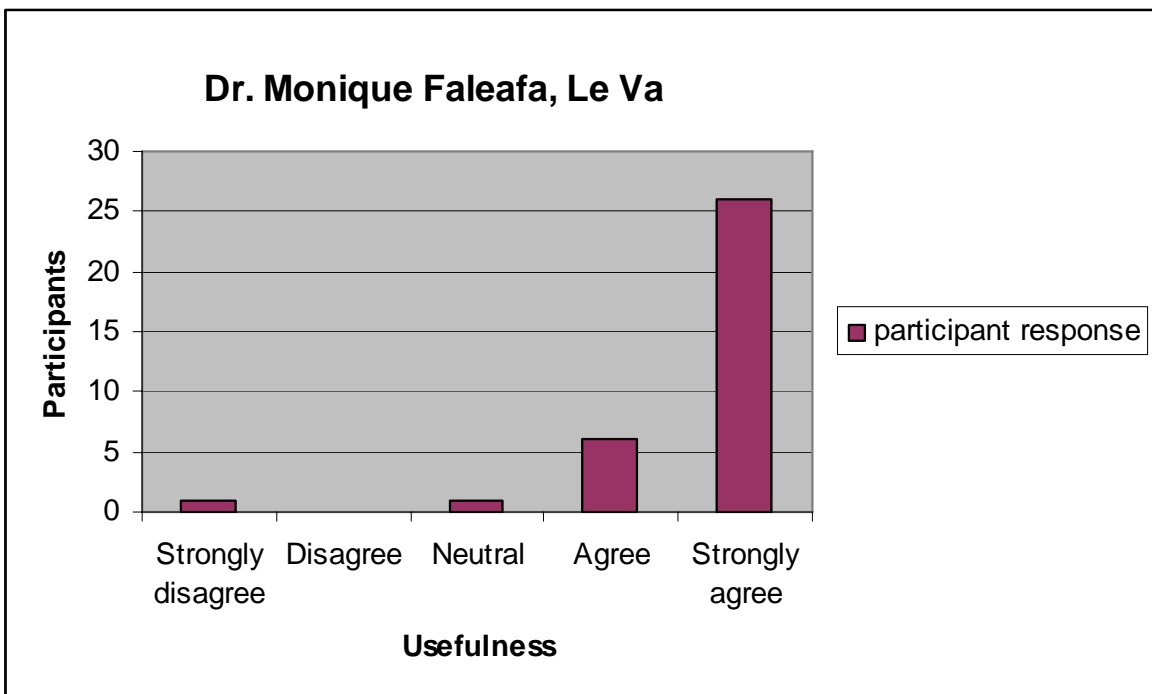
Dr. Api Taleimatoga Presentation



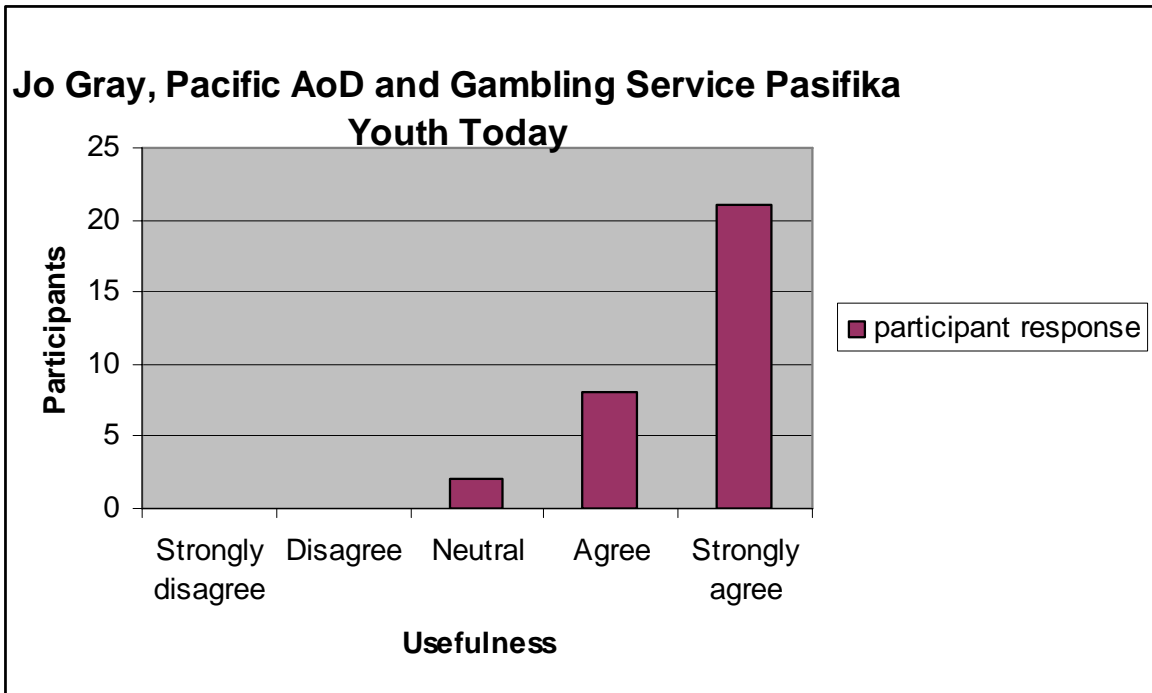
With the exception of three people, all participants agreed or strongly agreed that Dr. Taleimatoga’s Keynote presentation was useful and worthwhile. Api’s presentation was based on Serau – The Pacific service provider development fund.



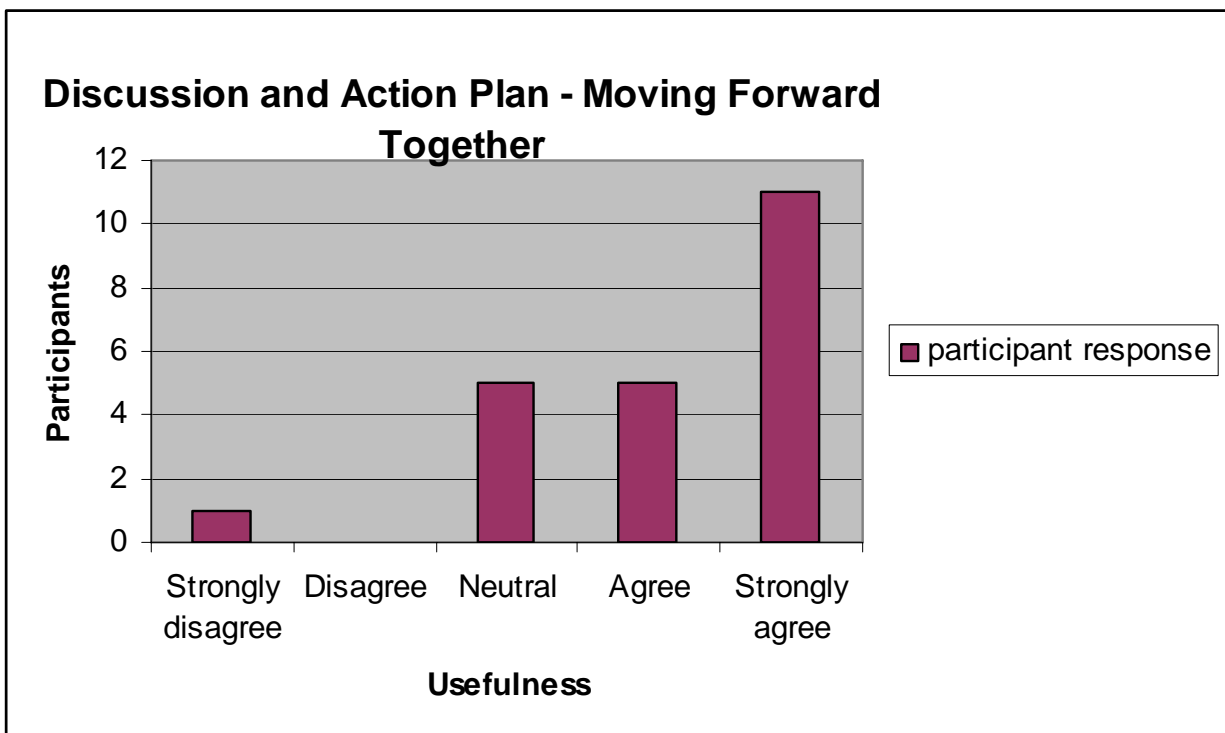
Five participants were neutral in evaluating Mark Esekielu’s presentation. All other participants agreed or strongly agreed that Mark’s presentation on An NGO perspective of Christchurch CAMHS was useful and worthwhile.



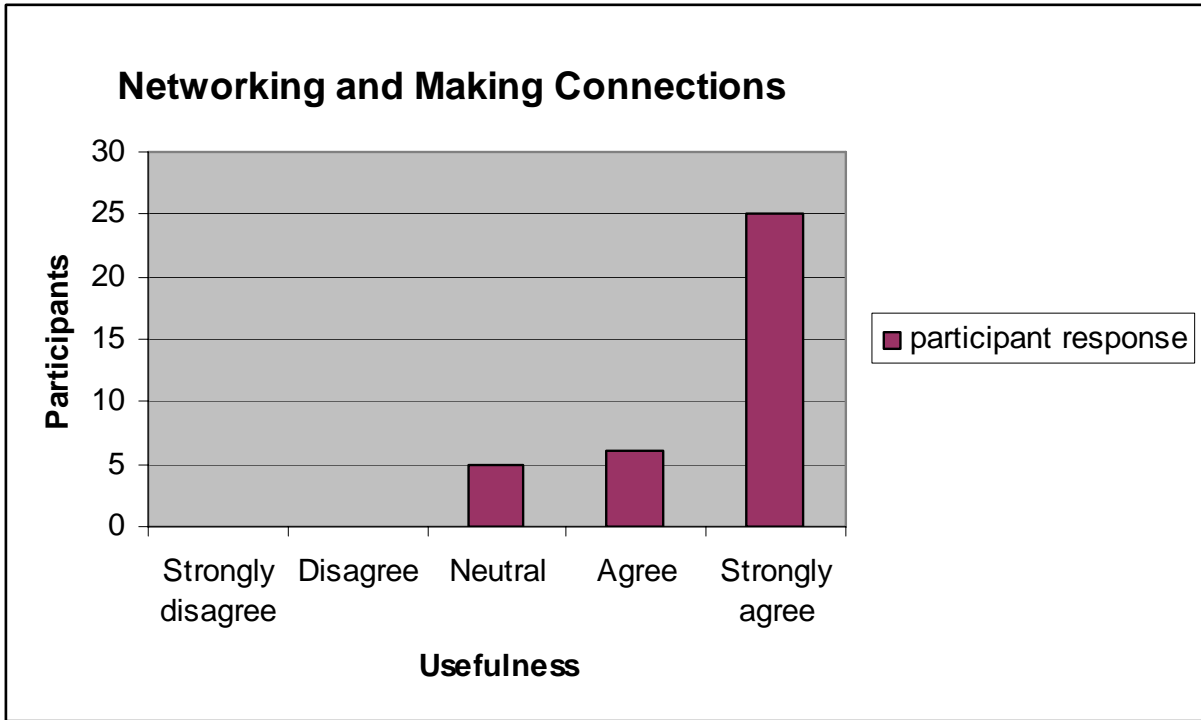
With the exception of two people, all participants agreed or strongly agreed that Dr. Faleafa’s presentation on the Pacific Mental Health Workforce was useful and worthwhile.



Two participants were neutral in evaluating Jo Gray’s presentation. All other participants agreed or strongly agreed that Jo’s presentation on Pacific AoD and Gambling Service, Pasifika Youth today was useful and worthwhile.



With the exception of one person, most participants felt that the Discussion and Action Plan – Moving Forward Together, facilitated by Mark Esekielu was useful and worthwhile. Five participants evaluated the discussion and action plan neutrally.



Most participants felt that the fono was useful for networking and making connections. Five participants evaluated the opportunity as neutral. Just over 85% of participants agreed and strongly agreed the opportunity was useful and worthwhile.

3.6 RESPONSE TO THE FONO QUERIES

Query 1:

Do we need specific Pacific services?

Summary of Predominant Responses:

- We definitely need specifically Pasifika services but we also need to work at building trust with young people. We also need culturally responsive mainstream services.
- Yes we need Pasifika for Pacific. Yes. Choices to be available.
- Yes, outcomes evaluations.

Query 2:

How can we increase access to mental health and Alcohol and Other Drug services for Pacific children, youth and their families?

Summary of Predominant Responses:

- Increase accessibility to our services by “going out” to them – community outreach.
 - Increase Health Promotion. Intersectoral approach. How? Need youth workers.
 - Flexible in bridging roles/qualifications across CAMHS ↔ AoD. Adaptable to meet time needs.
 - Media coverage, traveling, road show to schools, feedback from current workers, clinicians presenting their journeys etc. to fono, display stand at venues – mental health awareness.
 - Change the name (mental health/alcohol and other drug scares parents).
 - Get on board with churches.
 - Raise communities’ awareness regarding what we provide and that we are not a threat.
 - Grow workforce – get educational system primary and secondary schools to not push Pasifika kids through the system if they are having challenges.
 - Use of more Pasifika languages.
 - Network outside of South Auckland
 - We need our workforce to work together Le Va ↔ The Werry Centre.
-

4.0 WHERE TO FROM HERE?

The Pacific Advisory Group will meet again with the support of the Werry Centre, to discuss the findings of Leveki and identify measures to implement recommendations from the fono. Representatives of this group will then:

- Present the key findings to the next Clinical Leader's and Manager's Sector Meeting in December 2009
- Present the key findings from the Pacific Fono at the next National Child and Adolescent Mental Health conference.

The Werry Centre will continue to support the work on Pacific child and adolescent mental health and alcohol and other drug workforce, particularly with initiatives that have come out of the fono. This includes the summary report of the 4th Pacific Child and Adolescent Mental Health and Alcohol and other Drug Services Fono 2009 and making available all presentations at the new Leveki space on the Werry Centre Website.

In light of the commitment, expertise and enthusiasm the advisory group has brought to this process the Werry Centre has invited the group to remain an advisory group to the Werry Centre Workforce Development programme. This will provide an opportunity for a continued partnership with this working within services with our Pacific children, youth and families.

4.1 RECOMMENDATIONS

1. The Werry Centre to host a bi-annual Pacific child and adolescent mental health fono.
2. Future Pacific fono to be more solution focus.
3. Werry Centre to continue to support the work on Pacific child and adolescents mental health and alcohol and other drug workforce in response to suggestions from the Leveki fono and from the sector.
4. More Pacific services and Pacific clinicians/workers are needed nationally to give Pacific service users and families options.
5. To increase access Pacific Services and clinicians/workers need to go into communities.
6. Recruitment strategies need to target both Pacific clinical and non-clinical workforce to ensure dual competency of services.

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APPENDIX

What did you like the most about this Pacific Fono?

- the people!
- good variety of presentations from mainstream and NGO representation
- workforce development and increased funding
- enjoyed every bit of it
- finding out who the Pacific providers are and getting to know the people working in them
- presentations – sharing our work / showcase / celebrate and present current CAMHS services
- venue and food, warm and sociable environment, great speakers and excellent MC
- getting and keeping updated on the wonderful work that pasifika providers are doing for our pasifika communities and a comparison of Auckland region and the wellington region and focus on pasifika workforce development
- length of presentations not too long, location of food and set up of tables, more visual great stuff eg videos
- informal style of presentations and short length of presentations
- update and seeing how things are progressing within the different centres
- sharing the services which will encourage us to continue all the good work
- speakers during first half of the day
- great day – most informative, good feedback from the ministry about funding, interesting to have Pacific perspective
- would be helpful if presentations are encouraged within mainstream services to increase knowledge of Pacific perspective
- colourfulness, palangi lunch? Come on... @ a Pacific fono?
- focus on workforce development, cutting edge frontline reLe Vance
- good networking
- good to have Monique from Le Va and good to have clinical discussion
- Api's presentation and the LE VA presentation
- bringing CAMHS Pacific workers together, hear great presentations from CAMHS Pacific Services, hearing about scholarships, clinical practices and spirituality challenges with DSM IV (networking, sharing and building relationships with other Pacific people) our Pacific children deserve this
- meeting people in mental health child services with Pacific background, hearing their stories, making new friends and contacts
- study cases – we need more study cases to improve strategies that is appropriate
- range of speakers and organisations represented
- the variety of topics that the presenters shared with the members
- practical examples and very interesting reLe Vant information, very important to be informed on the services out there to refer or inform my patients of

- some very great presentations, inspiring and lifting the passion; presentation reveal our uniqueness, similarities and our passion for our people
- networking and finding out more about other Pacific services, leaving the meeting feeling “PROUD” of what i/we do... go Pacific island workers!
- I enjoyed the visual videos from Le Va and the interactive group work from Mercy and Dr. Bush, fabulous food, enjoy Dr Api’s contribution
- Good information/networking/working together with other Pacific services, discussing same goals/paths/strategies/priorities in order to make our services more effective and accessible in CAMH AoD addictions and mental health services, good food, group work Mercy Drummond good with case scenarios

Do have any ideas or suggestions for future Pacific Fonos?

- people spoke too quickly on introducing who they are, what they do, who they work for
- Le Va and the Werry Centre and other workforce centres do a fono together
- presentation using case studies to create dialogue and participants for group activity
- workforce work together across the board
- that all the workforce centres work together for Pacific; maybe shared projects, shared fonos, shared research
- more time – songs and all the workforce centres share resources and projects for Pacific
- bring the young people, hear their voices or have consumers fono
- more time – some presentations rushed but interesting, introductions of different groups in attendance, handouts of presentations, case scenario presentations instead of working in separate groups work as 1 whole class due to time limitation
- more fonos on a more regular timeframe
- case studies helpful but more time needed to discuss, more discussion on planning on how to rather than pointing out disparities and more mini clips
- more visual mediums
- exploration of Pacific models i.e. fono fale and others, what they mean how you use them etc
- I was hoping to see some joint ventures between Werry Centre and Le Va in the area of Pacific CAMH workforce workers
- it is very good to bring people like Api in which he clarified things from the MOH and enlighten pathways for the Pacific people
- future fonos – maybe inviting Pacific students from social work, psychology, medicine, OT etc. to hear about Pacific CAMHS and be inspired to move into this field of work
- make sure there is a lot of music and dance involved as this makes the meeting more memorable and when it is more memorable the topics and discussion will stay with people for a long while
- each presentation provide an entertainment perspective of their service ie drama, song, dance, interactive

- people commented to me about perhaps having some more food, maybe a consumer perspective added
- each service to be given a topic of interest and to come and present on, at the end of the day CAMH/AoD would be covered rather than everyone talking about the same thing each presentation
- fewer presentations as the day was too long, more youth involvement, where are all the youths? Good for them to be involved
- this to continue in line with mainstream CAMHS conference, it will be good to have a Pacific fono a day before and presentations from Pacific CAMHS workers, thank you for making this happen!
- provide feedback from families regarding PI services/workforce feedback from service users, what's their view on increasing PI workforce?
- providers perform an item on their provider challenges and good outcome
- have another one soon
- a two days with an invitation to most other services providers around the nation be they large or small old or new
- more Pacific island clinics such as Lofi Mali as it would be great for these health professionals to know what is available out there in the community for our Pacific youth and families
- more action, drama and singing presentation to get all team involved on presentation, you may also have a chance to see all faces of the whole team
- introductions of people at the beginning of the day, I know there's a time limit but extremely important I think, a need for a Pacific Youth Consumers Fono and presentation
- more consumer Pacific user input/perspective, more visual aids/stimulation, great day overall thank you!

Additional Comments:

- invite youths / team to present how they feel, barriers that they face
- what's next? How do we work towards excellence in Pacific CAMHS?
- thoroughly informative, interesting and enjoyable
- thought provoking and it was nice hearing success stories
- the last session could have been an innovated use of time however I feel we missed that opportunity of having a robust discussion around Pacific CAMH
- nice crowd and malo to Mali and the people from Werry, this is an awesome fono
- really enjoyed fono – interesting and inspirational
- good presentations but would have liked more discussion regarding what services do and what some of the barriers involved are
- need to reach out to adult services as child or adolescents today but will be an adult tomorrow
- some presentations far too long
- we want to continue this, thank you to the Werry Centre and to the Steering Committee

- to increase our workforce we need more fono like this to meet and familiarise with each other
- great visual – slide shows, siva's, MC – Epati aka Oscar, Mali
- more action, drama and music to make it a more Pacific setting
- extremely insightful, enjoyable and knowledgeable day, most of all have and will be leaving with a proud sense of being Pacific and more than ever motivated to improve PIYP health
- really enjoyed today! Would have been really good to have Pacific consumer perspective / presentation
- awesome MC – good length of presentations not too long and not too short, for a Pacific fono did an awesome job at keeping time