

Exploring the needs of Pacific families who are supporting a loved one in forensic mental health  
inpatient services

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## Abstract

**Background:** Pacific peoples are over-represented in forensic mental health services (FMHS), highlighting a lack of culturally responsive care. Supporting Pacific peoples starts with understanding that the family is the foundation to helping Pacific peoples in forensic mental health services. For Pacific families, identity and well-being are deeply interconnected, and acknowledging this interconnectedness provides the foundation for forensic mental health services to effectively collaborate with Pacific families supporting their loved ones in the system. By empowering Pacific families, stability, emotional support, and improved recovery outcomes for Pacific service users in forensic mental health services is fostered.

**Aim:** The primary aim of this research is to explore the needs of Pacific families supporting their loved ones in forensic mental health inpatient services.

**Methodology:** This research utilises Talanoa methodology to guide conversations with five Pacific families whose loved ones are under the care of inpatient forensic mental health services. Talanoa was used to guide the study design, method, and procedures used to conduct this research. Overall, the research was guided by Talanoa to foster open, respectful, and meaningful communication with Pacific families.

**Findings:** Pacific families discussed three core themes as imperative to informing forensic mental health services. Firstly, faith and family are integral for spiritual guidance, providing a source of strength, collective decision-making, and a sense of belonging, which is foundational for well-being. Secondly, Pacific families spoke to the building of relationships and understanding so these values can flourish, by implementing solutions such as empowering families in advocacy and decision-making in clinical spaces, improving health literacy, using empowering language, and reducing medical jargon. Lastly, Pacific families indicated how the forensic mental health system can honour the values of family and faith by building a Pacific workforce, fostering genuine connections with families, involving families in diagnosis, and ensuring earlier access to services.

**Recommendations:** The recommendations from this research provide the need for the development and implementation of culturally tailored approaches within forensic mental health system. This research aims to support forensic mental health services to build policies and practice reforms that recognise and address the needs of Pacific families' supporting their loved ones in forensic mental health.



## Dedication

I dedicate this thesis to the strong women in my family and more so two strong women I lost this year, my strong and loving sister Susana Melekiola Aloua, Sana embodies the essence of family; I honour her as a vital cornerstone to the fabric of my own family. My great aunty Na'uli Oko Fangupo Bryce as the embodiment of a life of unconditional love and service to her family and community, a legacy we should all aspire to.

## Acknowledgements

We have a saying in Tonga, “Fofola e fala kae talanoa e kāinga,” that translates to roll out the mats so the family can talk, and it signifies to kāinga to gather, share, and listen to one another. As I reflect on this journey, I roll out the mat with gratitude, acknowledging the many voices and hands that have shaped and supported me along the way. I chose kāinga to represent family because in Tongan culture it embraces more than just immediate family but also includes extended relatives, friends, and community. Kainga has come in many forms throughout this thesis journey and has embodied strength, love, resilience, and support in every way. My kāinga met me at the fala and gathered around me to support and uplift me when I needed it the most; this work reflects our collective spirit.

To my supervisors who came to the fala with me—Brian McKenna, Caleb Marsters, and Daniel Sutton. I navigate this work with confidence because of the foundation you have all provided for me on this academic journey. I am deeply grateful for your support and guidance throughout each process of this research journey, especially while life happened around me and its impacts were felt; the support and encouragement to continue motivated me. Your roles as my teachers have been instrumental in this journey, providing a solid grounding for learning and growing as an aspiring academic and lifelong learner.

My family, the heart of my fala, I am a product of their strength, resilience, and unconditional love weaved together to form our fala—reflecting the strength of generations of ancestors who have laid this foundation for us. I honour my family, who have left the fala but remain in spirit: my maternal and paternal grandparents, but especially my father, Sione Fuka Fangupo. I dedicate this thesis especially to my mother, Anisiasio Fangupo, a woman of utmost strength. As the oldest, there were many times I was not able to be present for our own fala because of my studies; I deeply appreciate the sacrifices you have made so that I can pursue my dreams. To my younger siblings, you have all portrayed strengths beyond your years. Thank you for being a rock and showing up in ways that I cannot comprehend. To my friends, you have lifted me up countless times and walked alongside me during this journey. Many times, when life was happening, your unwavering support showed in our car rides, belting songs, free therapy sessions with coffees, and endless walks.

To the families that participated in this research, I am immensely honoured to have been entrusted with your stories. You all embody resilience and strength and continue to face each triumph and challenge with utmost love and care. Your voices are an important aspect of this work, and I am honoured to have heard and hope to complete this work with the justice it deserves. To the Pacific staff at Mason Clinic, thank you for your commitment and support throughout this research. Thank

you for entrusting me with the families in this research, and I also hope to honour the great work you all do.

## Table of Contents

Title Page .....	<b>Error! Bookmark not defined.</b>
Abstract .....	2
Dedication .....	4
Acknowledgements .....	5
Attestation of Authorship .....	10
Glossary of Pacific words and key terms used in this research .....	11
List of Tables .....	13
Chapter 1: Introduction .....	14
Research Rationale .....	14
Pacific Peoples in New Zealand .....	15
Pacific conceptualisations of mental health and well-being .....	16
Aims and objectives .....	17
Thesis Overview .....	17
Chapter 2: Literature Review .....	19
Scoping Review Methods .....	19
Step 1: Identify the research question .....	19
Step 2: Identify relevant literature & Step 3: Study Selection .....	20
Step 4 Chart Studies .....	21
Step 5 Summarise findings .....	25
Review Findings .....	25
Inquiry One: Key elements of culturally competent mental health services for Pacific peoples .....	25
Inquiry Two: Non-Pacific Families Experiences with Forensic Mental Health Services .....	27
Strengths and challenges of the scoping review .....	30
Conclusion .....	31
Chapter 3: Methodology .....	32
Aims and objectives .....	32
Talanoa Methodology: A Pacific Approach to Research .....	32
My position in this research .....	33
Methods .....	34
Recruitment of Pacific Families .....	34
Inclusion and Selection Process for families .....	35
Data Collection .....	35
Approach to Data Analysis in Talanoa Methodology .....	38

1. Data familiarisation .....	38
2. Generate initial codes .....	38
3. Search for themes .....	39
4. Review themes.....	39
5. Define themes.....	39
6. Writing the report .....	39
Ethical principles in Pacific research.....	39
Conclusion .....	40
Chapter 4: Findings.....	41
Aims and objectives.....	41
Family Participants .....	41
Faith and Family as Core Values.....	42
Faith as central .....	43
Familial ties and the importance of collective responsibility.....	44
Engagement Challenges for Pacific Families .....	45
Delayed access: Families not knowing about mental health and seeking support late .....	45
Self-doubt when entering clinical spaces .....	46
Facing language barriers .....	47
Diagnosis without us: Families navigating the clinical labelling of a loved one .....	48
Engagement Facilitators for Pacific Families.....	50
Strengthening engagement through improved health literacy and family involvement.....	50
Building the workforce: Bridging gaps and fostering human connection across cultures .....	52
Conclusion .....	53
Chapter 5: Discussion .....	54
Faith and Family as Core Values.....	55
Engagement Challenges for Pacific Families .....	57
Engagement Facilitators for Pacific Families.....	60
Strengths and Limitations of the Study .....	62
Future Research .....	64
Conclusion .....	65
Reference list .....	65
Appendices.....	78
Appendix A: Family Flyers .....	79
Appendix B: Questions to guide talanoa sessions with families .....	81
Appendix C: Family Participation Information Sheet .....	83
Appendix D: Ethics Approval Letter .....	87

Appendix E: Family Consent Forms .....89

## Attestation of Authorship

“I hereby declare that this submission is my own work and that, to the best of my knowledge and belief, it contains no material previously published or written by another person (except where explicitly defined in the acknowledgements), nor used artificial intelligence tools or generative artificial intelligence tools (unless it is clearly stated, and referenced, along with the purpose of use), nor material which to a substantial extent has been submitted for the award of any other degree or diploma of a university or other institution of higher learning.”

Signature: Folole Fangupo

Date: 22/01/2025

## Glossary of Pacific words and key terms used in this research

<i>Ata ke fakaangai</i>	freedom to disagree
<i>Avanga</i>	Tongan conceptualisation of mental illness refer to a sickness caused by spirits
<i>Kainga</i>	extends from immediate family to encompass extended relatives, friends and community
<i>Kau faitoo fakatonga</i>	traditional Tongan healers
<i>Koha</i>	Māori term for gift
<i>Fa'afaletui</i>	Samoa research framework translates to way of weaving
<i>Fale</i>	universal Pacific term used to describe a house in the context of this research it refers specifically to a Samoan fale
<i>Faka'apa'apa</i>	respect
<i>Fefalala'aki</i>	establishing appropriate confidentiality
<i>Fekau'ai</i>	establishing connections
<i>Fe'ilongaaki</i>	meaningful engagement
<i>Feveitokao'aki</i>	respect
<i>Fono</i>	meeting
<i>Fonofale</i>	Pacific model of health
<i>Ikai ke fakangatangata</i>	no enforced artificial or arbitrary boundary
<i>Ofa</i>	love
<i>Poto'ianga</i>	cultural competency
<i>Potupotutatau</i>	establishing equality
<i>Talanoa</i>	discussion or dialogue with a capital T refers to Talanoa research methodology, lower-case t refers to everyday conversation
<i>Tapu</i>	sacred
<i>Tau'atina</i>	autonomy
<i>Tauhi vā</i>	refers to maintaining and nurturing sacred relationships
<i>Uloa</i>	a Tongan model of care based on a fishing method
<i>Va</i>	refers to relationships

The following terms will be used throughout this research

Pacific peoples	refer to all with ancestral ties to Pacific
Service user	term to describe “patients” or “clients” of forensic mental health services to maintain consistency throughout this thesis.
Mental illness	living is placed at the front of mental illness as it recognises this term has stigma and negative connotation attached to this term. Living instead of “suffering” “afflicted” recognises that despite mental health issues, individuals live fulfilling lives.

## List of Tables

Table 1: Inclusion and Exclusion Criteria for Inquiry One: Key Elements of Culturally Competent Mental Health Services for Pacific Peoples

Table 2: Inclusion and Exclusion Criteria for Inquiry Two: Non-Pacific Families' Experiences with Forensic Mental Health Services

Table 3: Inquiry One: Key elements of culturally competent mental health services for Pacific peoples

Table 4: Inquiry Two: Non-Pacific Families Experiences with Forensic Mental Health Services

Table 5: Summary of Findings

## Chapter 1: Introduction

The introductory chapter of this thesis will outline the rationale for this research by providing a historical background of New Zealand's forensic mental health system and how this research came to be. This chapter will also provide a background overview of Pacific people's socio-economic and population demographics to highlight the need for care that is reflective of the growing and diverse Pacific population. Moreover, this chapter will examine Pacific views on mental health alongside Pacific values to highlight how they shape Pacific family's approach to forensic mental health services. Lastly, the aims and objectives of this research are presented with an overview of the thesis chapters.

### **Research Rationale**

Forensic mental health services (FMHSs) deliver assessment and therapy to individuals whose mental health intersects with the criminal justice system. These individuals present with a mental health illness characterised by complex social needs and come from backgrounds marked by poverty and trauma (McKenna & Sweetman, 2020). Individuals receiving forensic mental health services have committed and are at risk of committing offences resulting in significant harm to themselves and the community (Skeem et al., 2016). Historically, in legal proceedings, mental health was often treated as separate from the justice system and therefore was often overlooked and misunderstood (Carver et al., 2017). There has been a shift over the years for specialised care for individuals living with mental illness within the justice system. Thus, forensic mental health services were established to provide therapeutic care for those living with mental illness whilst navigating legal proceedings. The history of forensic mental health services in New Zealand includes an inquiry called the Mason report (Mason, 1988), which highlighted the need for specialised services that support individuals with mental health conditions and their families navigating the justice system (McCormick, 2021). Furthermore, the report highlights the need for forensic mental health services that respect and integrate Pacific and Māori values into care.

In Aotearoa New Zealand, there are five regional inpatient forensic mental health secure hospitals. The focus of this research is the Mason Clinic, which is the largest forensic mental health secure hospital, based in Auckland and established in 1992. It provides support for individuals who are involved with the criminal system and are diagnosed with a serious mental illness. Individuals are generally admitted to Mason clinic through the following pathways; prisons, court liaison services

and sometimes community mental health services. Pacific peoples are admitted to Mason clinic through the same pathways. Pacific peoples are supported by a Pacific cultural team alongside the clinic team to ensure cultural needs are met (McKenna & Sweetman, 2020).

A significant portion of Pacific peoples, approximately 16.6 percent, reside within the Auckland area (Statistics New Zealand, 2024a). Therefore, Mason Clinic plays a critical role in delivering culturally responsive care for Pacific peoples who constitute a significant portion of its service users. Currently, there is a lack of statistics specific to Mason Clinic concerning Pacific service users; however, a recent study reveals Pacific peoples make up 7 percent of the general population, with 8 percent of prisoners being Pacific people and a further 16 percent of admissions to inpatient forensic mental health services (Petaia et al., 2022). This illustrates that Pacific people are a growing population in forensic mental health services, and despite over-representation, there is insufficient research on their perspectives and experiences. The core of this research stems from broader research of work to gather insights from Pacific service users, their families, and Pacific staff to inform culturally responsive forensic mental health services. The primary focus of this research is exploring the needs of Pacific families who are supporting a loved one in forensic mental health inpatient services.

### **Pacific Peoples in New Zealand**

In New Zealand, the term "Pacific Peoples" is used as a unifying term to describe peoples that descend from the vast and diverse Pacific islands (Tautolo et al., 2020). Whilst Pacific peoples share values and practices it is important to be cognisant when using the term Pacific to avoid assumptions that may overlook the uniqueness of the many different Pacific communities and ethnic groups that come under the umbrella term "Pacific peoples" (Ponton, 2018). For this research the term "Pacific peoples" will encompass all families with ancestral ties to the Pacific, with no particular focus on any specific Pacific cultural group.

As of 2023, the Pacific population has increased from 8.1 in 2018 to 8.9 percent, highlighting a growing population in New Zealand (Statistics New Zealand, 2024b). Auckland is home to 16.6 percent of the Pacific population, with the majority of New Zealand's Pacific population residing within the Auckland region (Statistics New Zealand, 2024a). Pacific peoples are a culturally diverse group. Moreover, a significant characteristic of Pacific peoples is the youthful demographic, with the median age being 25 (Ataera-Minster & Trowland, 2018). Pacific peoples are rich in cultural diversity, with growing intermarriages between Pacific cultures reflecting a rich and growing diversity. Pacific

peoples population demographics provide critical insight for forensic mental health services to adapt and reflect the culturally growing, diverse Pacific population.

Equally important for forensic mental health services is understanding the ongoing impact of social determinants of health and institutional racism on Pacific people's access to services and health outcomes. Pacific peoples are disproportionately represented in low socioeconomic status, which is then further perpetuated by institutional racism that exacerbates Pacific people's poor access to services, leading to poor health outcomes (Marriott & Sim, 2015; Sumibcay, 2022). Forensic mental health services perpetuate biases through practices and policies that do not fully consider Pacific peoples cultural needs, resulting in a lack of culturally safe care (Petaia et al., 2022). Moreover, there are barriers in forensic mental health services that make navigating services a difficult process. Therefore, by acknowledging the impact of social determinants and institutional racism, it highlights how the system is not designed to meet the unique cultural needs of Pacific peoples.

### **Pacific conceptualisations of mental health and well-being**

Pacific people's views on health and well-being are essential to developing forensic mental health services that align with Pacific people's values and beliefs. While Pacific nations each hold unique perspectives, the overarching themes of holistic well-being and collective ties are shared by Pacific peoples (Ataera-Minster & Trowland, 2018). Families, including extended and community networks, protect and promote health and well-being (Basset & Holt, 2002). This holistic approach for Pacific peoples highlights the interconnectedness of individual well-being with family and community. Furthermore, communal ties are an important aspect of Pacific people's sense of self and belonging, enhancing feelings of connectedness and community resilience.

The Fonofale model of health is a Pacific model that provides a holistic framework using the fale (Samoan house) as a metaphor for understanding Pacific health, encompassing relational, holistic, and interconnected elements necessary to Pacific well-being, such as family, culture, physical, mental, spiritual, and socio-cultural dimensions (Cammock et al., 2014). The Fonofale model further highlights family as the foundation of the fale (Samoan house), which is a metaphor for the fundamental structure that sustains and provides stability to all aspects of the house that represent essential elements of well-being for Pacific peoples. By understanding the importance of Pacific

families' roles in care and recovery, forensic mental health services can enhance the care Pacific service users receive.

Pacific peoples view on mental illness is interconnected to relationships and communal ties; therefore, a breakdown in these sacred relationships results in the manifestation of mental illness (Suaalii-Sauni et al., 2009; Vaka et al., 2009). Furthermore, Pacific peoples view a disruption of one's relationship to self, spirit, and family as a common explanation for mental illness. Each Pacific culture's perception of mental illness is unique; however, the shared belief is that mental illness is a result in a breakdown of relationships. Therefore, traditional healers would be called upon to address mental illness through rituals, prayers, and ceremonies that are focused on mending relationships (Suaalii-Sauni & Fulu-Aiolupotea, 2014). Compared to a Western approach to mental illness, which has an individualistic approach centred on an imbalance of chemicals in the brain, Pacific peoples holistic approach places value on relationships as directly linked to mental illness. As Pacific peoples are a collective community, a family member experiencing mental illness will often reflect their family and community (Cutrer-Párraga et al., 2024). Therefore, for forensic mental health services, Pacific peoples value communal responsibility rather than individual, not just focused on the individual but their broader cultural and familial context.

### **Aims and objectives**

The primary aim of this research is to explore the needs of Pacific families who are supporting a loved one in forensic mental health inpatient services. The following key objective of this research is to explore:

1. What are important values that influence care and decision-making of Pacific families for their loved ones in the context of forensic mental health?
2. What challenges do Pacific families face when navigating the forensic mental health system for their loved ones?
3. What approaches would help improve engagement from Pacific families supporting their loved ones in forensic mental health services?

### **Thesis Overview**

This thesis consists of five chapters. Chapter one provided an overview of forensic mental health services in New Zealand and the rationale for this research. Pacific people's socioeconomic and population demographic shapes the engagement with forensic mental health services. Additionally, it

examined Pacific peoples perspectives on mental health and values to inform forensic mental health services in their approach. This chapter concludes with the objectives of this research and a summary of the chapters.

Chapter two focuses on the literature review for this research, which aims to examine existing literature on families in inpatient forensic mental health services utilising a scoping review method. Currently there is limited research concerning Pacific peoples within forensic mental health services. Therefore, this scoping review is divided into two inquiries to provide a broader perspective, offering understanding of existing knowledge that can be applied to Pacific peoples context. The first inquiry focuses on Pacific families' experiences with general mental health settings and their cultural needs. The second inquiry examines the literature for (non-Pacific) populations in forensic mental health.

Chapter three details the research methodology employed in the study to guide the design, method, and procedures used to conduct this research. Talanoa is a Pacific methodology that was the guiding framework for this research, selected for its cultural relevance and ability to facilitate meaningful dialogue and storytelling with Pacific peoples. This chapter will encompass the researcher's positionality within this research in addition to the cultural, ethical, and limitations of a Talanoa approach.

Chapter four aims to present the findings from the five Pacific families that participated in Talanoa. This chapter will present a summary of the families that took part in this research. This will be followed by three key themes that are presented in accordance with the three objectives: Pacific family values, understanding the barriers that limit Pacific values to flourish, and how forensic mental health services can implement Pacific values in system changes.

Finally, Chapter five will end with the discussion for this research, which will provide an in-depth exploration of the findings supported by literature. It proposes recommendations and strategies for improving forensic mental health that incorporate Pacific values and foster partnerships to better provide care that aligns with Pacific families.

## Chapter 2: Literature Review

This chapter maps existing research related to Pacific families in forensic mental health services utilising a scoping review framework proposed by Arksey and O'Malley (2005) to explore and analyse existing literature. Due to a scarcity of relevant literature specific to Pacific families in forensic mental health services this review is organised around two broader inquiries to provide insights that could still inform this study. The first inquiry aims to explore literature regarding key elements for culturally competent mental health services for Pacific peoples. This examines existing literature on Pacific families' cultural needs within a general mental health context to identify elements that may be transferable to a forensic setting. The second inquiry explores literature related to non-Pacific families' experiences with forensic mental health system. Moreover, the aim of the second inquiry is to provide a broader insight that can be adapted to Pacific families while acknowledging the cultural lens needed.

### **Scoping Review Methods**

The following outlines the step-by-step process of conducting a scoping review as guided by and O'Malley (2005). As this literature review involves two areas of inquiry both will have this approach applied to it. Employing a scoping review is pertinent for this literature review as it collates existing literature and detects areas that require further academic inquiry. This approach uses systematic mapping of the literature to synthesise and summarise knowledge in an area where little research has been done (De Vecchi et al., 2016) and is fitting for this study as there is limited research into Pacific families' experiences and engagement in forensic mental health services. The review process is guided by Arksey and O'Malley's (2005) five-step methodological stages for undertaking a scoping review, which are (1) identify the research question (2) identify relevant literature (3) study selection (4) chart studies, and (5) summarising and reporting the results.

#### *Step 1: Identify the research question*

For the first inquiry the overarching guiding question was "What are the key elements of culturally competent mental health services for Pacific peoples?" This question aimed to address cultural aspects supporting Pacific people's engagement with the mental health system. This inquiry recognises that "Pacific" encompasses a range of specific cultural groups that have distinct experiences and perspectives; all were incorporated in this inquiry. For the second inquiry, the

guiding question was "What is known from existing literature about the experiences of non-Pacific families in forensics mental health?" In the literature, "family" encompasses multiple support systems and can refer biological relatives or chosen family. Therefore, families included any titles such as "relatives" nonbiological family members including "caregivers", "carers", "parents", and "guardians".

*Step 2: Identify relevant literature & Step 3: Study Selection*

For the first inquiry the search was completed on the following electronic databases, PubMed, PsycINFO, and Google Scholar. For the intersection of cultural practices and mental health the following combination of words were included “Pacific peoples mental health” “cultural competency Pacific mental health services” and “cultural beliefs mental health practices.” The search was not limited by publication date. All research literature was considered, given the limited research in this area. The following inclusion and exclusion criteria were curated to locate literature relevant to the first inquiry.

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***Table 1 Inclusion and Exclusion Criteria for Inquiry One: Key Elements of Culturally Competent Mental Health Services for Pacific Peoples***

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Inclusion – studies that were included in this research when they met the following	<ul style="list-style-type: none"> <li>- Specifically Pacific population, communities, individuals</li> <li>- Studies specific to mental health, interventions, outcomes specifically access, barriers and service utilisation</li> <li>- Studies based in New Zealand</li> <li>- English language and full access</li> <li>- Mixed studies both qualitative and quantitative studies</li> </ul>
Exclusion studies that were not included in this the following	<ul style="list-style-type: none"> <li>- Non-Pacific Populations</li> <li>- Other irrelevant health conditions that were not mental health</li> </ul>

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For the second inquiry of this literature review the search was also conducted across the following electronic databases, including PubMed, PsycINFO, and Google Scholar. The search strategy used a combination of keywords and subject headings related to "Family Involvement in Forensic Mental Health Treatment", "family dynamics in forensic setting", and "voices of family members in forensics

mental health." The second inquiry was not limited by publication date. All research literature was considered, given the limited research in this area. It is essential to acknowledge that it was taken into consideration when searching those studies that captured a range of perspectives such as different types of forensic settings (e.g., juvenile vs adult), mental health conditions (schizophrenia or psychosis), and family structure. Given the scarcity of research these were also included. This is essential for a well-rounded understanding of family experiences in existing research.

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***Table 2 Inclusion and Exclusion Criteria for Inquiry Two: Non-Pacific Families' Experiences with Forensic Mental Health Services***

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<p>Inclusion – studies that were included in this research when they met the following</p>	<ul style="list-style-type: none"> <li>- Specific focus on family (spouses, sibling parents, children)</li> <li>- Studies that had families, caregivers, relatives, and family members with forensic mental health in the title were included.</li> <li>- Studies that included experience, role interaction with forensics mental health</li> <li>- Specific focus on forensic mental health care whether hospitals, secure inpatient, or community</li> <li>- Other geographical areas other than New Zealand as research is limited</li> </ul>
<p>Exclusion studies that were not included in this the following</p>	<ul style="list-style-type: none"> <li>- Non-forensic settings</li> <li>- Non-family population</li> <li>- Irrelevant health conditions that were not mental health</li> </ul>

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It is also important to note that some studies mentioned "mentally ill offenders" in their research were included in this inquiry. It is crucial to highlight that such language reinforces negative biases and prejudice and is not reflective of individuals in forensics mental health. The language from the 1990s and early 2000s reflects the period's perspectives and is not representative of the current shift toward a recovery-based approach in mental health care.

*Step 4 Chart Studies*

The following data for both inquiries present the authors, publication date, title methods, design and sample, and critical findings as discussed above. Table three is for the eight articles for Inquiry one and Table four will present the nine articles for Inquiry Two.

**Table 3 Inquiry One: Key elements of culturally competent mental health services for Pacific peoples**

<b>Authors and Year</b>	<b>Title</b>	<b>Method</b>	<b>Population</b>	<b>Key Findings</b>
<b>Agnew et al. (2004)</b>	Pacific models of mental health service delivery in New Zealand (“PMMHSD”) project. Auckland: Health Research Council of New Zealand.	Focus groups	Pacific providers, consumers and families	<ul style="list-style-type: none"> <li>- Pacific models of health</li> <li>- Spirituality key element of Pacific people's models of care</li> </ul>
<b>Ape-Esera et al. (2009)</b>	The Pacific primary health care workforce in New Zealand: What are the needs?	Semi-structured interviews with Pacific primary care workers	Thirteen Pacific workers (general practitioner, practice nurse, community worker)	<ul style="list-style-type: none"> <li>- Differing views of traditional and contemporary Pacific peoples</li> <li>- Issues around recruitment and retention of Pacific peoples</li> <li>- Importance of cultural competency for Pacific populations in all areas of health</li> </ul>
<b>Ioane et al. (2023)</b>	University didn't cater to me as a Pacific person: Building the Pacific workforce in clinical psychology programmes across Aotearoa New Zealand	Qualitative research	New Zealand Pacific clinical psychologists clinical support group	<ul style="list-style-type: none"> <li>- Early intervention for Pasifika from high school and undergraduate</li> <li>- Promote equity for Pasifika students</li> <li>- Building Pacific resources/knowledge in clinical psychology</li> </ul>
<b>Samu, K. S., &amp; Suaalii-Sauni, T. (2009)</b>	Exploring the ‘cultural’ in cultural competencies in Pacific mental health	Qualitative study Focus Group	Cook Island, Tongan, Fijian, Niuean, and Samoan ethnic groups. A mix of mental health providers, Pacific consumers, family members of Pacific	<ul style="list-style-type: none"> <li>- mental health jargon and language can be disempowering for service users and their families</li> <li>- families are central to building culturally competent services</li> <li>- sacredness of relational ties within families</li> <li>- need for cultural support workers who were culturally equipped to support clinical and cultural needs for Pacific individual's and their families.</li> </ul>
<b>Suaalii-Sauni et al. (2009)</b>	Exploration of Pacific perspectives of Pacific models of mental health service delivery in New Zealand.	Qualitative research focus groups	Pacific service users, families and mental health professionals	<ul style="list-style-type: none"> <li>- discussed barriers to access such as awareness and stigma</li> <li>- need for holistic and community involvement</li> <li>- recommendations to improve and train mental health professionals in Pacific culture</li> </ul>

<b>Tamasesee et al. (2005)</b>	Ole Taea Afua, the new morning: A qualitative investigation into Samoan perspectives on mental health and culturally appropriate services.	Qualitative Research semi structured interviews	Samoan families, individuals living with mental health and community	<ul style="list-style-type: none"> <li>- need for cultural understanding of mental health impact of stigma on help seeking behaviour</li> <li>- need for culturally appropriate services that reflect Samoan values</li> <li>- recommendations for both clinical and traditional practices to support</li> <li>- power of family and community in advocating for their loved ones</li> </ul>
<b>Tautolo et al. (2020)</b>	Exploring success amongst Pacific families in New Zealand: findings from the Pacific Islands Families Study	mixed-methods quantitative data analysis from the Pacific Islands Families Study with interviews	Participants are from New Zealand and were from diverse groups of Pacific	<ul style="list-style-type: none"> <li>- resilience and strength of Pacific families</li> <li>- role of education as important for their children is success and achievements</li> <li>- importance of strong cultural values for identity</li> <li>- community support that is culturally responsive</li> </ul>
<b>Vaka et al. (2009)</b>	Walking apart but towards the same goal? The view and practices of Tongan Traditional Healers and Western-Trained Tongan Mental Health Staff.	Qualitative research with semi structured interviews	Eight traditional healers and eight clinical staff from Tonga	<ul style="list-style-type: none"> <li>- traditional healers remain prominent in Tongan society for treating mental illness</li> <li>- differing views between traditional healers and clinical staff around mental health</li> </ul>

**Table 4 Inquiry Two: Non-Pacific Families Experiences with Forensic Mental Health Services**

<b>Authors and Year</b>	<b>Title</b>	<b>Method</b>	<b>Population</b>	<b>Key Findings</b>
<b>Finlay-Carruthers et al. (2018)</b>	Taking parents seriously: The experiences of parents with a son or daughter in adult medium secure forensic mental health care.	Qualitative Research – semi structure interview	Parents who had an adult daughter or son in forensics mental health units in the UK	<ul style="list-style-type: none"> <li>- discussed communication barriers</li> <li>- feeling excluded from communication and treatment</li> <li>- emotional toll on parents</li> </ul>
<b>Lavehelani et al. (2020)</b>	How do family members perceive re-integration of male state patients into their families in South Africa? A qualitative analysis	Indepth interviews with ten family members	Families of male patients in a province of South Africa	<ul style="list-style-type: none"> <li>- families understanding of their loved ones re integration to the community and perceived threats as a result of this</li> </ul>

<b>MacInnes, D. L., &amp; Watson, J. (2002)</b>	Perceived burdens among caregivers of individuals with schizophrenia: A comparison between forensic and non-forensic caregivers.	Qualitative research through surveys	Caregivers of individuals with schizophrenia in both forensics and non-forensics settings	<ul style="list-style-type: none"> <li>- higher burden for forensics caregivers</li> <li>- higher emotional distress and stigma for caregivers of forensics</li> <li>- importance of supported needs that tailor to forensics settings</li> </ul>
<b>MacInnes et al. (2013)</b>	"Carers of forensic mental health in-patients: What factors influence their satisfaction with services?"	Qualitative research	Carers of patients in the UK	<ul style="list-style-type: none"> <li>- importance of communication with families</li> <li>- shared decision- making and involvement in care</li> <li>- education around mental health care</li> </ul>
<b>McCann et al. (1996)</b>	Understanding the needs of relatives of patients within a special hospital for mentally disordered offenders: A basis for improves services	Qualitative research	Relatives of mentally ill offenders in the UK	<ul style="list-style-type: none"> <li>- emotional distress from stigma</li> <li>- education and counselling around mental health system</li> <li>- communication gaps and lack of family involvement</li> <li>- impact on family dynamics</li> </ul>
<b>Møllerhøj, (2022)</b>	What if you listened to and involved the caregivers?" – Experiences and needs amongst caregivers involved with mentally disordered offenders and mental health services.	Qualitative semi structured interviews	Caregivers in Denmark	<ul style="list-style-type: none"> <li>- caregivers expressed feeling inadequate, shame and loneliness regarding their loved one's mental illness and offences</li> </ul>
<b>Nordström et al. (2006)</b>	Schizophrenia and violent crime: The experience of parents.	Qualitative study Interview	Parents of adult sons diagnosed with schizophrenia	<ul style="list-style-type: none"> <li>- information and education needed from health professionals around diagnosis and forensic systems</li> </ul>
<b>Rowaert et al. (2017)</b>	Family experiences of mentally ill offenders in Belgium: A qualitative study on the perspectives regarding internment and forensic psychiatric treatment.	Qualitative research through interview	Family member of mentally ill offenders in Belgium	<ul style="list-style-type: none"> <li>- emotional toll on family members</li> <li>- stigma and isolation</li> <li>- lack of information and role of families in treatment</li> <li>- need for better support networks</li> </ul>
<b>Rowaert, e t al. (2022)</b>	Voices to be heard: Understanding	Qualitative Research	21 Family members	<ul style="list-style-type: none"> <li>- stigma and worry for the future of their loved one</li> </ul>

family perspectives in forensic care trajectories. Frontiers in Psychiatry,	Semi Structured interviews	<ul style="list-style-type: none"> <li>- support for families navigating forensics mental health</li> <li>- involving family in care planning is important</li> <li>- better understanding procedures and process of forensics mental health</li> </ul>
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*Step 5 Summarise findings*

In the fifth step, Arksey and O'Malley (2005) highlight that a scoping review aims to present an overview of existing literature and does not seek to critique or compare studies' quality or determine if a study's findings are pertinent. As discussed, the first inquiry will be covered first and will discuss key components of culturally competent mental health services for Pacific peoples which has two themes: Pacific values: sacredness of relationships and spirituality and the importance of Pacific representation in the workforce. The second inquiry will follow and will discuss the following five themes' Families facing violence by those they care for; dual stigma of mental illness and the justice system; breakdown of the family unit and reduced social supports; the importance of the collaborative partnership between families and health professionals; and burdens faced by families in forensics mental health settings.

**Review Findings**

*Inquiry One: Key elements of culturally competent mental health services for Pacific peoples*

The first inquiry focuses on the Key elements of culturally competent mental health services for Pacific peoples. The themes emerging from this inquiry were Pacific values: sacredness (tapu) of relationships and spirituality and the importance of Pacific representation in the workforce. This inquiry aims to highlight the key components of cultural components crucial for Pacific people's engagement with mental health services. The aim of this inquiry is to provide a foundational context that can be implemented in forensic mental health context.

*Pacific values: the sacredness of relationships and spirituality*

Tapu is a universal Pacific term that translates to sacred, and tapu in the context of relationships recognises the sacredness of relationships to Pacific peoples. Tapu influences how Pacific people approach and interact within their relationships with family and community (Finau et al., 2022). Specifically, the sacredness of relationships for Pacific peoples to the extent that if a breakdown of

relationships occurs, this results in the manifestation of mental illness. Samu and Suaalii-Sauni's (2009) study highlights that the disharmony and breach of tapu in relationships lead to spiritual and social consequences that result in mental illness. Unlike a biological lens as the cause of mental illness, Pacific peoples understand mental health as deeply intertwined with relational ties.

For example, Tongans refer to mental illness as avanga, meaning sickness caused by spirits that can manifest into symptoms such as visual and auditory hallucinations, delusions, and paranoia (Vaka et al., 2009). It is seen as a curse or divine punishment upon a family due to ancestral wrongdoing passed from one generation to the next (Poltorak, 2007). Traditional healers, or in Tonga (kau faitoo fakatonga), have been sought to explain this phenomenon and, with their expertise, undertake the correct procedures to restore and mend relationships (Poltorak, 2007). Therefore, recognising the sacredness of relational connections is vital in implementing service care that incorporates cultural practices that include relational healing.

The same holds for Tamasese and colleagues' (2005) research on Samoan perspectives of mental illness. A breach in a sacred relationship results in grave transgressions on the individual and their family. This requires restoration and healing relationships that can only be facilitated by cultural healers who incorporate cultural elements that aid in reconciling and mending relationships (Capstick et al., 2009). Recognising that Pacific people's well-being is deeply rooted in relationships highlights that interventions must go beyond medication and psychological interventions. It requires incorporating Pacific people's recovery by addressing the collective healing of families and their communities (Suaalii-Sauni et al., 2009). Furthermore, this highlights the importance of tapu for Pacific peoples and preserving the dignity, respect, and sanctity of relationships for Pacific peoples. It reinforces, for Pacific families, how essential it is to develop culturally appropriate mental health interventions that honour these sacred relationships through open dialogue and support.

Additionally, spirituality is a key value that encompasses indigenous beliefs in land and traditional practices and/or faith in God (Manuela & Sibley, 2012). Both are important spiritual frameworks that are central to Pacific people's sense of identity and well-being, further shaping decision-making and values. Faith in God is associated with religion, for Pacific people's religion has a major influence on Pacific peoples (Capstick et al., 2009). For many Pacific peoples, church is a place of worship and community where faith brings a sense of social connectedness and feeling spiritually enriched (Ponton, 2018). Moreover, spirituality that stems from traditional beliefs such as ancestors and land is equally important (Manuela & Sibley, 2012). Pacific peoples in this aspect are deeply connected to their ancestors and land, where ancestors are considered protectors and guides and the harmonious balance with nature is essential to well-being (Southwick et al., 2012). This is evident in Agnew et al.

(2004), where Pacific providers, consumers, and families discussed spirituality as an important theme, bringing forth the dual spiritual framework for Pacific people. Ultimately, both elements of spirituality shape Pacific people's approach to life and equally how they navigate challenges.

#### *The importance of Pacific representation in the workforce*

Growing research highlights the importance of the Pacific workforce to reflect the community it serves and prioritises cultural competence (Pulotu-Endemann & Faleafa, 2017). Pacific peoples representation in the workforce, specifically in mental health services, enriches the organisation as they are equipped with Pacific values and worldviews to engage with Pacific communities. Specifically in mental health services, where Pacific peoples are over-represented, it is imperative that the workforce is reflective of this (Pulotu-Endemann & Faleafa, 2017). Ape-Esera et al. (2009) highlight that the Pacific population is growing and the need for a workforce that reflects Pacific people's values is needed; however, this is complex as the recruitment and retention of Pacific staff is an issue. This highlights that the recruitment of Pacific workforce begins at the earlier stage of education where Pacific peoples may not have access at an education level to health-related careers.

Moreover, whilst the need for Pacific in the workforce has been emphasised, barriers continue to hinder their entry into the field, and this often starts at a training level. This is highlighted in Ioane et al. (2023), that there is a lack of Pacific peoples in clinical psychology due to educational pathways that hinder Pacific peoples applying. Their input is imperative, as supporting trauma-informed therapy for Pacific peoples is crucial. Moreover, Pacific staff who understand the nuances and lived experiences of Pacific patients are well-equipped to provide culturally competent care (Pulotu-Endemann & Faleafa, 2017). Therefore, their knowledge and skills of Pacific worldview place them as cultural advocates to improve the health outcomes of Pacific peoples.

#### *Inquiry Two: Non-Pacific Families Experiences with Forensic Mental Health Services*

The second inquiry for this literature review addresses non-Pacific families' experiences with forensic mental health services to provide a general overview of their perspective and experiences. In this inquiry, five key themes emerged, which were families facing violence by those they care for; the dual stigma of mental illness and the justice system; the breakdown of the family unit and reduced social support; the importance of the collaborative partnership between families and health professionals; and the burdens faced by families in forensic mental health settings. While this inquiry focuses on the general population experience, the insights from this literature analysis are

foundational to understanding the unique cultural context for Pacific families in forensic mental health services.

*Families facing violence by those they care for*

Violent behaviours towards families inflicted by their loved ones involved in forensic mental health services is a significant issue. Families are often the target of their loved one's mental health illness which may include aggressive and unpredictable behaviour (McCann et al., 1996). As a result of experiencing their loved one's violent behaviour, anxiety and fear is evoked (Finlay-Carruthers et al., 2018). In Lavhelani et al. (2020) study, families expressed their fear of their loved one and the feeling of hopelessness and powerlessness caused by their loved one's aggression. Similarly, Finlay-Carruthers et al. (2018) studies highlight families feeling the violence has become “normal” further perpetuating feelings of powerlessness. This is a significant issue, yet limited research covers the support that families need to address violent behaviours. Whilst violence can be unpredictable, it is still important for families to receive robust support and education by health professionals trained for early intervention before families are at risk (Walsh et al., 2002).

*Dual Stigma of mental illness and the criminal justice system*

Stigma refers to the negative attitudes and beliefs towards individuals experiencing mental health challenges with research pinpointing stigma as a barrier to recovery (Corrigan et al., 2014). Families within forensic mental health services experience stigma of both mental illness and involvement with the justice system. Rowaert et al. (2022) highlight that the dual stigma of mental health and criminal behaviour can often leave families being marginalised by their communities. Their study shows that families found it more challenging to navigate services given their experiences with both the mental health system and the legal system, as compared to families that only had to manage the mental health system. Similarly, Nordstrom et al. (2006) highlighted parents feeling overwhelmed with the responsibilities that came with supporting their loved one's mental illness and navigating the justice system. Moreover, in MacInnes and Watson (2002) found that families also expressed feelings of shame and felt isolated from support. Despite these challenges, McCann et al. (1996) emphasises the need for community led initiatives that support and educate families navigating forensics mental health. This can be achieved by implementing a safe and inclusive relationship between families and health professionals, where families feel safe to learn and share.

### *Breakdown of the family unit and reduced social supports*

Furthermore, guilt was a result of families experiencing a perceived sense of failure to their loved one and exacerbated with societal norms and expectations. Consequently, families expressed they would not be forthcoming when disclosing their involvement with loved ones care due to fear of judgement, which led to disengagement with much needed support systems (Rowaert et al., 2017). As a result, families felt reluctant because of the fear of judgement from seeking and receiving support from crucial services that could ultimately be beneficial for their well-being. Moreover, in Mollerhoj (2022), caregivers shared there was a lack of trust when it came to confiding in support systems due to fear of negative perceptions towards them. It is evident from these studies of the detrimental effects of stigma and its role in discouraging families from engaging, hiding their struggles and not advocating for their loved ones. MacInnes et al. (2013) discussed shame as paralyzing for families resulting in isolating them from the important support networks needed. Moreover, their study highlights the need for psychoeducation and spaces for families to feel seen, respected and their emotions validated. The consequence of stigma diminishes the crucial support networks for families navigating forensic mental health services.

### *Importance of the family and health professionals' relationships*

The relationship between health professionals and families is crucial for families navigating the complexities of forensic mental health services (Finlay-Carruthers et al., 2018). Effective communication between health professionals ensures that families are well-informed with information needed to navigate these spaces. Growing research shows that families that understand the forensic mental health system and processes can better support and advocate for their loved ones (Finlay-Carruthers et al., 2018; MacInnes et al., 2013). This is evident in MacInnes's et al. (2013) study where carers who were aware of ward routines, symptom management and diagnosis, medication regimes, and legal proceedings such as mental health review tribunals were better equipped to support their loved ones. Whilst this shows the importance of families being aware of the processes of forensic systems, their inclusion in their loved one's care may not always be the case. Overall, the importance of family engagement and involvement in the care and planning of their loved ones is essential to the recovery of their loved ones.

### *Burdens faced by families in forensic mental health setting*

Furthermore, families encounter caregiving burden when supporting loved ones in forensic mental health settings. The ongoing responsibility of caring can take its toll physically and emotionally on families or caregivers (Pearson & Tsang, 2004). According to MacInnes et al. (2013) families in forensic mental health services experience a greater burden compared to general mental health

settings. Furthermore McCann et al. (1996) indicate families discussed the long-standing effects of stress on their well-being, which was a result of their lack of knowledge of forensics mental health services. Similarly, MacInnes and Watson (2002) highlight caregivers felt excluded from their loved one's care and treatment progress. Therefore, it is necessary for health professionals to recognise this when working with families to offer the appropriate support needed to alleviate stress. The key to supporting families is communication and fostering spaces of empathy and emotional support when navigating forensic mental health services (Kuipers, 2010). This is evident in Rowaert et al. (2017) study where families discussed the importance of community and connecting with families in similar situations, which helps to create a sense of belonging and community. Furthermore, the need to connect families to practical resources such as community support networks to help support their well-being is required. Acknowledging the burden placed on families in forensic settings is an important aspect of the relationship between families and health professionals, as it allows for a holistic support that supports individuals and their families.

### **Strengths and challenges of the scoping review**

Scoping reviews are valuable in mapping the scope of existing literature topic to explore the available literature and identify gaps in knowledge (Munn et al., 2018). Specifically, in an area with limited literature evidence, scoping reviews can provide a comprehensive overview. Moreover, scoping reviews provide a foundational step to presenting the data from existing literature, helping provide a background for complex topics (Peters et al., 2021). Therefore, this form of literature review was appropriate for both elements of cultural competency in mental health services for Pacific peoples and families in forensic mental health settings, as both remain poorly researched areas. Furthermore, scoping reviews highlight gaps in research and provide evidence for areas of research needed (Tricco et al., 2016). As evident, forensic mental health remains an area with limited up to date research, and more so for Pacific peoples. While scoping reviews aim to map a range of literature in a topic area the broad mapping may limit the depth of analysis needed to understand the nuanced experiences of families in forensic settings. Additionally, as scoping reviews can include sources that may not be academic journals, this can impact the quality of the studies and reliability of their findings (Mak & Thomas, 2022). An effort was made to include only up to date academic journals in this review, however, this also limited the included literature. This underscores further the need for forensic specific studies that evaluate Pacific families' experiences.

## **Conclusion**

In summary this literature view aimed to map the current literature of Pacific families in forensic mental health services utilising a scoping review. As a result, of the limited literature available, this literature had two separate inquiries to provide a foundational context to begin with. The first inquiry focused on the key cultural components of working in a culturally competent way that aligns with Pacific peoples. The literature review presented insights in a general mental health context and laid the groundwork to offer perspective of Pacific people's perspectives that can be utilised in a forensic mental health setting. Similarly, the second inquiry focuses on a general population of families in forensic mental health which highlighted that literature was limited and outdated. Whilst this focuses on a general population, it provides the starting point to understanding families' experiences within a forensic setting that can be a step to understanding Pacific families. Overall, the literature review highlighted the need for further research to address gaps in forensic mental health services for Pacific peoples.

## Chapter 3: Methodology

This chapter outlines Talanoa as the framework to engaging with Pacific families, this will start with an overview of the aims and objectives of this research. Moreover, an examination of Talanoa and its integration to help guide the sampling, recruitment, data collection, data analysis, and ethical considerations of this research. This chapter will conclude with a reflection on ethics and the considerations and constraints of a Talanoa methodology.

### **Aims and objectives**

The primary aim of this research is to explore the needs of Pacific families who are supporting a loved one in forensic mental health inpatient services. The following key objective of this research is to explore:

4. What are important values that influence care and decision-making of Pacific families for their loved ones in the context of forensic mental health?
5. What challenges do Pacific families face when navigating the forensic mental health system for their loved ones?
6. What approaches would help improve engagement from Pacific families supporting their loved ones in forensic mental health services?

### **Talanoa Methodology: A Pacific Approach to Research**

In alignment with the research aims Talanoa methodology was selected to capture Pacific families' values and perspectives. Talanoa is a recognised concept throughout the Pacific, and it is described as a formal or informal conversation typically carried out face-to-face (Fa'avae et al., 2016). Tala means to tell or relate, and noa means common or empty; therefore, Talanoa in this context of this research serves as conversational approach that fosters open and culturally grounded dialogue (Cammock et al., 2021). As a result, Talanoa creates a safe space for participants to share their personal experiences and insights. Talanoa is grounded in core values such as ofa (love), faka'apa'apa (respect) and tauhi vā (nurturing relationships) that shape its approach to inquiry and guide the research process (Tecun et al., 2018). Talanoa is a recognised Pacific methodology utilised in Pacific studies as it centres on Pacific worldviews and protocols (Hindley et al., 2020). Therefore, Talanoa aligns with the cultural background of the researcher and participants as it reflects the values and lived experiences of Pacific peoples and is appropriate for this study to guide the conversations with Pacific families.

### **My position in this research**

Research is a collaborative process between the researcher and participants; therefore, reflecting on the insights and biases that impact the research process is important (Manohar et al., 2017). This section entails a reflection on my position throughout the process of this research to examine how my upbringing and professional background influence my approach to the study. It will explore the impact of my own upbringing and cultural background, how this shapes my interaction with families from this research, relationship building, and my work as an occupational therapist all shape my approach to this research.

My interaction with Pacific families in this research highlights that whilst I am Pacific, my role as a researcher within a predominantly Western approach to research still requires careful navigation. I must balance my insider knowledge of Pacific culture with the objectivity required as a researcher. It is essential that I approach each family with openness, humility, and respect to avoid assumptions because of my own cultural background. There is an inherent power imbalance in research, and more so for families in forensic mental health. It is important that I am aware of these aspects as they impact how families interact with me during Talanoa. More importantly, I acknowledge that this imbalance of roles also means that I am responsible for critiquing the very systems I work within and advocating for changes that better serve the needs of Pacific peoples. Therefore, ongoing reflection is required when engaging with families utilising Talanoa to ensure that it is a collaborative space and, more importantly, stories are cocreated.

Another important aspect of this research was the relationship building with Pacific staff at Mason Clinic, who were integral to the recruitment of families. Whilst my Pacific heritage provided a foundation for connection, my work experience in Pacific mental health provided an understanding of Pacific mental health services. However, I approached this relationship building with humility and respect, allowing to be followed by their guidance. Pacific workers in forensic mental health settings have an in-depth understanding of Pacific peoples navigating the justice and mental health systems. Trust still needs to be built, as this is not automatically granted due to our shared Pacific ethnicity; this means showing up to fono meetings. The Pacific staff at the Mason Clinic held monthly meetings I needed to attend to establish my presence with Pacific staff to see and connect with them. It was imperative in building trust, as their perspectives and guidance are needed to engage with this research.

My researcher positionality is also informed by my professional background as an occupational therapist, having worked in Pacific community general mental health services. I have supported Pacific service users with forensic history and seen the integral impact of families and communities in their care. I approach this research with an understanding of the unique challenges and innate resilience of Pacific families in a forensic context. The duality of mental health and justice systems means Pacific must navigate two complex systems. Therefore, it was important that I approach my interaction with families with an open mind to their experiences and not assume that it would be like Pacific that I have worked with in general mental health.

## **Methods**

The following sections will provide a detailed account of the recruitment, data collection, data analysis process and the ethical considerations underpinning this study. The content outlines how participants were selected and engaged, the methods used to gather and interpret data, and the Talanoa principles that guide each step to ensure the research process reflected Talanoa methodology.

### *Recruitment of Pacific Families*

Talanoa principles were integrated into the recruitment of the Pacific families, as the process involved building relationships in cultural spaces. Pacific staff at Mason Clinic were instrumental in recruiting families because of their cultural expertise and trusting relationships built with service users and their families. I attended Pacific fono (meetings), which provided a dedicated space for Pacific staff at Mason Clinic for cultural discussions, collaboration, and community. These meetings provided me with an opportunity to introduce myself, the research, and hand out flyers (Appendix A).

The recruitment process proceeded with Pacific staff informing Pacific service users of a brief of this research. Potentially interested service users' contact numbers were provided by the staff, so that I could reach out, introduce myself, and give a detailed explanation of this research. Once they gave verbal consent and agreed for me to speak to their designated family member, Pacific staff contacted the family to inform them prior to me calling. This process respected Pacific service users' decision-making in their families' involvement in the research and valued their voice, even though the study

did not directly include them. In completing this process, I received the families' contact numbers to reach out, introduce myself, answer any remaining questions, and arrange a meeting time, once they had given their verbal consent. This stage required flexibility and adaptability when organising a time and place for the Talanoa, to be supportive of each family's time and comfort.

#### *Inclusion and Selection Process for families*

The inclusion and selection criteria did not follow a rigid process, rather the main inclusion criterion was that they were families of Pacific service users. Participating families were related to Pacific service users currently under Mason Clinic, in both inpatient and outpatient care. The definition of family was flexible and could include individuals not necessarily related by blood but considered as family by service users. Furthermore, families were welcome to participate as either individual representatives or as multiple family members. Additionally, there was no specific focus on one Pacific ethnic group and encompassed all Pacific cultural backgrounds. Overall, following Talanoa principles in terms of the selection process, moves the recruitment beyond being chosen based on a strict criteria, but focused on meaningful engagement with families based on their availability and willingness to share their experiences. Members of five Pacific families agreed to participate in this research, and the details of these family members are outlined in the Findings chapter.

#### *Data Collection*

The term “data collection” feels distant and misaligned and can be better understood as the process of gathering and sharing of Pacific stories. The process of gathering and sharing of stories in a Pacific context is guided by values that aligns with Pacific peoples. In alignment with Talanoa, this research was guided by principles that Mo’ale Otunuku employed for his Tongan participants (Otunuku, 2011). As a Tongan this is culturally aligned with Tongans in this research and can be transferable to a wider Pacific context whilst still acknowledging unique differences. Otunuku (2011) employed 10 Tongan principles, which will be discussed in further detail in the context of gathering Pacific families' stories. These are Principle 1, relationship / fekau’aki; Principle 2, establishing equality/potupotutatau; principle 3, establishing appropriate confidentiality/fefalala’aki; Principle 4, meaningful engagement/fe’ilongaki; Principle 5, cultural competency/poto’ianga; Principle 6, autonomy/tau’ataina; Principle 7, respect/ feveitokao’aki; and Principle 8, freedom to disagree/ata ke fakaangai; Principle 9, no enforced artificial or arbitrary boundary/ ikai ke fakangatangata; and principle 10, reciprocity / fe’inasi’aki. Furthermore, whilst these are positioned in this order, it does not follow a strict protocol but rather it is fluid and occurs simultaneously.

*Principle 1: Relationship / fekau'aki and Principle 2: Establishing equality/potupotutatau*

Fekau'aiki refers to establishing connections similarly to Māori who use whakawhanaungatanga to identify connectedness through family and place (Otunuku, 2011). Moreover, potupotutatau refers to establishing equality, where the researcher introduces themselves in relation to who they are before mentioning their professional title. Participants may view “researchers” as outsiders and may not open up and share so it is imperative to establish connections through families, relatives, villages to build rapport (Otunuku, 2011). Connections were made through general informal conversation, including where I was born and raised, my family and where I came from in Tonga before giving background information on being a student and my professional background. These conversations around connection were crucial in building rapport at the beginning with families.

*Principle 3: Establishing appropriate confidentiality/fe'falala'aki and Principle 4: Meaningful engagement/fe'ilongaki*

Fefalala'aki refers to establishing appropriate confidentiality, which in a Pacific context is not what it may traditionally be understood as but rather focuses on connecting with participants on a personal level where families accept you “as one of them” and not an “outsider” (Otunuku, 2011). Similarly, fe'ilongaki is meaningful engagement refers to connecting with the researcher as a person, as belonging to a community. Both principles highlight these as important for meaningful engagement to occur with Pacific people as the researcher needs to present themselves in terms of their personal identity before professional identity. This laid the groundwork to give Families another brief on the research with a detailed discussion of the participation (Appendix C) and consent forms (Appendix D) to ensure that family members understood the research. Moreover, whilst Talanoa provides the freedom for open dialogue, questions were prepared to guide conversations with the families (Appendix B). Since this would be a one-off session with the families, time was not pressured, and the comfort and flow of the family's responses were prioritised. The questions guided the conversation without creating a rigid agenda as family members sharing their experiences.

*Principle 5: Cultural competency / poto'ianga and Principle 6: Autonomy/tau'ataina*

Poto'ianga refers to the cultural protocols and practices to show respect for participants' cultural identities and values (Fa'avae et al., 2016). This includes how the researcher addresses the face-to-face meetings in a respectful manner, how they dress, and the language used. Therefore, at initial meetings I ensured I was dressed respectfully and appropriately, and I spoke to families with humility. I am also fluent in Tongan which was needed for one of the families and proficient in the primary languages for families from other Pacific nations, which was valuable for the initial meetings.

Tau'ataina refers to autonomy where participants have the freedom to participate and or be drivers of this research, involving participants at every step of this process. For instance, families were welcome to begin with prayer, which in most cases was not forced and desired by families. Furthermore, Talanoa sessions were conducted in person with flexibility on time. Families decided for how long and in what capacity they could share, allowing the sessions to flow naturally and offering families the space to fill the time as they wished.

*Principle 7: Respect/feveitokao'aki and Principle 8 freedom to disagree/ata ke fakaangai*

Feveitokao'aki or respect in this context refers to respecting participant's culture in the way the researcher presents themselves and in the use of language. The emphasis on respect refers to allowing participants to make decisions and feel ownership within the research (Otunuku, 2011). Similarly, to Tau'ataina or autonomy out of respect for the family's time, they decided the venue and times to meet. Similarly, ata ke fakaangai or freedom to disagree refers to participants being honest about their experience even if it meant disagreeing with the systems in place. It was emphasised with families that they have the freedom to express differing opinions reassuring them that their input is valuable regardless. Emphasising that this research is to support the wider Pacific community within a forensic mental health setting, helped families to be open to sharing.

*Principle 9: No enforced artificial or arbitrary boundary/ ikai ke fakangatangata and Principle 10: Reciprocity / fe'inasi'aki*

Ikai ke fakangatangata or no enforced artificial or arbitrary boundary refers to Talanoa having no ending or beginning, even after “formal discussions” have taken place or closed with a prayer. Talanoa continues to everyday conversations with families sharing mundane conversations around their family or everyday sharing. This occurred before and after discussing forensic mental health which helped built trust and warmth with families. Fe'inasiaki or reciprocity is mutual respect and support in a relationship. Historically, Western research has often exploited Indigenous knowledge without reciprocating support to communities that face significant health disparities (Simonds & Christopher, 2013). Pacific people have been affected by research that has marginalised their efforts to improve their social and economic welfare (Ponton, 2018). Talanoa operates in a way that information sharing is built to reflect the lived realities of Pacific peoples and ensure that their efforts will yield the support their communities need. To honour this principle, I also communicated my commitment to report the study results to families. In addition, dissemination of the research outcome would occur to staff at the Mason Clinic. Whilst these were long-term commitments made to families, a koha (gift) was given in the present moment as a token of appreciation for sharing their stories.

## **Approach to Data Analysis in Talanoa Methodology**

The next step following data collection is thematic analysis which is a qualitative method used to analyse the data collected for this research. Whilst thematic analysis is a Western method, it is often paired with Talanoa methodology for data analysis (Mafile'o et al., 2024). Thematic analysis is adaptable, making it suitable for various research contexts and compatible with different theoretical frameworks (Terry et al., 2017). There are six stages to Braun and Clarke (2006) that the data analysis will follow with a detailed discussion of each process (1) data familiarisation (2) generate initial codes (3) search for themes (4) review themes (5) define themes (6) writing the report. It is important to acknowledge that whilst this is a step-by-step phase, phases are not linear and required moving through them multiple times in analysing robust Pacific stories.

### *1. Data familiarisation*

Data analysis begins with step one, familiarisation with the data, which requires deep engagement and immersion in the data (Braun & Clarke, 2006). This process involves ongoing reflection and actively interacting with the data, noting key points and recurring themes and asking questions (Terry & Hayfield, 2020). Once each Talanoa with a family was completed, I made notes and reflections to organise my annotations, comments, and ideas. This helped the process of revisiting the data later, once all Talanoa were completed, allowing the transition into the next stage of data coding.

### *2. Generate initial codes*

Data coding is the next step of data analysis and involves highlighting key segments and assigning codes that reflect or align with the research question (Williams & Moser, 2019). This phase begins with the data becoming more organised as themes emerge. I used data coding to systematically organize each theme that aligns with the research questions. For example, I would assign codes to the margins of the transcript to represent emerging themes that pertained to families talking about their values, experiences with forensic mental health services and their input for improvements to service. I had completed this after each Talanoa session with family, to save time from completing them all in one go. This also made the process of returning to the data easier to review. The following process of searching, reviewing and defining themes is not a linear process; it involved back-and-forth movement between the data, codes, and the themes themselves. This was a process of continuously refining and reviewing them with academic supervisors Dr Brian McKenna, Dr Daniel Sutton and Dr Caleb Masters.

### *3. Search for themes*

Themes starting to emerge and were grouped to reflect the three key objectives of this research with subthemes that also emerged of relevance to each theme. Themes were repeatedly reviewed and refined through a process of constant comparison across each transcript and discussed with academic supervisors until categorised into three primary core themes in alignment with the research objectives (Williams & Moser, 2019).

### *4. Review themes*

This phase involved refining and synthesizing the themes and sub-themes. A key aspect of this process included in-depth discussions with supervisors (Nowell et al., 2017). We reviewed the themes and sub-themes to ensure they were supported and that they accurately reflected families' stories that were collected. This step ensured that the themes were both meaningful and aligned with the overall research findings. This process required constant reflection; it was important to look at the themes with respect to the rest of the data set.

### *5. Define themes*

Once an adequate thematic map was established, the next phase involved ongoing analysis, which included continuous refinement of both themes and sub-themes (Riger & Sigurvinsdottir, 2016). During this process, themes and sub-themes were not only refined but also clearly defined and named to ensure they accurately captured the essence of the data and aligned with key objectives.

### *6. Writing the report*

The final step, writing the report, will be discussed in detail in the next chapter. Before presenting the findings, the remainder of this chapter will cover the ethics of this research, along with the considerations and constraints of the Talanoa methodology (Riger & Sigurvinsdottir, 2016).

## **Ethical principles in Pacific research**

Ethics refers to the moral guidelines that ensure the conduct of this research complies with integrity and respect. Through a Western lens ethics focuses on individual rights and autonomy with formalised guidelines and protocols. Therefore, in accordance with this research undergoing the approval process

at Auckland University of Technology (AUT) to ensure this study complied with ethical standards (Appendix E). In alignment with AUT process, a participation form and consent form were given and explained in detail with all the families. This is imperative so that families understood their rights and what their participation entails before Talanoa could proceed. Moreover, ethics within a Pacific context is understood as community orientated and emphasises collective responsibility and well-being (Anae,2010). The values underpinning ethics prioritise respect, harmony and reciprocity that places emphasis on relationships rather than individual autonomy. This research involved many parties from Pacific service users to staff and families to highlight the collective decision involved in this research.

Moreover, the process of self-reflection and cultural sensitivity were important throughout the process of interacting with Pacific families. Self-reflection in the context of this research as a Pacific researcher, enabled me to be aware of the impact of my beliefs and thoughts when engaging with families. I was aware not to impose my own assumptions and biases but rather acknowledge that the experiences of Pacific families within a forensic mental health setting are unique and complex. Ongoing reflection was integral throughout the process of engaging with the data or stories that came from this engagement. Equally important is cultural sensitivity, which refers to possessing the understanding and skills needed to protect the stories shared by families (Vaka, 2014). Essentially this refers to holding space for Pacific peoples who will be sharing from their loto (heart) as these expressions are considered sacred and sensitive. For Pacific peoples, sharing is not done without purpose, following that sharing, it is important the researcher safeguards these stories. As stewards, we hold a profound responsibility to uphold the dignity of these stories that is reflective of values and intentions of Pacific peoples.

## **Conclusion**

In conclusion, chapter three presented Talanoa methodology that underpinned the design, participant, selection and data collection methods. Talanoa is deeply rooted in Pacific worldviews and values and was employed in this research to reflect the experiences and perspectives of Pacific families within forensic mental health services. This detailed overview of the methodology sets the stage for the next chapter which is the findings that emerged from the Talanoa with Pacific families.

## Chapter 4: Findings

This chapter presents the findings from Talanoa with Pacific families, shedding light on their experiences and perspective to highlight the crucial support they need to support their loved ones. Firstly, to recap the aims and objectives of this research, to guide the findings of this research. Moreover, details of the Pacific families who participated in the study will be discussed before going into the findings from the Talanoa with Pacific families. From the Talanoa, the following three themes emerged: 1) Faith and Family as Core Values, 2) Engagement Challenges for Pacific Families and 3) Engagement Facilitators for Pacific Families each theme is supported by subthemes that will be discussed in further detail.

### **Aims and objectives**

The primary aim of this research is to explore the needs of Pacific families who are supporting a loved one in forensic mental health inpatient services. The following key objective of this research is to explore:

1. What are important values that influence care and decision-making of Pacific families for their loved ones in the context of forensic mental health?
2. What challenges do Pacific families face when navigating the forensic mental health system for their loved ones?
3. What approaches would help improve engagement from Pacific families supporting their loved ones in forensic mental health services?

### **Family Participants**

Five families consented to participate in this research and were families of Pacific services users from both inpatient and outpatient within the service. Contact was established with each family, and the Talanoa was organised collaboratively among the researcher, the Pacific service user, and their family member. Families decided when and where to meet to ensure sessions were accommodating to their time and took place in settings where family felt most comfortable. Pacific service users were given the option to be part of the Talanoa; however most declined due to work commitments or being in inpatient care. The following will review each family in the order of when Talanoa occurred, indicating whether the service user was an inpatient or outpatient; the Pacific cultural background of

both the service user and families; the family's relationship to the service user; where Talanoa had taken place; and lastly if the service user was present during Talanoa.

- Family One: inpatient service user is of Samoan descent who had their Samoan stepdaughter participate in the Talanoa, which took place in their home (the service user was not present during the talanoa).
- Family Two: inpatient service user is of Tongan descent who had their Tongan mother and younger sister participate in the Talanoa, which took place in their home (the service user was not present during the Talanoa).
- Family Three: outpatient service user is of Samoan descent who had their Māori partner participate in the Talanoa, which took place in their home (the service user was only present at the beginning for fefalala'aki, which is a culturally specific process to establish confidentiality and rapport).
- Family Four: outpatient service user is of Niuean descent who had their Niuean younger sister participate in the Talanoa, which took place at a cafe (the service user was not present during the Talanoa).
- Family Five: outpatient service user is of Niuean/Cook Island descent who had their Niuean mother participate in the talanoa, which took place in their home (the service user was present throughout the Talanoa as moral support for their mother).

### **Faith and Family as Core Values**

The first theme, “Faith and Family as core values”, emphasises the essential principles that shape the lives of Pacific families, with faith and family being guiding values. Faith as central and Familial ties and the importance of collective responsibility are subthemes that will be further discussed in detail. For Pacific peoples, faith plays a vital role in navigating mental health challenges, offering strength, hope, and resilience in times of adversity. Similarly, family is deeply ingrained in Pacific cultures, where family relational ties are considered key to an individual’s well-being and family are involved in decision-making and care. Understanding the core values of faith and family in forensic mental healthcare helps create an environment that nurtures trust and collaboration with Pacific families.

### *Faith as central*

Families discussed faith as integral to their spiritual and emotional well-being, significantly influencing how they navigate their daily lives. Families find strength and resilience in their faith in God, especially during times of adversity and when navigating forensic care.

“...my faith in God is the most important and has gotten through so many tough times specially when taking care of my son it was hard, but I pray to God to help and help me with what he was going through” (F5)

“...we just trusted that God would protect him even when he was going through everything, everything we were going through as a family that he would protect us and guide us during this difficult time” (F2)

For forensic mental health services, recognising the role of faith in building trust with Pacific families is essential. This focus on faith highlights how holistic care, which also encompasses the spiritual needs of Pacific families, can improve the treatment experience, build connection, and address all aspects of a person's well-being.

Families discussed how integrating spiritual practices such as prayer acknowledges Pacific people's cultural and spiritual needs. It is also important that healthcare professionals navigate this carefully and genuinely, as assuming all families are religious can be misleading. Furthermore, prayer can be performative if there is no genuine understanding of faith as a source of strength and connection for Pacific families. This creates the risk of prayer being used as an act of inclusivity and a checkbox activity rather than a meaningful, important element of connection with specific families.

“...sometimes I think that it can be a bit tokenistic, because they think that doing a karakia at the beginning and not everyone, and not every Pacific person is religious” (F4)

In summary, Pacific families highlighted the foundational value of faith in shaping their experiences in the context of forensic mental health services. Spiritual practices such as prayer are a step to acknowledging this; however, ongoing conversations around spiritual well-being alongside therapeutic interventions demonstrate respect for Pacific families.

*Familial ties and the importance of collective responsibility*

Pacific families emphasised working together as imperative when it came to the care of their loved one. There is a collective responsibility that fosters a sense of duty and does not fall to one individual but to all in the family.

“...even though I was the main support person I did not feel alone I had my other siblings and my parents, so I never felt that I had to carry anything on my own” (F4)

“...they all love him his siblings and family, he’s very lucky because they know him, they didn't turn him away” (F5)

Families provide emotional support and a sense of togetherness that service users need during times of distress. Families come together to provide mutual support during challenges; families expressed that despite the circumstances surrounding their loved one, they felt a deep obligation to care for and look after their loved one.

“...but that's not me. I've always supported my son, no matter what he did” (F5)

“...like, you know he's still family to us, even though my mom and him had been separated, he's still part of the family. We can't just let him be by himself It's sad. We couldn't just turn our backs on him” (F1)

Additionally, Pacific families are intergenerational and go beyond the immediate family unit to extended family members that are also part of Pacific service users’ care. A family member specifically spoke to intergenerational bonds and the impact of grandparents contributing to a Pacific individual's upbringing.

“.. my mom. My mom's not here anymore, but me and my mom always support him. But I think, I think we spoiled him too much, Because I'm out here, going to work, I went with my friends, but my mom was the most support for him” (F5).

Acknowledging the broad network of families involved in Pacific service user care highlights families' interconnected roles in providing a solid support system. Pacific families embody care at every level, from nieces to grandparents, each member contributing to a support network that offers emotional, practical, and social support that is vital for recovery.

In summary, the first theme highlights the values Pacific families hold that define their worldview and therefore inform their engagement with forensic mental health services. Faith is central to Pacific shaping values and provides a source of strength for difficult times. Equally, family is the foundation where support and values are nurtured for Pacific peoples. Therefore, recognising the values of faith and family is integral to the development of forensic mental health services that foster trust and collaboration and create services that align with Pacific family values.

### **Engagement Challenges for Pacific Families**

The second theme, “Engagement challenges for Pacific families” focuses on the challenges Pacific families face in forensic mental health services. The following subthemes that emerged from the Talanoa with families include Delayed access with families not knowing about mental health and seeking support late; Self-doubt when entering clinical spaces; the difficulties of Facing language barriers; and Diagnosis without us - Families navigating the clinical labelling of a loved one. These subthemes will be discussed in further detail to collectively highlight the challenges Pacific families face when accessing forensic mental health services. By understanding the challenges Pacific families face, services can begin to address these challenges and therefore build a forensic mental healthcare system that better meets the needs of Pacific families.

#### *Delayed access: Families not knowing about mental health and seeking support late*

Families discussed delayed access as a challenge to entering forensic mental health services. This was due to their limited understanding in recognising the early signs of their loved one's experience with mental illness. As a result, they were unaware of the services they needed to access to support their loved one's needs. Therefore, access did not occur in a timely manner until their loved one's situation had worsened.

” ...If we knew what he had earlier we would've gotten him the help we needed but we didn't know my parents didn't know what was happening with him until it was too late” (F2)

“...We've always known him to be like that, telling stories, its only when what he did happened that we were told he had mental health [issues]” (F1)

Furthermore, families shared that it pained them to not only understand what was happening to their loved one but felt disheartened that they were not able to support them earlier. Moreover, Pacific families are a connected community who share their experiences of mental health services within their communities. Pacific peoples shared experiences in the community can also be negative and lead to a mistrust in the system.

“...It was hard for mum because she didn't know what was happening to him and she was doing her best, we all were to support him” (F2)

“...Mum was not trusting of the system because you know we hear stories about what they might be doing to him; she was not trusting” (F4)

In summary, delayed access to mental health services is a significant challenge for Pacific families, which can impact families from seeking help from forensic mental health services at crucial moments. The delay in access to crucial support and treatment not only exacerbates mental illness but also amplifies the struggles that Pacific families face when they encounter the system.

#### *Self-doubt when entering clinical spaces*

Families shared that entering clinical spaces such as family meetings with health professionals was a challenge as it brought about feelings of self-doubt. This self-doubt stems from feeling inadequate and having a lack of confidence to ask questions in these spaces.

“...I do really feel like there' s an element of confidence, that families have to go on with, the confidence to say, what I have to ask, and what I have to say, is valuable, and the confidence to just, know that you do have a voice in this space, because it' s so clinical...

...and it' s so professional, but it' s really more the clinical aspect of it, because, you' re going into a room full of experts, so, it kind of does feel like, ‘What do I know?’, and ‘Who am I to ask?’, so, yeah, I know that there was a few times where I felt like, ‘ Oh, who am I to ask them questions’, and, ‘ Who am I to suggest things?’ (F4)

Additionally, the self-doubt is exacerbated by a lack of knowledge of diagnosis, medication and treatment plans in relation to their loved one's care.

“...we didn't know at times what was happening in the meetings, they would just say this is his medication and this is what they are doing to support, but sometimes we didn't know what they meant with certain medication or why he was doing a certain treatment” (F1)

In summary, self-doubt can hinder families from engaging in family meetings that are crucial as this is the space in which discussion from both health professionals and families are needed. Therefore, empowering and equipping families with the necessary tools and resources to navigate clinical spaces is essential.

#### *Facing language barriers*

Families discussed the importance of appropriate language, which when absent can challenge how family members view themselves and their role in their loved one's care. Language around mental health issues can be disempowering as the use of clinical jargon can be alienating or disconnecting Pacific families from their loved ones.

“...I think language is definitely one of the, the power dynamics of like talking down to you, not thinking that interpreting things in a way for people to understand is important, because sometimes I feel like health professionals get really into their jargon” (F4)

Furthermore, many older Pacific people may have limited English proficiency, which can make complex medical terms confusing or intimidating. This can lead to misunderstandings and reduce engagement from families.

“...they would use terms that I would not understand and for mum especially who's English is second language not sure if she would understand and there are terms that do not translate to our language” (F1)

In forensic clinical settings, the term "support person" is often used to reflect a select member of the family who is the point of contact for health professionals. Whilst this term is widely used, this does not reflect the rich relational dynamics of Pacific families and their loved ones. Furthermore, family roles do not fall on one individual "support person" but rather involve multiple family members who contribute to decision-making.

"...I think definitely the language around how families are referred to, because it I'm not like that for us, and so that was really important for me to keep reminding them that, thank you for that acknowledgement, and I know that it's important for your notes and your files to have it. But I'm his sister, and I prefer to be referred to that way" (F4)

"...but because he's my brother, and because he's older than me, I didn't want that power dynamic in our relationship to affect the way that he felt about himself" (F4)

In summary, disempowering language can poorly reflect the depth of care or relational tie families have with their loved one. Furthermore, the challenge is further compounded by proficiency with English and lack of understanding of medical terms making it harder for families to engage in their loved one's care.

#### *Diagnosis without us: Families navigating the clinical labelling of a loved one*

The diagnosis of a loved one can be difficult and challenging to come to terms which is further amplified when families are excluded from determining a diagnosis. This creates a disconnect with the holistic and collaborative approach Pacific peoples value when engaging with forensic mental health services. This exclusion of families undermines their input as crucial decision makers and contributes to their views of a label that further distances them from their loved one.

"...but I think, because of the clinical diagnosis, it takes that power, away from families, because it just, automatically puts, their person, in a different space, away from the family" (F4)

"...when he was in there, they told us that this was his diagnosis and told us what he needs to be on this medication, but we didn't discuss this, and we just thought but that's just him" (F1)

This highlights that a diagnosis can strip away the complexities of a person's lived experience, reducing them to symptoms or behaviours. The language used in relation to the diagnosis may not resonate with how family members see their loved one. The diagnosis may be perceived as something the system imposes on their loved one rather than as resulting from a shared understanding with the family.

The diagnostic process must be collaborative with families, which includes care in the delivery of information and plain language that families can understand. In doing so, families become educated on the symptoms of their loved one's diagnosis and medication. This facilitates genuine collaboration with their loved one's treatment plans.

“...it's like, if he if he doesn't take those medication, I think his well-being will be different, like, probably more sadness, more anger, or more stress or depression if you....don't take those medications...So that is how I understand that his medication is supposed to be for a lifetime for his illness. So that will help me to understand, and I remind him to take it” (F5).

Furthermore, a loved one's clinical diagnosis can be complex and challenging for many Pacific families. Clinical labels are foreign to many Pacific families and mental health diagnoses are often through a Western lens that does not align with Pacific people's perspectives. Pacific families see mental health by way of seeing the person as a whole rather than defining them by an illness.

“...Well, you know, like, if you got a mental health issue, then you've got to be helped. You need to go into those places. Like with him (family member) though it's hard because we know him, yeah, so to us, we don't think he has a mental issue, that's like, we know who he is” (F1)

Mental health challenges, from the perspectives of families in this study, are viewed within the broader context of the individual's life, family, and community, rather than as isolated conditions. This perspective emphasises the person's inherent dignity and worth, focusing on their relationships, roles, and strengths, rather than labelling or reducing them to a diagnosis. Moreover, an understanding of Pacific families understanding of mental health is important because it shapes how to engage in

conversations around diagnosis to reduce stigma that can lead to families feeling shame and being reluctant to seek support.

“...I think that it was hard for my mum, she struggled with it, even though, none of us, could have done anything, to stop him, from ending up, in there” (F4)

In summary, for Pacific peoples, mental health is understood within a holistic, relational context, where family and faith are central to well-being. Involving families in diagnosis empowers them to take an active role in their care, while ensuring earlier access to services helps prevent mental illness from escalating through offering timely support. These changes can help create systems that not only provide effective care but also respect and honour the core values of family and faith, ensuring that forensic mental health services are family orientated.

### **Engagement Facilitators for Pacific Families**

This third theme “Engagement facilitators for Pacific families” focuses on the critical components that forensic mental health services need for improved engagement from Pacific families. The subthemes include “Strengthening engagement through improved health literacy and family involvement” and “Building the workforce: Bridging gaps and fostering human connection across cultures.” These subthemes highlight how these facilitators being put in place will build genuine connections with Pacific families to engage meaningfully with forensic mental health services.

#### *Strengthening engagement through improved health literacy and family involvement.*

To allow core values such as family and faith to flourish in forensic mental health care settings, it is essential to strengthen engagement facilitators through family involvement and improved health literacy. For families to engage in the care of their loved one, they need to be equipped with the information required to make informed decisions that will support the care of their loved one.

Health literacy was a recurring theme that all families spoke about in relation to their capacity to use health information to understand and manage medications based on their observation of the effects on their family members. As families know their loved ones best and can discern changes in their mood or behaviour, it is essential to listen when families observe a difference in their loved one's presentation.

“...I like to know what kind of medication is given, how much, and how strong because he will sleep all day” (F5)

“...Yeah, maybe when they look at the dose, like, bring it down. And apparently, it's not that. So, we've been told that's what he just has to take” (F3)

Therefore, improving Pacific family's health literacy can empower families to feel confident in managing medications and advocate for their loved one if changes need to be made. Low health literacy refers to the limited understanding of medical information and processes which can create confusion and uncertainty, leaving families feeling disempowered and unable to fully advocate for their loved ones in a system that often relies on complex terminology and processes.

The importance of family involvement is imperative in all levels of support if the intent is to empower families to take an active role in the care of their loved one. A way to achieve this that family members discussed is the use of workshops to support families in understanding the medical information shared during family medical meetings.

“.. if they offered stuff like, just little workshops or informative spaces for people, even if it was a talanoa, like it doesn't have to be hard out formal” (F4)

“...I think maybe having a space where family can feel okay about asking hard questions, making the space comfortable so that family can approach it and talk openly about their concerns” (F3)

Overall, clinical spaces in forensic mental health settings can be a daunting and impersonal space for Pacific peoples, discouraging communication and engagement. Pacific families value relational spaces that foster genuine connection and engagement from health professionals where they feel at ease to share willingly. This enables families to make informed decisions and be equal contributors to the care their family members are receiving. Furthermore, strengthening Pacific families' health literacy enables them to advocate better for their loved ones' care. By embracing these facilitators, forensic mental health services can ensure that Pacific families are respected, actively engaged in the care process and enabling their core values to flourish.

*Building the workforce: Bridging gaps and fostering human connection across cultures*

Forensic mental health services can honour the values of family and faith within Pacific communities by building a strong Pacific workforce. Pacific workers were seen as imperative in addressing the cultural barriers that families may face. Families discussed the importance of Pacific workers in caring for their loved ones. Families shared that their mistrust of the system was alleviated with Pacific workers being present. Families' engagement improved as they understood processes better through Pacific workers, who also relayed this in their respective languages. Families shared that they felt confident and/or trusted that even though they were not with their loved ones, their Pacific workers would care for them on the inside.

“...we feel it is good that we have him as our support worker who speaks Tongan and can let mum know about what's happening with him especially knowing the medical terms and meetings they have or when we know he is coming home” (F2)

“...it's a lot better when it's someone, especially for Mum, you know, because she speaks in her own native tongue. So, it's good to have someone Samoan. They can explain it to mom, and they have their talks and for him too” (F1)

For families the underlying message is that genuine human connection and care can be achieved regardless of the clinician's cultural background. These families expressed that having non-Pacific staff who were compassionate, respectful, and willing to understand and accommodate their cultural needs were equally important.

“...we've had so many support workers come through, mixed both Pacific and non-Pacific because he has been in there for so long, but it didn't matter they all cared for him they had a good relationship with him and that's what matters seeing that they cared” (F1)

“...he has had many workers over the years Pacific and non-Pacific, and all have been good to him, they have a good relationship with him” (F5)

In summary, Pacific peoples in the forensic mental health workforce are crucial as cultural advocates for Pacific peoples in clinical spaces. Pacific workers possess key knowledge of Pacific values and practices needed to facilitate better engagement from Pacific service users and their families. For non-Pacific clinicians it is important to build trust with Pacific families through cultural humility and a

willingness to listen. The ability of a clinician to create space that empowers Pacific values to thrive where families feel respected, heard and empowered as active carers in their loved one's journey.

### **Conclusion**

In conclusion, families shared core values faith and family play as central in shaping engagement and building trust and support systems vital to Pacific people's engagement with forensic mental health services. The Talanoa with Pacific families also revealed several engagement challenges, including delayed access, self-doubt when entering clinical spaces and families navigating the clinical labelling of a loved one. Despite these obstacles, engagement facilitators emerged, such as strengthening engagement through improved health literacy and workforce enhancement, both in recruiting a Pacific workforce and maintaining the respectful cultural responsiveness of non-Pacific staff in general. Ultimately, addressing both the challenges and the facilitators will ensure that Pacific families voices are not only heard but also integrated into more inclusive and culturally responsive forensic mental health services.

## Chapter 5: Discussion

The primary aim of this research is to explore the needs of Pacific families supporting their loved ones in forensic mental health inpatient services. To begin this chapter a table of the summary of findings is presented below in table five as a reminder of the findings from the Talanoa with Pacific families. The following chapter will also discuss the findings in alignment with the three themes Faith and Family as core values, Engagement barriers for Pacific families and Engagement Facilitators for Pacific families. The three core themes will be discussed in relation to existing literature relevant to Pacific families' experiences of forensic mental health service delivery. The implications for practice and service delivery are highlighted within this discussion. The strengths and limitations of the study will then be discussed, and future research presented.

***Table 5: Summary of Findings***

Findings	Subthemes	Summary
Faith and Family as core values	Faith as central	<ul style="list-style-type: none"> <li>- Faith as a source of strength, hope and resilience during challenging times.</li> </ul>
	Familial ties and the importance of collective responsibility	<ul style="list-style-type: none"> <li>- Family as central partners in their loved one's care. The individual well-being is connected to collective well-being.</li> </ul>
Engagement Barriers for Pacific families	Delayed access with families not knowing about mental health and seeking support late	<ul style="list-style-type: none"> <li>- Pacific families lack knowledge of mental health symptoms and services to support their loved ones.</li> </ul>
	Self-doubt when entering clinical spaces the difficulties of facing language barriers	<ul style="list-style-type: none"> <li>- Clinical spaces that do not align with Pacific values and frameworks make it difficult for Pacific families to navigate.</li> <li>- Clinical jargon and language barriers can be disempowering for Pacific families and limit their ability to be active partners in their loved one's care.</li> </ul>
	Diagnosis without us - Families	<ul style="list-style-type: none"> <li>- Pacific families involved from the first point of contact when receiving their clinical diagnosis.</li> </ul>

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	navigating the clinical labelling of a loved one.	
Engagement facilitators for Pacific families	Strengthening engagement through improved health literacy and family involvement	- Empowering Pacific families with the knowledge and tools to make informed decisions for their loved ones
	Building the workforce: Bridging gaps and fostering human connection across cultures	- Pacific workers as integral to bridging clinical and cultural frameworks. To incorporate Pacific values in building genuine connections for non- Pacific.

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### **Faith and Family as Core Values**

Faith and family are important in shaping the approach to creating services that will build trust and relationships important to Pacific peoples. Family is the foundation for Pacific people's sense of identity and well-being, with faith as a source of strength and purpose to guide their decision-making and navigate challenges (Suaalii-Sauni et al., 2009; Tautolo et al., 2020). In the context of forensic mental health, recognising how faith shapes Pacific peoples coping strategies and resilience when navigating difficult challenges is essential. For example, Faith should routinely be considered among the potential resources Pacific service users and their families can use to cope with their mental health and life stressors (Ihara & Vakalahi, 2011; Lautua & Tiatia, 2023). Specifically, priority should be given to asking Pacific service users and their families if they have religious or spiritual practices that they turn to for support, just as they are asked about other coping mechanisms like family connections, social networks, hobbies, or exercise (Pargament & Lomax, 2013). Furthermore, recognising that faith can offer emotional resilience and hope during difficult times, forensic mental health services should tailor interventions that align with faith to improve engagement and recovery outcomes.

Moreover, Pacific families have spiritual rituals and practices that are important to their spiritual well-being. Spiritual practices should be approached with care and respect and not used as a coping mechanism, as they are deeply rooted in identity and well-being. For instance, prayer remains a powerful and meaningful ritual and practice of faith that should be approached with genuine care and respect. Although prayer offers the same emotional comfort as a coping mechanism, it is not a

substitute for addressing Pacific people's mental illness (Van Nieuw Amerongen-Meeuse et al., 2020). Furthermore, prayer done for the sake of procedures and process of a service without a genuine understanding of the spiritual values for Pacific peoples can undermine their importance and lead to mistrust (Koenig, 2008). Therefore, for forensic mental health services, it is crucial to engage in a meaningful way that acknowledges its role in recovery and healing. The process and treatment plan of a Pacific person and their families in forensic mental health services that incorporate these spiritual practices will do so with careful judgement and empathy. This is to ensure that these practices are not just performed for show but are an authentic and respectful part of the therapeutic process.

Families shared collective roles that enabled them to support and empower their loved ones to navigate the complexities of forensic mental health services. Moreover, families work together to help advocate for their loved ones, especially in clinical spaces (Suaalii-Sauni et al., 2009). In Pacific families, each member plays a unique role shaped by the cultural and traditional values of their specific Pacific nation (Suaalii-Sauni et al., 2009). While forensic mental health services may not prioritise understanding each Pacific family's unique family roles due to time constraints, understanding family dynamics and how they interact, support, and contribute to the collective well-being will be valuable overall. For forensic mental health service, incorporating multiple family members in treatment and recovery reinforces to their loved ones they are first supported, and second services understand their family's importance (Kokua et al., 2009). While processes and procedures of forensic mental health services may limit family involvement due to mitigating risk and harm for the individuals they care for, it is equally important to create opportunities for Pacific families to engage as meaningful partners whilst still maintaining appropriate confidentiality and boundaries (Foliaki et al., 2006). Furthermore, family dynamics are complex and multifaceted, and there is no single approach; starting by listening and understanding unique family dynamics of Pacific peoples is the first step.

Pacific families are dynamic and multilayered, encompassing immediate, extended, and intergenerational families and spanning to include community, church, and village. This reflects a deep interconnected support network where diverse roles and collective well-being are rooted (Tamasese et al., 2014). In the context of forensic mental health services, these complex family dynamics bring forth a crucial network of support for Pacific service users; there remain challenges. On the one hand, the family network offers a broad support network, which can be vital for individuals in forensic mental health services, helping them to navigate trauma, rehabilitation, and reintegration (Pfeiffer, 2018). On the other hand, intergenerational trauma, the pressure of family expectations, and

the complexities of family roles can contribute to worsening mental illness. Therefore, forensic mental health services for Pacific peoples must consider these cultural and familial dynamics. Approaches that are culturally sensitive and involve the family in the therapeutic process are essential to promoting healing and resilience for Pacific service users living with mental illness (Tamasese et al., 2005). Therefore, for forensic mental health services to achieve this, they must incorporate family-centred interventions, engage in open dialogue with family members, and provide culturally relevant support that respects the unique family structure and values of Pacific families.

In summary, forensic mental health services rooted in Pacific people's values of faith and family will foster connection and strengthen relationships. Faith is central to Pacific people's sense of hope and purpose, guiding their decisions and navigating challenging times. To engage genuinely with faith for Pacific peoples entails engaging with compassion and facilitating spiritual practices with awareness and intention (Tamasese et al., 2005). Family is at the heart of Pacific people's sense of self and belonging, highlighting the integral connectedness to their well-being. Their families play a crucial role in their loved one's care; therefore, building genuine connections that value their input is invaluable. Faith and family co-exist together in keeping Pacific peoples rooted in their culture and community (Suaalii-Sauni et al., 2009). Therefore, forensic mental health services that align care with Pacific values of faith and family uplift Pacific peoples, recognising their rights to quality care.

### **Engagement Challenges for Pacific Families**

Pacific families continue to face barriers that impact their ability to engage effectively with forensic mental health services. For instance, Pacific peoples were less likely to seek early mental health services and were often presenting to services when acutely unwell and requiring hospitalisation (McKenna & Sweetman, 2020). Firstly, Pacific peoples were not aware of mental health symptoms, coupled with a lack of awareness of mental health services, delaying the timely intervention needed. Pacific peoples understanding of mental health is that the underlying cause is a conflict and breakdown of relationships within the family, resulting in consulting with religious leaders and traditional healers before accessing services (Vaka et al., 2009). Thus, leading to consequences that result in Pacific people's admission to forensic mental health settings where mental health has worsened, resulting in legal intervention (Easden & Sakdalan, 2015). This highlights a need for early education that starts before Pacific peoples are admitted to forensic mental health services. This ensures that Pacific peoples receive timely and appropriate care that supports their needs and helps avert consequences because of delayed access to care.

A further challenge that hinders Pacific people's meaningful engagement with forensic mental health services is stigma. Stigma remains a barrier due to the negative perceptions and beliefs that surround mental illness (Ran et al., 2021). As discussed, mental illness for Pacific peoples is a breakdown of relationships and reflects familial dynamics, making it a particularly sensitive topic (Suaalii-Sauni et al., 2009). This inhibits Pacific peoples experiencing mental illness from seeking support needed for fear of embarrassing their families. Additionally, this delay discourages individuals from seeking timely support they need, resulting in conditions worsening and escalating to behaviours that require legal involvement (Pulotu-Endemann et al., 2007). Additionally, Pacific families in a forensic mental health context encounter the dual stigma of the mental health system and judicial system. Stigma builds a barrier to meaningful engagement with forensic mental health services, as noted family engagement is integral. To address stigma, this requires careful and sensitive handling that is led by Pacific service users and their families. Through culturally grounded education rooted in respect, compassion, faith, and, more importantly, family, is a start to mitigating the impact of stigma.

The impact of health care systems rooted in discrimination and racism has diminished trust among Pacific people. A healthcare system misaligned with Pacific values perpetuates misunderstanding and is dismissive of cultural values integral to Pacific peoples (Vaka et al., 2009). In a forensic mental health context, Pacific peoples will also engage with the justice system that has historically discriminated against Pacific peoples (Tuiburelevu et al., 2023). Pacific people's mistrust of the justice system stems from an ongoing lack of confidence in the system and its processes. In addition to the absence of culturally responsive practices, this lack of confidence leads to a lack of meaningful engagement and fosters feelings of exclusion and injustice (Buttle, 2017). Consequently, Pacific peoples are navigating both mental health and justice systems that often overlook their cultural contexts and specific needs. Building trust requires culturally informed approaches that honour Pacific values and include family and community in the healing process (Suaalii-Sauni et al., 2009). By fostering relationships based on respect and cultural understanding, forensic mental health services can address this mistrust and improve engagement with Pacific individuals and their families.

In a forensic mental health clinical setting, Pacific families engage in meetings with health professionals to discuss their loved one's care and treatment. Clinical settings are often structured in a way that can be intimidating and challenging, coupled with the lack of a culturally responsive process to navigate for Pacific families in forensic mental health services (Mila-Schaaf & Hudson, 2009). Pacific families often feel unprepared to take in and make sense of the information provided from health professionals. The meetings are key for Pacific families to communicate with health professionals; however, the unfamiliarity of clinical frameworks and stigma with mental health can make the process intimidating. Pacific families striving to advocate for their loved ones are met with processes that prioritise individual approaches as compared to the collective approach of Pacific peoples (Pulotu-Endemann et al., 2007). The disconnect between families and health professionals in this setting can limit families' insights that are crucial in their loved one's care (Tamasese et al., 2005). To improve confidence and address feelings of self-doubt involves a collaborative approach that encourages shared decision-making and respect for cultural differences that ensure Pacific families feel heard.

The clinical setting also includes clinical jargon that can also contribute to Pacific families feeling a disconnect to the process of diagnosis and conditions. Clinical language of diagnosis and treatment can feel intimidating and overwhelming for Pacific families who have limited knowledge of medical terminology (Lazzaro-Salazar, 2022). This can impact a Pacific family's ability to understand their loved one's diagnosis and treatment to make informed care for their loved ones (Ho, 2008). Additionally, the use of clinical jargon does not align with how Pacific peoples understand mental health, making it difficult to engage with the clinical information provided (Pio & Nosa, 2020). While clinical terminology is a standard part of forensic mental health services, creating a bridge that is informed by a cultural lens is essential. To address this, clinicians can explain terms in clear and culturally appropriate language that should include cultural interpreters. For forensic mental health services, empowering families involves equipping them with these supports as equal partners in their loved one's care.

Lastly, diagnosis of a loved one is an important process; family input is crucial when Pacific individuals come into contact with the system. Though the diagnosis is a process carried out by the doctor through standardised criteria and often from an individual and biomedical lens (O'Connor et al., 2018). For an individual, receiving a mental health diagnosis is a difficult reality to come to terms with as they navigate this uncertainty and its implications. Pacific families possess a unique insight

into their loved ones needs, behaviours, and cultural contexts, so they are best equipped to capture their loved one's holistic view of their health and well-being. In the context of forensic mental health services, whether a diagnosis has been given or an individual is new to the system involving the family remains important. This is a crucial step in avoiding misdiagnosis and recovery plans that do not resonate and cause further harm to Pacific service users and their families (Suite et al., 2007). A crucial step in the diagnosis process is the engagement of families through cultural frameworks such as Talanoa to facilitate their input (Depau et al., 2023). Therefore, ongoing talanoa around diagnosis, which incorporates family input in every aspect of their treatment plan that is reflective of Pacific service users and their families.

### **Engagement Facilitators for Pacific Families**

Engagement facilitators for Pacific families focus on the critical components that forensic mental health services need for improved engagement from Pacific families. These elements highlight how these facilitators being put in place will build genuine connections with Pacific families to engage with forensic mental health services. To begin with, health literacy was recognised as a key factor in facilitating better engagement with forensic mental health services (Lincoln et al., 2006). Health literacy influences families understanding of mental health conditions, available support, and their ability to seek help (Bollars et al., 2019). As a result of low health literacy coupled with a forensic system that does not align with Pacific people's cultural values, this can result in non-compliance with medication and treatment plans (Pio & Nosa, 2020). This requires forensic mental health services to incorporate translated information in Pacific languages, simplified communication, and interactive education that fosters partnership and empowers Pacific families. Therefore, bridging gaps in health literacy requires tailoring information that aligns with the values and beliefs of Pacific peoples.

Furthermore, family involvement is another key element for engagement, as it highlights a need for a collaborative approach between forensic mental health services and Pacific families. Family is the foundation for Pacific people's sense of identity and well-being; families are central to decision-making, emphasising collective nature and shared responsibility (Pulotu-Endemann, 2001). Furthermore, Pacific peoples are not isolated individuals but rather exist within a cultural context that is rooted in community and collective well-being. For forensic mental health services, it is not simply about including family; their input ensures that decisions reflect Pacific families and values. Pacific families are closest to their loved ones and are equipped to provide their loved one's history, behaviours, beliefs, and attitudes within their cultural context, all fundamental to holistic care (Ka'ili,

2005). Moreover, for forensic mental health services, participation at all levels diagnosis, treatment, and recovery ensure decisions are reflective of Pacific individuals and their families.

Family for Pacific communities involve recognising the concept of tauhi vā, which refers to nurturing and maintaining sacred relationships (Ka'ili, 2005). The term va embodies the space between people, not the emptiness between but rather filled with relational ties. For Pacific peoples, tauhi vā refers to well-being as being interconnected to each other, emphasising Pacific people's collective nature (Anae, 2010). For clinicians in forensic setting, understanding the importance of tauhi vā through core values such as respect and reciprocity when working with Pacific families (Vaioleti, 2006). Furthermore, honouring and respecting family relationships ensures it remains in harmony and balance for the good of all in their families and communities. This recognises that the quality of relationships is reflective of the well-being of the individual and their collective. Therefore, understanding tauhi vā as clinicians recognises family as essential to care but a lifeline that ensures recovery plans reflect Pacific families' values.

Moreover, engagement is significantly strengthened when Pacific workers are employed, as they bring invaluable knowledge and their lived experiences to the role. Pacific workers are key to bridging the clinical aspect of care and the cultural needs of Pacific peoples (Vaka, 2014). Pacific workers ensure families feel a sense of safety and protection when navigating the complexities of forensic mental health services. They emulate family-like interactions, which may be viewed as unprofessional from a Western lens; however, for Pacific families, this reflects the relational connections Pacific peoples value. In clinical spaces that discuss medical terms, judicial hearings, and recovery plans, it can be a daunting process for Pacific families; having a Pacific worker who can guide them through this process is important. By serving as cultural menders, the Pacific workforce fosters trust, reduces stigma, and creates pathways for Pacific individuals to engage meaningfully with forensic mental health services (Ape-Esera et al., 2009). This ensures Pacific individuals receive care that aligns with their cultural values, promoting better engagement and improved outcomes.

Furthermore, while having Pacific workers in forensic mental health settings is valuable, for non-Pacific practitioners, developing an understanding of Pacific cultural values, especially concepts like tauhi vā, which emphasises the importance of maintaining and nurturing relationships, is imperative (Vaioleti, 2006). Tauhi vā mirrors genuine human connection that is built on empathy, respect, and

understanding as the core of engagement regardless of cultural background. For non-Pacific clinicians to navigate engagement and build trust with Pacific families is to learn about the relational and collective nature of Pacific peoples. It begins with recognising that a Pacific individual exists within a cultural context weaved together by Pacific values and families (Suaalii-Sauni et al., 2009). Moreover, it is important for non-Pacific workers to acknowledge the systemic barriers that impact Pacific peoples engagement and receiving equitable care (Ape-Esera et al., 2009). Understanding tauhi vā and acknowledging the barriers Pacific peoples face are key tools to better support Pacific peoples. Therefore, for non-Pacific clinicians, building authentic connections is fundamental for communication and addressing the unique needs of Pacific families.

### **Strengths and Limitations of the Study**

This section will explore the key strengths and limitations encountered throughout to provide a balanced perspective of this research. Pacific staff at Mason Clinic were integral in recruiting families for this research as they have established relationships with Pacific service users and their families; they understand their cultural and familial context. Pacific families were willing to support when their designated Pacific workers discussed the research with them. They were cultural bridges with families, while I am Pacific; there remains a gap that only Pacific workers in forensic mental health services possess as they understand Pacific family dynamics in a forensics context (Manuela & Sibley, 2013). Their insight was invaluable in ensuring the recruitment process, such as the time and whom to approach. Pacific families were respectful and culturally appropriate, especially in building and mending the va with families, especially when missteps occurred.

Talanoa methodology is a key strength in fostering spaces that encourage open and meaningful conversations in a safe and informal setting. This allows Pacific peoples to express themselves authentically and allows a more collaborative interaction between researcher and participant. Talanoa strengths lie in this collective purpose to share stories that are curated by participants and researchers. Moreover, whilst this is needed, the time and process of developing these relationships and trust need an intensive investment of time and effort to have rich and meaningful cultural insights. Since each Talanoa was a one-off meeting, a limitation arose from not having sufficient time to build relationships gradually as desired due to time constraints and scheduling. Furthermore, as a Pacific person, utilising Talanoa methodology is in alignment with the shared cultural values of Pacific families. Whilst this allows for connection with Pacific families, it is imperative to be aware of the influence of this on the accuracy of how Pacific stories are collected, interpreted, and presented (Stewart-Withers et al., 2017). Moreover, whilst a western lens may view this relationship building

as a conflict of interest, the connectedness is important and essential for engaging with Pacific families.

Time impacted the ability to conduct more extensive Talanoa with families; while opportunities for rapport-building were present, the limited timeframe meant that Talanoa interactions were one-off, restricting the depth and richness of the insights that could have been gathered (Vaiotei, 2006). At Talanoa, building relationships is at its core, as it fosters trust and empowers participants to share. These relationships take time to develop due to the constraints of the research process and deadlines presented it challenges (Anae, 2010). Additionally, Pacific families in forensic settings have greater time constraints as their time and energy are focused on multiple family and community responsibilities, and they hold which takes precedence (Pulotu-Endemann, 2001). Future research that acknowledges the lived realities of Pacific families in forensic mental health settings allows for families to feel their time and responsibilities are acknowledged. Therefore, for forensic mental health settings, it is important to create flexibility for future Pacific families to participate fully in research.

Furthermore, the focus of this research was on families leaving the insights of service users and workers in a forensic mental health setting. This limitation meant their valuable perspectives were not captured, which would have provided a broader understanding of meeting needs of Pacific peoples in a forensic mental health setting. Service users are directly impacted by forensic mental health services; hence their voices provide firsthand the effectiveness and cultural responsiveness of mental health interventions (Tamasese et al., 2005). Similarly, Pacific workers who work within the system are knowledgeable of the processes and protocols of a forensic mental health service whilst upholding cultural values and worldviews imperative in the care of Pacific service users and their families (Pulotu-Endemann, 2001). Moreover, families are the carers of Pacific service users and knowledgeable around tuning the care to reflect their communities' values and needs, which in turn meets their loved ones needs (Suaalii-Sauni et al., 2009). Therefore, this collective approach that incorporates Pacific service users, families, and workers perspectives is acknowledged to foster a holistic framework for forensic mental health services.

Lastly, the lack of available literature focused on Pacific peoples within a forensic mental health context was evident. There is growing research of Pacific peoples within general mental health care, there remains limited literature focused on Pacific peoples in a forensic context (Tecun et al., 2018). Evidently, literature was available for non-Pacific individuals and their families in forensic mental

health settings. Whilst this provided context to understanding experiences and highlighting their perspectives in a forensic mental health service. The findings, though beneficial as a starting point, do not fully capture the cultural context of Pacific peoples. Thus, the need for expanding research for Pacific peoples in forensic mental health services is imperative to ensure culturally appropriate support.

### **Future Research**

Future inquiries with Pacific peoples in forensic mental health settings should consider the aspect of time to allow for extensive talanoa built on deeper, meaningful relationships. For Pacific peoples, time is fluid and in alignment with relationship building rather than rigid frameworks that govern research process and protocol. Thus, when engaging with Pacific peoples, utilising a Talanoa methodology requires an authentic commitment to its values and principles (Vaiotele, 2006). For Pacific peoples, understanding that time constraints can be challenging as their time and energy are focused on communal and familial responsibilities. For future research, allow flexibility and reschedule sessions to accommodate family commitments to allow for meaningful engagement. Moreover, this process goes beyond flexibility and accommodating for Pacific peoples; this requires a deeper understanding that is in alignment with cultural priorities and timeframes (Pulotu-Endemann, 2001). For forensic mental health services to understand true cultural context requires respecting and recognising the cultural dimensions of time and its impact on engagement with Pacific peoples. Moreover, with more capacity with time, it allows for more families to participate, providing a broader and diverse understanding of Pacific people's experiences. By amplifying the many voices of Pacific families to build and attune forensic mental health services to reflect Pacific cultural values and worldview.

Furthermore, future research should aim to incorporate all perspectives of families, service users, and Pacific workers in forensic mental health settings. Understanding the experiences of families cannot be overstated in their role as the primary support for their loved ones. Similarly, Pacific workers bridge the role between clinical and cultural and are imperative as cultural drivers to support Pacific individuals and their families through the system. Moreover, Pacific service users are receiving the support that is essential for evaluating their experiences of mental health interventions. Pacific peoples in forensic mental health service face unique challenges of navigating both the mental health and court system. The uniqueness of this experience in forensic mental health service has its own cultural and systemic context that needs to be realised. Therefore, by incorporating the perspectives

of Pacific families, service users, and workers, we can provide a holistic view that will inform culturally informed practice aligned with better care of all.

### **Conclusion**

In conclusion, Pacific families value faith and family as central in the care and decision-making of family in the forensic mental health context. These values highlight the importance of collective and familial ties to Pacific peoples, fostering unity, respect, and the guiding principle that the good for all is good for the village, which reflects the collective nature of Pacific peoples. Faith is a source of strength and a compass for Pacific families to navigate challenges. Faith also emphasises the importance of community and interconnectedness. These values are central to engagement with Pacific peoples. However, there are barriers that hinder Pacific families' engagement with responsive forensic mental health services. This research highlights the engagement facilitators that forensic mental health services can utilise to better equip and empower Pacific families with the knowledge and confidence to support their loved ones.

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## Appendices

Appendix A Family flyers

Appendix B Questions to guide talanaoa sessions with families

Appendix C Family Participation Information Sheet

Appendix D Ethics Letter of Approval

Appendix E Families Consent Form

## Appendix A: Family Flyers



Malo e lelei, Kia orana, Ni sa bula, Talofa lava, Fakafeiloaki, Fakaalofa lahi atu, Fakaalofa lahi atu, Halo, Gude and greetings to you.

My name is Folole Fangupo and I am Master of Philosophy student at the Auckland University of Technology I am doing this research to look at the cultural needs of Pacific service users' in Mason Clinic. The outcome of this research is the findings will be submitted as a thesis in 2024. This research is looking at families of Pacific services users under Mason clinic care (inpatient or community team) to participate in the study.

What are the requirements to participate?

- Be of Pacific descent
- Families of Pacific services either currently or formerly under Mason Clinic (inpatient and community)
- Families don't have to necessarily be related to service users under Mason clinic.
- More than one family member from the same family can join the interview.

If I meet the criteria, what will happen next?

- If you are interested, we can arrange a one-off fono at a location of your choosing.
- The meeting can last up to 90 minutes, but it's also quite flexible.
- Folole Fangupo, the student researcher, will reach out to you to schedule the fono.
- This provides the chance for you to share your thoughts and experiences of the cultural needs of service users in Mason Clinic.

How do I prepare for the questions being asked?

- This one-off focus group is an informal discussion and open to you being comfortable and open in talanoa (talk).
- Some ideas that can guide your discussions in the focus groups will be around your culture, empowerment of cultural identity, cultural competence, positive and negative experiences you came across with having your cultural needs met or not.

How does this benefit me and for research purposes?

- Your information will be useful towards Pacific service users' having better health outcomes, empowerment of their cultural values and beliefs, reduce discrimination and reduce risks to self or others in Mason Clinic.
- For the time you contribute towards the study, you will be given a \$100 food voucher as a participation gift.

How is the information I share going to be kept?

- All the information you share will also be kept confidential and you will be made anonymous in the study.
- Your participation is voluntary, you can withdraw at any given time up to a month after your interview is completed.

Who do I contact for more information?

- If you are interested, please contact Folole (student researcher) through email. The email address is [em8513@aut.ac.nz](mailto:em8513@aut.ac.nz). The student researcher will provide you with further information and answer any questions, prior to confirming your participation.

Malo Aupito

Thank you for your time.

## Appendix B: Questions to guide talanoa sessions with families



### Mental Health & Cultural Support Values

- As a Pasifika, what does "culture" mean to you? (Prompt: Family, values, beliefs, language)
- What cultural experiences are most important to you and why? (Prompt: Strong community, church, family reunions)
- What does good mental health support look like to you and your family?
- How do cultural traditions and beliefs influence your approach to mental health care?
- What are your family's main priorities when it comes to mental health care?
- Do you think this hospital is meeting the cultural needs of your relative? If so, how is your relative embracing their cultural identity whilst staying in this hospital? (Prompt: cultural groups, family involvement, interpreters etc)
- Based on the clinical care provided for your relative, do you feel staff are culturally meeting their needs? (Prompt: feel respected, safe, not discriminated against, having regular contact with family, etc.)

### Experience of Care – Strengths and Limitations

- Can you share a time when you felt supported (or unsupported) by mental health services?
- What are the biggest challenges you face when seeking mental health support for your family?
- What would you like mental health professionals to know about your culture and community?
- What is your experience with your family's treatment and care? (Prompt: you feel included, understood the processes, understood diagnosis and medication)
- What positive experiences have you heard from your relative with their cultural needs being met in this hospital? (Prompt: food provided, cultural sessions, pastor input, family involvement etc)
- What negative experiences have you heard from your relative with not having their cultural needs met? (Prompt: disconnection from family, discrimination, difficulties with language barriers etc)
- As a support person, do you feel regularly informed by the clinical team about updates on your loved one's progress? If so, how often do you see or contact your relative during the week?

### Areas for improvement

- How can forensic mental health care better include Pacific traditions and values in their care?

- How can forensics mental health communicate with your family in a respectful and supportive way?
- Are there any cultural practices or rituals that would benefit your family's mental health?
- Can you share any experiences where cultural differences made it difficult to access or receive appropriate mental health care?
- What steps do you think forensic mental health professionals can take to build trust and rapport with Pacific families in the community?

## Appendix C: Family Participation Information Sheet



Date Information Sheet Produced: 22/05/2023

### Project Title

An exploration of the cultural needs of Pacific service users in forensic mental health inpatient services.

### An Invitation

Malo e lelei and warm Pacific greetings my name is Folole Fangupo I am a Master of Philosophy student at the School of Clinical Sciences at the Auckland University of technology. My primary supervisor is Brian McKenna who is a Professor in Forensic Mental Health and teaching at Auckland University of Technology. My co-supervisors are Dr Caleb Masters at the University of Auckland and Associate Professor Sione Vaka at the University of Waikato . My supervisors all have an extensive knowledge and experience in Mental Health Nursing, Forensic Mental Health and Pacific Health.

You are being invited to take part in a research project. Before you decide it is important for you to understand why the research is being done and what participation will involve. Please take time to read the following information carefully and discuss further with your family. You are most welcome to ask if there is anything that is not clear or if you would like more information. Take time to decide whether you wish to take part. Thank you for your time.

### What is the purpose of this research?

This research seeks to understand the cultural needs of Pacific service users at Mason Clinic Inpatient Forensic Mental Health service by gathering perspectives from their families, staff, and service users. The needs of Pacific people in forensic institutions are not well understood and there is a need to consider the difficulties of addressing the cultural demands of Pacific service users. This research will provide an opportunity for you to share your thoughts and experiences as family members about how we can best support our Pacific service users and their families' wellbeing. This could help the Mason Clinic preserve the cultural practises, protocols, values, and beliefs that Pacific people are accustomed to, in an environment that allows them to best access mental health care. The findings will be presented in a master's thesis and may be published in scholarly journals, given as guest lectures, or presented at conferences.

### How was I identified and why am I being invited to participate in this research?

You are invited to take part in this research because you are a relative of a Pacific service user in the Mason Clinic. This research will provide an opportunity for you to share your thoughts and experiences as a family member of how best to meet the cultural needs of Pacific service users at the Mason Clinic.

### How do I agree to participate in this research?

If you choose to participate, you will be given this information sheet (and be asked to sign a consent form –attached to this sheet). You will also be given a copy of both the Participation Information sheet and the consent form to keep.

Your participation in this research is voluntary (it is your choice) and whether you choose to participate will neither advantage nor disadvantage you. You can withdraw from the study at any time. If you choose to withdraw from the study, then you will be offered the choice between having any data that is identifiable as belonging to you removed or allowing it to continue to be used. However, once the findings have been produced, removal of your data may not be possible.

What will happen in this research?

The research will involve a face-to-face talanoa with myself the student researcher and a cultural adviser and will take place either at the cultural centre at Mason Clinic or at a location agreed to by the family and the research team. The talanoa will take up to 90 minutes and will be digitally recorded (audio only) and this is provided with your permission. Recording can be turned off any time at any point during your interview.

You will have the chance to contribute your ideas and experiences about how we can best meet the cultural needs of Pacific service users and their families. With the use of this knowledge, it will be possible to improve health outcomes and the empowerment of cultural values and beliefs of Pacific service users and their families.

What are the discomforts and risks?

Your participation in this research is voluntary (it is your choice) and whether you choose to participate will neither advantage nor disadvantage you. You can withdraw from the study at any time. If you choose to withdraw from the study, then you will be offered the choice between having any data that is identifiable as belonging to you removed or allowing it to continue to be used. However, once the findings have been produced, removal of your data may not be possible. Some aspects of this study may cause some participants to become upset or distressed due to discussing the support/needs their loved ones. If you become upset or distressed I/we will give you time to consider if you wish to proceed or withdraw from the study. If you feel distressed or uncomfortable during the interview, this will be discontinued. The student researcher will support you by referring you to services such as Lifeline 0800 543 354 (0800 LIFELINE) or free text 4357 (HELP) as a national helpline. Supporting Families in Mental Illness on 0800 732 825 can also be contacted if you feel distressed or uncomfortable with the questions asked.

How will these discomforts and risks be alleviated?

AUT Student Counselling and Mental Health can offer three free sessions of confidential counselling support for adult participants in an AUT research project. These sessions are only available for issues that have arisen directly because of participation in the research and are not for other general counselling needs. To access these services, you will need to:

- drop into our centre at WB203 City Campus, email [counselling@aut.ac.nz](mailto:counselling@aut.ac.nz) or call 921 9292.
- let the receptionist know that you are a research participant and provide the title of my research and my name and contact details as given in this Information Sheet.

You can find out more information about AUT counsellors and counselling on <https://www.aut.ac.nz/student-life/student-support/counselling-and-mental-health>

What are the benefits? Whilst there are no immediate benefits for those participating in this project, it is hoped that this work will contribute to new knowledge that will assist forensic mental health services to have a better understanding of the cultural needs of Pacific service users. This may contribute towards better service delivery and improve Pacific service users' health outcomes and

quality of life. The results will be reported in a master's thesis and may be used for academic journal publications, guest lectures and conference presentations.

What compensation is available for injury or negligence? In the unlikely event of a physical injury because of your participation in this study, rehabilitation and compensation for injury by accident may be available from the Accident Compensation Corporation, providing the incident details satisfy the requirements of the law and the Corporation's regulations.

How will my privacy be protected?

Your privacy is of the utmost most importance to us. All the information that we collect about you during the course of the research will be kept strictly confidential. You will not be able to be identified in any ensuing reports or publications. The information you share during the recording will be on the student researcher's protected laptop. Once the project is completed, the consent forms and transcripts will be stored in a locked cupboard for 6 years at the university, then destroyed. The student researcher will then delete all files from protected laptop and all hardcopies will be shredded.

The audio recordings of your talanoa made during this research will be used only for analysis. No other use will be made of them without your written permission, and no one outside the research team will be allowed access to the original recordings.

What are the costs of participating in this research?

The time you contribute towards this research is greatly appreciated. Apart from your time the only other costs to you might be the cost of travel to the agreed talanoa allocation. In return, a food voucher (\$100) will be given to you once the interview is completed. Even if you decide to withdraw from the study after your interview, you will still receive the voucher. Light refreshments will also be provided.

What opportunity do I have to consider this invitation?

We ask that you inform us in a month's time of receiving the participant form to return the signed consent form stating your participation in this research.

Will I receive feedback on the results of this research?

If you are interested in the outcome of the study, you will need to provide your home address. This will also be asked at the end of the interview. The student researcher will post a copy of the results to your home.

What do I do if I have concerns about this research?

Any concerns regarding the nature of this project should be notified in the first instance to the Project Supervisor, Brian McKenna, [brian.mckenna@aut.ac.nz](mailto:brian.mckenna@aut.ac.nz),

Concerns regarding the conduct of the research should be notified to the Executive Secretary of AUTEK, [ethics@aut.ac.nz](mailto:ethics@aut.ac.nz), (+649) 921 9999 ext 6038.

Whom do I contact for further information about this research?

Please keep this Information Sheet and a copy of the Consent Form for your future reference. You are also able to contact the research team as follows:

Researcher Contact Details:

Folole Fangupo  
School of Clinical Sciences  
Auckland University of Technology  
Folole Fangupo

Project Supervisor Contact Details:  
Brian McKenna  
Professor – Forensic Mental Health  
School of Clinical Sciences  
Auckland University of Technology

## Appendix D: Ethics Approval Letter



Auckland University of Technology Ethics Committee  
(AUTECH)

6 September 2023

Brian McKenna  
Faculty of Health and Environmental Sciences

Dear Brian

Re Ethics Application: ~~2022~~23/177 Exploring the cultural needs of Pacific service users in forensic mental health services

Thank you for your responses to AUTECH's conditions.

Your ethics application has been approved for three years until 6 September 2026.

### Non-Standard Conditions of Approval

1. Amendment of the Information Sheet as the project has been transferred to AUT the concerns section needs to be updated back to 'Executive Secretary ext. 6038 and remove the remainder of the compensation statement.
2. Include AUTECH approval number and date on the advertisement.
3. Please ensure that 'no data will be stored post analysis on the student's laptop but under the care of the primary supervisor and on AUT premises. I refer you to AUT data storage guidelines <https://aut.ac.nz.libguides>

Non-standard conditions do not need to be submitted to or reviewed by AUTECH unless requested but must be completed before commencing your study.

### Standard Conditions of Approval

1. The research is to be undertaken in accordance with the Auckland University of Technology Code of Conduct for Research and as approved by AUTECH.
2. All public facing documents must have the AUTECH approval number and be of a high standard of spelling and grammar. Dates on the Information Sheet(s) and Consent Form(s) must be consistent.
3. Any amendments to the project must be approved by AUTECH prior to being implemented.
4. A progress report is due annually on the anniversary of the approval date.
5. A final report is due at the expiration of the approval period, or, upon completion of project.
6. Any serious or adverse events must be reported to AUTECH, this includes unforeseen issues that might affect continued ethical acceptability of the project.
7. AUTECH grants ethical approval only. You are responsible for obtaining management permission for access from any institution or organization at which your research is being

conducted and you need to meet all ethical, legal, public health, and locality obligations or requirements for the jurisdictions in which the research is being undertaken.

The application number and title need to be referenced on all correspondence related to this project.

All forms are available online <http://www.aut.ac.nz/research/researchethics>

For any enquiries, please contact [ethics@aut.ac.nz](mailto:ethics@aut.ac.nz)

(This is a computer-generated letter for which no signature is required)

The AUTEK Secretariat

Auckland University of Technology Ethics Committee

Approved by the Auckland University of Technology Ethics Committee on 6th of September,  
AUTEK Reference number 23/17

## Appendix E: Family Consent Forms



Project title: [REDACTED] An exploration of the cultural needs of Pacific service users in forensic mental health inpatient services.

Project Supervisor: Professor Brian McKenna

Researcher: Folole Fangupo

- I have read and understood the information provided about this research project in the Information Sheet dated 22nd May 2023.
- I have had an opportunity to ask questions and to have them answered.
- I understand that notes will be taken during the talanoa and that they will also be audio-taped and transcribed.
- I understand that taking part in this study is voluntary (my choice) and that I may withdraw from the study at any time without being disadvantaged in any way.
- I understand that if I withdraw from the study then I will be offered the choice between having any data that is identifiable as belonging to me removed or allowing it to continue to be used. However, once the findings have been produced, removal of my data may not be possible.
- I agree to take part in this research.
- I wish to receive a summary of the research findings (please tick one): Yes  No

Participant's signature:

.....

Participant's name:

.....

Participant's Contact Details (if appropriate):

.....

Date:

Approved by the Auckland University of Technology Ethics Committee on 6/09/2023 for 3 years.  
AUTEK Reference number 23/177

Note: The Participant should retain a copy of this form