The New Zealand Mental Health Survey, Te Rau Hinengaro (Oakley-Browne, Wells, & Scott, 2006), reported that Tongan people have high prevalence rates of mental illness, do not utilise mental health services, and the risks of mental illnesses were different between Tongan people born in Tonga and those who were born in New Zealand. The risks were higher for those who were born in New Zealand. This research explores the meanings of mental illness amongst Tongan people in Aotearoa New Zealand (A/NZ) and asks how they perceive, interpret, construct, define, and conceptualise mental illness.

The Tongan cultural framework talanoa was used as a conceptual framework to inform this research and also as a method for collecting the data. This research found that Tongans in New Zealand perceive and interpret mental illness in three ways: through traditional Tongan interpretations, through Western and biomedical influences, and also through an intersection of Tongan interpretations and Western/biomedical influences.

The research findings, therefore, highlight challenges associated with applying a biomedical linear, individually focused Western mental health system to a traditional Tongan, circular, and collective community in A/NZ. This presentation will discuss the findings of this study and introduce ūloa, a cultural model proposed for working with Tongan people experiencing mental distress.

References:

Sione hails from the Kingdom of Tonga and migrated to New Zealand in 1999. He had been working in different areas of mental health including acute inpatient, crisis services, early interventions, liaison psychiatry, and cultural services. Sione’s research interests are mental health, Pacific health, men’s health and youth. Sione completed his PhD, exploring the meanings of mental distress amongst Tongan people. He won an Emerging Pacific Researcher Award from Health Research Council in 2016 to test the effectiveness of ūloa, a cultural model. Sione is now lecturing at Massey University.
2B: Comorbid substance use disorders and mental health disorders among New Zealand prisoners
Ian Garrett, Department of Corrections

Offenders are screened for drug and alcohol issues and mental health problems on reception to prison but, these conditions are treated in parallel or serially. Understanding the extent of comorbidity is critical to providing the best possible treatment to the prisoner population. It is acknowledged that diagnosis of comorbid drug/alcohol problems and mental health issues can be difficult, as the symptoms related to drug use and those related to mental health disorders can be confused.

In 2016, the Department of Corrections published one of the most thorough and extensive reviews of substance use and mental health disorders ever undertaken among New Zealand prisoners.

The study, which is the first of its kind undertaken since 1999, involved assessing more than 1200 prisoners across 13 prisons and found that 62 percent of prisoners had some form of mental health or substance abuse disorder in the last 12 months and 20 percent of those had both. These disorders were often undetected or not treated properly.

The results have enabled the Department to support improved delivery of forensic mental health services within prisons; and they will assist the Department in assessing prisoners and ensuring that all forms of treatment, both psychiatric and rehabilitative, are delivered in an integrated way.

Ian Garrett joined the Department of Corrections in 2012 when he moved from the UK to New Zealand as a Psychologist. He was appointed as Director Practice Delivery for the Northern Region in 2015 and leads a team of specialists focused on best practice delivery of a range of corrections services: Custodial, Community Corrections, Psychological Services, Health and Case Management.

Ian began his career in the UK Probation Service in 1995 and after qualifying as a Forensic Psychologist, worked in a number of UK prisons mostly with young male offenders and women. Prior to joining Corrections, Ian worked in a national office role for the National Offender Management Service in the UK, as the Head of High Risk Violence Programmes.