NAVIGATING MENTAL HEALTH IN THE DIGITAL AGE: INSIGHTS FROM YOUNG SAMOANS AND THEIR COMMUNITIES

School of Communication Studies

A Thesis submitted to Auckland University of Technology in partial fulfillment of the requirements for the

degree of

Master of Communication studies

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2024

Abstract

The impact of social media on young people's mental health is a growing concern, particularly in Samoa, where the popularity of digital media has skyrocketed, and cultural shifts have been profound. Over the last decade, social media has transformed the social and cultural landscape of Samoa, exacerbating mental health challenges and contributing to alarming suicide rates. Historically, Samoa has faced a high per capita suicide rate, notably among young females aged 15 to 24. Samoa's suicide rates continue to increase each year with youth being at the forefront of this number. The purpose of this research is to explore how youth in Samoa navigate the relationship between mental health and social media within the context of Samoan culture. It also aims to examine the opportunities and challenges the digital age brings for youth and their mental health. My interest in this topic emerged as I was attending school in Samoa as a teenager and witnessed the mental health stigma in Samoan society as well as observed the growing effects of social media on myself and my peers. I established the research questions: 'In what way do young Samoans and Mental Health Professionals conceptualise and encounter mental health in the context of the social media age?' And 'What challenges and opportunities exist in addressing mental health issues and help-seeking behaviour for this demographic?' To address this question, the Fonofale Model and Talanoa method were utilised to gather data from two groups of participants 1) Youth aged 18-25 and 2) Mental Health Professionals. Both groups had a requirement of lived experience in the Samoan context. From each individual experience shared by participants, thematic analysis was used, and five themes were identified. The key themes were: 1) Samoan Societal Norms Contributing to Stigma, 2) Elder Generational Perspectives on Mental Health, 3) Younger Generational Perspectives on Mental Health, 4) The Impact of Social Media on Youth Mental Health, and 5) Mental Health Services in Samoa and Youth Help-seeking Behaviour. Each theme explores different aspects of mental health perceptions, stigma, and the influence of social media and service accessibility on youth help-seeking behaviour. This study reveals that, despite the negative view of social media's impact, it plays a crucial role in raising mental health awareness and facilitating open discussions among young Samoans. The generational divide is evident, with younger individuals leveraging social media to challenge traditional mental health stigmas, while the elder generation remains sceptical. However, the reluctance to seek help from conventional mental health services, coupled with the lack of early intervention, has led youth to rely on social media for support and information. This shift highlights both the opportunities and challenges social media presents in shaping mental health perceptions and behaviours in Samoa.

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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 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.

Kayla Schwalger

14 August 2024

Acknowledgements

Firstly, I would like to extend my deepest gratitude to my supervisor, Dr. Rebecca Trelease. Your unwavering faith in me throughout every step of this thesis has been invaluable. Without your constant support and knowledge, this thesis could not have been completed.

I am also extremely grateful to AUT university for awarding me a Postgraduate Scholarship.

I also thank all the participants for their time and support. I hope this research takes us one step closer to breaking the mental health stigma in Samoa for future generations.

Heavenly Father, all glory goes to you. I also give gratitude to my ancestors who have paved the way for me to stand where I am today, the family and friends who have cheered me on, and the communities in my life who have opened doors for me to serve the best way I know how.

To Konrad, Mahonri, Annika and Liana – thank you for supporting your older sister in her dreams. I will always wholeheartedly be by your side when you pursue your own.

To Zion, thank you for making my late study nights less lonely. You have been my emotional pillar and have given me so much strength to believe in myself – your heart inspires me so much. I love you! Thank you for being in my corner; I will always be in yours.

I extend my heartfelt gratitude to Karl Baby and the late Goretti Vaimaila Schwalger, for instilling in me the importance of education and to the late Tonumaivao Aviti Tonumaivao and Fatima Tonumaivao, for your lessons of resilience and strength. Thank you all.

To my beautiful mother, Ruta Tai Tonumaivao. Every experience we have together has shaped me into who I am. You inspire me and so many others. I love you so much Mum, no words will convey how thankful I am for you and your support.

Lastly, I would like to dedicate this thesis to my late father, Moroni Randall Schwalger, who passed away in Apia, Samoa – in December 2022 after a long battle with his mental health. Dad, you have been the catalyst for this Master's journey. I research mental health in hopes it helps another who might be in your shoes. I hope to make you proud. I love you forever.

Ethical Approval

AUT University Ethics Committee (AUTEC) approved the ethics application for this research on the 8th of April 2024. The application number was 24/14.

CHAPTER ONE: INTRODUCTION

1.1 Overview

The impact of social media on young people's mental health is a growing concern for many parents, teachers, and mental health professionals. Over the last decade, the popularity of social media in Samoa has since transformed the social and cultural landscape of Samoa. As social media continues to shape the experiences and mental health of young Samoans, it is crucial to address the alarming suicide statistics among this demographic. In the past, Samoa has faced the harsh reality of having the third-highest per capita suicide rate globally, with nearly one suicide occurring each week (Fairbairn-Dunlop, 2003). Particularly troubling was Samoa's distinction as the country with the highest suicide rate among females aged 15 to 24 (Fairbairn-Dunlop, 2003). From 2019 to 2022, 77 Samoans tragically lost their lives to suicide, with an average of 20 suicides occurring annually (Fa'ataua Le Ola (FLO), 2024). Considering Samoa's population of over 222,382,000 people (World Health Organization, 2024), these figures represent a significant and deeply concerning public health crisis. The purpose of this thesis is to explore how youth in Samoa navigate the relationship between mental health and social media within the context of Samoan culture. This study builds on existing research on the way youth encounter the mental health stigma within Samoa, the influence of social media on mental health, and the lived experiences of youth and mental health professionals based in Samoa. This thesis builds on this current knowledge by analysing the insights into the link between the digital age and the present mental health stigma from young Samoans and their communities.

1.2 Cultural Context and Mental Health in Samoa

The traditional culture of Samoa is rooted in a communal and collective lifestyle known as *fa'asamoa*, or "the Samoan way". This cultural framework influences the actions and thinking of the Samoan people and is passed down through generations, making it a crucial part of their identity (Anae, 2005). Sauni (2011) identifies the fundamental values of fa'asamoa as including aiga (family), tautala samoa (the Samoan language), gafa (genealogies), fa'amatai (the chiefly structure), lotu (church), and fa'alavelave (ceremonial or family responsibilities).

These core values form the foundation of the collectivist governance system in Samoa, known as *fa'a Matai*. Within this structure, society is organized around extended families, or *aiga*, each led by a Matai (chief or leader) who holds a title linked to particular districts, villages, and ancestral lands (Scroope, 2017). In this system, individuals within the aiga are expected to act with generosity and place the well-being of the community above personal interests.

Communal sharing is a fundamental aspect of Samoan culture, where individual ownership is not emphasized (Scroope, 2017). The social structure is deeply valued, with certain titles granting specific privileges, and authority resting solely with those who hold the Matai title. This authority is reinforced by the significant distribution of property and the respect accorded to their role (Mead, 1928). Matai are entrusted with preserving the village's traditions and customs and are also regarded as spiritual guardians of those under their leadership (Mead, 1928).

Mental health within Samoan culture is expressed as "*soifua maloloina o le mafaufau*", which means that "mental health is not simply the absence of mental illness, itis a holistic state of wellbeing" (Hope & Enoka, 2009, p. 10). Lui (2007) highlights that Samoans approach mental health from a wellness-based perspective, rooted in the philosophy that true well-being reflects a harmonious balance between the atua (God), tagata (people), and laufanua (land). Traditionally, mental health in Samoa was not treated as a separate issue but rather as an integrated concept involving the physical, spiritual, and social dimensions of life (Yamada, Vaivao, & Subica, 2019). Tamasese et al. (2013) further emphasize that Samoan culture is deeply interconnected with community, family (aiga), and spirituality, with traditional healing practices, conversing with ancestors and the concept of *vā tapuia*, the sacred relationship between others playing a significant role in Samoan healthcare – therefore, making spirituality a core part of Samoan culture.

Despite Samoan customs traditionally embracing spirituality, the introduction of Christianity meant that this perspective was skewed to align with those of the pervasive presence of Christianity and the missionaries. The beliefs of Christianity named various ancient Samoan traditions as evil due to the customs not aligning to their Christian values. The religious mindset of the pre-Christian period in Samoa was primarily focused on various spirits and deities, which were often honoured within families, villages and districts as well as conversed with for advice or prayer (Tuisuga-le-taua, 2009). However, the Postmodern Christian definition recognises aitu as evil spirits (Tuisuga-le-taua, 2009).

As a result, although Samoans traditionally viewed mental health as a concept that involved the physical, spiritual and social dimensions of life, post-Christianity perceived that mental illness and its symptoms were attributed to the influence of malevolent forces, particularly the devil. It was commonly held that a "demon" residing within individuals was responsible for their behavioural manifestations. Mental illness in Samoan culture may now be viewed as a 'curse' requiring spiritual intervention or as a result of shameful actions that should be concealed (Seiuli, 2013). This stigma fosters a reluctance among some Pasifika people to openly discuss

psychological issues. Tamasese et al. (2013) highlighted that curses can be perceived as intergenerational, leading to disconnection from family and village, and leaving individuals without purpose. The collectivist and interdependent nature of Samoan society can thus exacerbate the stigma around mental health, where seeking help may be seen as betraying family loyalty and threatening the unity of the family (Seiuli, 2013). Research underscores the importance of a holistic approach to mental health care for Samoans, one that deeply respects and integrates the cultural values inherent in Samoan society (Fenner et al., 2017; Seiuli, 2013).

The cultural context in Samoa plays a significant role in shaping the experiences and expressions of mental health among adolescents. Within Samoan culture, there is a hierarchy in which the elders or village leaders are held to the utmost respect to make decisions regarding others. Therefore, adolescents are socialised to uphold principles of service and deference to authority figures, such as chiefs, pastors, and parents. The proverbial expression "*o le ala ile pule ole tautua*" underscores the belief that service is the pathway to power, instilling in adolescents a sense of duty and respect towards those in positions of authority (Fa'aea, 2021). Consequently, challenges to established power dynamics are met with severe and punitive responses, reflecting not only individual confrontations but also broader challenges to the fundamental principles of power distribution within the community.

The rising suicide rates in Samoa notably suggests that there is an impact of stigma on mental health care. Mental health stigma in Samoa often leads to those seeking help being seen as weak or vulnerable, which perpetuates the negative perceptions surrounding mental illness (Seiuli, 2013). This stigma can result in delays in seeking treatment, ultimately worsening mental health outcomes.

1.3 The Digital Media Landscape and Role of Social Media

There is a limited amount of literature that deals specifically with Samoans and their experiences on Facebook, Instagram and TikTok. This gap in academia is a consequence of the remoteness, limited availability, and high financial costs that had previously made it impractical to establish traditional fixed or wireless broadband internet infrastructure (Sao & Andrade, 2013). Therefore, widespread access to the internet in the Pacific region was delayed until the 2000s, also delaying the popularity and access to social media. This changed due to the advent of mobile technology revolutionising access to the Internet in the Pacific region, addressing the longstanding challenges related to demographics, geography, and economics that had hindered earlier internet connectivity efforts (Salesa & Poe, 2017).

Notably, the timing of this technological shift coincided with the increasing migration of Pacific peoples to other regions, underscoring the significance of mobile technology in facilitating connectivity beyond physical borders (Salesa & Po'e, 2017). By 2012, five Pacific Island nations were ranked in Facebook's top twenty growth markets as a percentage of population, with Samoa being placed as the third largest per capita country growth market (Cave, 2012). Samoan people have used digital technology mostly as a method of connection to relatives who have migrated to Western countries, tracing family genealogy as well as sharing stories of their traditions (Samoa Observer, 2012). With the digital age prospering, the Pacific islands have started to become like everywhere else in the world with young people very familiar with technology (UNICEF PACIFIC, 2017).

Since its arrival in Samoa, social media has quickly become a staple among youth. Digital media access has surged across the Pacific, making it a primary source of entertainment and information for young people (McCool, Freeman, & Tanielu, 2014). However, this rapid expansion has also introduced new issues, such as intensifying mental health issues. While social media platforms offer chances for connection and community support, they also enable the spread of harmful stereotypes and unrealistic standards, which negatively impact perceptions of mental health (Mabalot, 2020).

1.4 Aims of the study

It is against this backdrop that I developed the following research questions:

> RQ1: In what way do young Samoans and Mental Health Professionals conceptualise and encounter mental health in the context of the social media age?
>
> RQ2: What challenges and opportunities exist in addressing mental health issues and help-seeking behaviour for this demographic?

To address these questions, the data will be collected through the Talanoa Method with 15 participants. The Talanoa framework has been embraced globally as a model for fostering meaningful dialogue and understanding, not only in cultural and community contexts but also in broader discussions related to sustainability, climate change, and social issues (Vaioleti, 2006). It reflects the Pacific Islander value of communal well-being and interconnectedness (Talanoa & Development Project, 2014). All talanoa were recorded and included a list of prompt questions for each topic. The data collected will be analysed through thematic analysis, a qualitative method of data collection that focuses on identifying and analysing themes (Braun & Clarke, 2006). The interviewees include young Samoans aged 18-25 and mental health professionals who are based in Samoa. Youth participants were chosen based

on lived experience, prioritising those who have lived most of their young lives in Samoa. Mental health professionals included those working in a professional setting dealing with mental health advocacy and/or treatment.

There are personal motivations for selecting this research topic, as at the age of fourteen, I moved with my family from Aotearoa to my ancestral lands of Samoa. Throughout my teenage years within a Samoan cultural context, my father suffered from Bipolar Disorder but received no professional help. Experiencing a familiar yet foreign culture while simultaneously dealing with family trauma, I struggled with emotions I could not name when it came to struggling with my own mental health, and traumatic experiences I could not define. I was constantly reminded of the cultural expectations of a young Samoan girl, in Samoan society, while dealing with the effects of my father's mental illness; it was very much a walk between two worlds. I witnessed stigma affect the way people treated my family. I struggled with my mental illness, which was invalidated, and therefore, battled with the reality of my emotions. It is no wonder I found validation and solace through the internet, mostly via social media. When I first moved to Samoa in 2015, the biggest social media platform was Facebook, with not many of my peers having access to smartphones, and free Wi-Fi was scarce. In the few years that I was there, I saw the use of social media and digital technology skyrocket. My personal use of social media platforms as a coping mechanism had a significant impact on the development of my own identity, my mental health and the lens I used to view the world.

This lived experience of social media as a tool for youth to understand mental health and recognise trauma led me towards a project that examined how other young Samoans were able to deconstruct the stigma of mental health in Samoa. Witnessing such cultural struggles of mental health while living in Samoa, this project aims to contribute to the research available on the intersection of mental health, social media, and Samoan youth.

As a researcher, my unique background as a young person from Samoa, exposed to the local mental health stigma, equips me with the experience and skills necessary to meaningfully contribute to this study. I am the co-founder of Tapasā, a cultural well-being initiative, focusing on empowering Pasifika youth through community and digital campaigns. I was also the Pasifika Affairs Officer at the AUT University Student Association in 2021, advocating for Pacific students' rights and mental wellness. During my time in Samoa, through my participation Brown Girl Woke and the National University of Samoa Foundation Arts student well-being groups, I had the opportunity to witness the work mental health advocates and medical professionals in Samoa do. In summary, my academic achievements, leadership

roles, and advocacy work uniquely qualify me to research youth mental health in Samoa and the role of social media.

1.5 Structure of thesis

This chapter is an overview of the fields of inquiry as well as an explanation of the overarching motivations for this research project. It addresses the cultural context and background of mental health beliefs in Samoa as well as the effects of the rising use of digital media on these perspectives. This chapter acts as the foundation of this thesis providing a backstory for the reader's insight into how these concepts of this study were created.

The following chapter, chapter two, reviews the relevant existing research on the past and current mental health climate. This includes the rising suicide rates in Samoa, particularly how it has only increased over the past few decades. The literature available on the role of mental health stigma on help-seeking behaviour is examined along with the role of social media in youth mental health and well-being. This section includes the current known mental health services available to the public of Samoa and presents the Fonofale model, a framework that lays a foundation of concepts for this study. The gaps in research in this area of study are also addressed.

Chapter three outlines the methodology and the method, particularly the qualitative method that will be used to conduct the study. This study identifies the use of a Samoan worldview throughout every phase of this research and explains the use of the Talanoa Method to gather data. These methods set the tone for the research and the shaping of the talanoa questions. Further into the chapter expands on the selection criteria for participants, the sampling process and the justification for using thematic analysis. The chapter concludes with a detailed step-by-step account of the method used throughout the research process.

Chapter four presented the data collected from participant talanoa. It is divided into five themes that were identified during thematic analysis. These include Samoan Societal Norms Contributing to Stigma, which explores the perceived societal norms that affect the perpetuation of the mental health stigma from the participant's perspectives. Theme two, Elder Generational Perspectives on Mental Health in Samoa, explores the perceived role of the elder generation in the perpetuation of the mental health stigma. The third theme is titled Younger Generational Perspectives on Mental Health in Samoa, which similarly to the previous theme, explores how youth encounter and perceive mental health. Theme four is titled, The Impact of Social Media on Youth Mental Health in Samoa, and dives into the

participant's experiences of the positives and negatives of social media on young Samoan's mental health. Lastly, theme five, Mental Health Services in Samoa and Youth Help-seeking Behaviour investigates the findings of how the accessibility of mental health services plays a crucial role in shaping youth help-seeking behaviour.

Chapter Five completed the discussion section. It discusses key aspects of the findings above and ultimately answers the research questions that address the purpose of the research. The chapter dives into the concept that there is a generational disconnect when it comes to understanding and encountering mental health. The disconnect between the elder and younger generations in Samoa is linked to several factors. These include overlapping social spaces, reliance on spiritual solutions to mental health issues, and the dual role of social media in both raising mental health awareness and perpetuating a culture of fear. The discussion explains the key findings on how the digital age has affected the way youth conceptualise, encounter and seek support with mental health and concludes with the limitations of the study.

The last chapter of the thesis draws together the themes from the talanoa and places them in the context of the research questions. It reiterates the rationale for the research and is structured to answer the purpose of the research. It also concludes and outlines the implications of the findings in the future based on the benefits it can serve for mental health policies, interventions and practice in Samoa.

CHAPTER 2: LITERATURE REVIEW

2.1 Introduction

This chapter presents an overview of relevant existing scholarship and theory to provide a contextual background for the research. It focuses on the background and context of mental health in the context of Samoan culture, the current mental health climate, the stigma surrounding mental health topics on the islands and the Pacific approach toward health with the Fonofale Model. It also expands on the literature available that touch on the rapid popularity of social media platforms in Samoa as well as the mental health services that are based in Samoa. By integrating insights from existing literature primarily based in Australasia and the Pacific, this chapter seeks to explain the multifaceted interplay between social media, youth mental health perceptions, stigma, and the responses of mental health practitioners in Samoa. Understanding the historical context of mental health in Samoa is crucial for comprehending the complexities of contemporary mental health issues within the nation's cultural landscape. Furthermore, the rise of social media platforms has revolutionised communication and information dissemination among Samoan youth, presenting both opportunities and challenges for mental health discourse. This chapter summarises how relevant studies have conceptualised the factors affecting the mental health stigma in Samoa. It also expands on how studies have rationalised how youth have previously encountered social media, and their mental health perceptions, as well as how mental health practitioners navigate and respond to these evolving attitudes in the digital age.

2.2 Background and Cultural Context

As stated previously, mental health within Samoan culture is expressed as "*soifua maloloina o le mafaufau*", which means that "mental health is not simply the absence of mental illness, itis a holistic state of wellbeing" (Hope & Enoka, 2009, p. 10). This view of mental health is grounded in Samoan cultural philosophy, which offers a framework for understanding what it means to be a healthy Samoan individual integrated into society and emphasizes the need for a balanced approach to well-being that includes social, mental, and physical aspects (Hope & Enoka, 2009). Samoan culture is deeply intertwined with this holistic framework which has played a long-standing role in Samoan healthcare that also encompasses mental well-being (Tamasese et al., 2013). Central to Samoan culture are core values that live to serve the community and family, where individuals are deeply entrenched within extended familial networks and communal structures (Anae, 2016). In the rich tapestry of Samoan culture, the principles of *faaaloalo* (respect), *alofa* (love), and *tautua* (service) serve as guiding lights,

shaping the interactions and relationships among individuals and within communities (Malio, 1992).

Fa'aaloalo, deeply ingrained in the societal fabric, stresses reverence towards various figures of authority, from parents and elders to chiefs and religious leaders (Scroope, 2017). This reverence reflects the profound significance of respect in Samoan social dynamics (Suaalii-Sauni et al., 2014). Similarly, alofa, an expression of love, extends beyond familial boundaries to encompass broader social circles, including one's village, district, and country (Mageo, 1998). This universal expression of *alofa* originates from the core of Samoan identity, which has an inherent appreciation for the interconnectedness of humanity and the importance of fostering bonds of love and compassion (Lilomaiava-Doktor, 2004). Central to the ethos of Samoan culture is *tautua* – service (Ward, 1998). The idea is that individuals willingly offer their labour and assistance to others without expectation of personal gain (Scroope, 2017). Rooted in cultural traditions, tautua embodies the spirit of selflessness and communal responsibility that underpins Samoan society (Scroope, 2017).

Amidst these core beliefs lies the unfaltering belief that a Superior Being is woven into the fabric of Samoan spirituality (Va'a, 2009). Indigenous religion in Samoa refers to a creation story to gain perspective on their position in the natural world and shows evidence of incorporating religious beliefs in every aspect of their lives even before the arrival of Christianity (Wildermuth, 2012). While the name of this Superior Being has changed over history with the shift from indigenous religion to the introduction of Christianity (Liuaana, 2023), the foundational beliefs in natural justice and the promise of reward in the afterlife endure, offering solace and guidance to generations of Samoans (Wildermuth, 2012). Additionally, Samoans rely on religion as well as the *talaanamua*, or ancient stories, to explain various features of their cultural life and environment (Goodman, 1971; Lilomaiava-Doktor, 2020; Lichtenberg, 2011). This is best explained in a quote by Goodman (1971):

"Young children are told about Sina and the Tuna, "freshwater eel", to account for the origin of the coconut; about the giant Vaea to explain how Mount Vaea on the outskirts of Apia came into being; and about how, because of the insolence and pride of her people, Manono's river was stolen by an aitu and transported to the neighbouring island of Apolima. The ancient stories appear particularly relevant to villagers and serve either to reinforce attitudes that people already have or, to a small degree, even to cause them" (p. 465).

The ancient stories and myths, such as those recounted by Goodman, intertwine with Samoan spirituality and Christianity, collectively shaping the behavioural norms and values within the

community. These enduring cultural elements not only influence individual behaviour but also play a crucial role in fostering mental well-being and resilience within Samoan communities, providing a framework for navigating life's challenges with grace and fortitude (Lilomaiava-Doktor, 2020). Spirituality plays a profound role in shaping mental health perceptions and practices in Samoa, with indigenous belief systems interwoven with Christian influences brought by missionaries. Traditional rituals, prayers, and spiritual ceremonies are believed to restore harmony and balance within individuals and the community, addressing spiritual illness alongside physical and psychological ailments (Nelson, 2015). The integration of spirituality with mental health underscores the interconnectedness of the material and metaphysical realms, emphasising the importance of addressing spiritual well-being for mental health.

These values allow for close-knit relationships to serve as a cornerstone of support during times of adversity, providing a sense of belonging, identity, and social cohesion (Anae, 2016). A community that holds similar values is important when uplifting individual well-being. This coincides with multiple studies who suggest that limited access to community activities is likely to be detrimental to mental health (O'Connor et al., 2020; Thompson et al., 2017). Within the communal framework of Samoan society, emotional well-being should theoretically be nurtured through collective ceremonies, and gatherings, fostering a sense of unity and solidarity among community members.

2.3 Current Mental Health Climate in Samoa: Rising Suicide rates in Samoa

Against this backdrop of communal support, it is striking to note the global prevalence of suicide as a significant public health concern. For the past 20 years, suicide-specific death among Samoans has consistently exceeded the world average (Sarfo et al., 2023). Adolescents in Samoa have long been identified as a high-risk group for suicidal behaviours, with a suicide rate of 18.13 per 100,000 among those aged 15–19 (Sarfo et al., 2023). Additionally, the 15–24 age group is the second highest contributor to suicidal deaths in Samoa (Fairbairn-Dunlop, 2003). This alarming trend has been observed since the 1970s, with suicide rates escalating across various regions, including the Pacific. Fairbairn-Dunlop (2003) state that by 1981, Samoa had a shocking third-highest suicide rate globally per capita, with nearly one suicide recorded weekly. While the global average of suicidal deaths as of 2019 was 9.49 per 100,000 people, that of Samoa was 12.6 per 100,000 (World Health Organization, 2019). According to the Ministry of Police in Samoa, the number of suicide rates in 2022 has climbed 50% since 2019. According to Police records, the number has risen to 28 for 2022, compared to 19 recorded in 2021 (Samoa Observer, 2022). Data collected by Fa’ataua Le Ola (See Appendix 1) showed that 77 Samoans took their lives between 2019-

2022 and on average 20 lives are lost annually to suicides (Fa'ataua Le Ola (FLO), 2024). Sarfo et al. (2023) suggest that if the current rates of suicidal behaviour persist, Samoa may struggle to ensure healthy lives for school-age teens by 2030, as well as to create opportunities for lifelong learning and provide inclusive, equitable quality education. These statistics underscore the urgency of addressing the mental health challenges of youth within the context of Samoa's rich cultural fabric.

2.4 Mental health beliefs in Samoa – The stigma

As the suicide statistic climbs, the impact of stigma on mental health care is a more pressing concern. Individuals who seek help for mental health may be perceived as weak or vulnerable, showing the stigma many hold surrounding mental illness (Seiuli B. M., 2013). This stigma can lead to delays in seeking treatment and can negatively impact mental health outcomes.

According to Seiuli (2013), the reluctance to accept mental illness as a legitimate health concern remains a challenge for many Samoans and Pasifika groups. The religious mindset of the pre-Christian period in Samoa was primarily focused on various spirits and deities, which were often honoured within families, villages and districts as well as conversed with for advice or prayer (Tuisuga-le-taua, 2009). However, the Postmodern Christian definition recognises aitu as evil spirits (Tuisuga-le-taua, 2009). This has shifted into prevailing beliefs among many Samoans attributing mental illness to the influence of malevolent forces, particularly the devil. It was commonly held that possession took place within individuals which was responsible for their behavioural manifestations (Suaalii-Sauni et al., 2009; Vaka S, 2016).

"*Spirits are reported to physically assault living people without leaving any marks on the body, and disrupt their thoughts which leads to obvious changes in the possessed person's behaviour such as irrational crying, a tense body and sudden shaking. This traditional construction of mental 24 distress is associated with a person deviating from expected norms and values of society or breaking tapu*" (Kaipo, 2021, p. 30).

This notion is still deeply entrenched in Samoa's cultural fabric, largely influenced by the pervasive presence of Christianity. Insights from Dr. Maria Kerslake have underscored a perception was prevalent not only in Samoa but also across the globe, albeit with heightened prominence due to the significant influence of Christian teachings in Samoan society (Nelson, 2015). Mental illness is often perceived as a 'curse' that requires spiritual intervention, or as a consequence of negative or shameful actions that should be concealed (Suaalii-Sauni et al., 2009). This belief fosters a reluctance among some Pasifika people to openly discuss

psychological issues. Tamasese et al. (2013) further explained that such curses are sometimes seen as intergenerational, leading to a sense of disconnection from family and community, and leaving individuals feeling purposeless.

The collectivist and interdependent nature of Samoan society can exacerbate the stigma surrounding mental health. Seeking help for mental illness may be viewed as a breach of family loyalty and a potential threat to the unity of the family (Seiuli, 2013; Fenner et al., 2018). Consequently, Fenner et al. (2018) emphasizes the importance of adopting a holistic approach to mental health care for Samoans, one that aligns with the cultural values deeply ingrained in Samoan society. This study could benefit from a deeper exploration of which specific cultural values should be prioritised and how these values can be practically incorporated into existing mental health frameworks.

The cultural context in Samoa plays a significant role in shaping the experiences and expressions of mental health among adolescents. Within Samoan culture, there is a hierarchy in which the elders or village leaders are held at the upmost respect to make decisions regarding others. Therefore, adolescents are socialised to uphold principles of service and deference to authority figures, such as chiefs, pastors, and parents. The proverbial expression "*o le ala ile pule ole tautua*" (Fa'aea, 2021) underscores the belief that service is the pathway to power, instilling in adolescents a sense of duty and respect towards those in positions of authority. Consequently, challenges to established power dynamics are perceived as a threat to the collective social structure in place (Suaalii-Sauni et al., 2009).

Finally, a lack of understanding and education about mental health within Samoan cultures can lead to discrimination. The stigma associated with mental health issues is also shaped by ongoing marginalization, discrimination, and the enduring effects of colonisation (Subica et al., 2019). Gaffey (2015) highlighted that colonialism had a profound impact on Samoan identity and mental health, causing trauma, violence, and forced labour. The loss of land, language, and cultural practices during this period led to a deep sense of disconnection from ancestors, contributing to persistent mental health issues like depression, anxiety, and PTSD. Tamasese et al. (2013) noted that the long-term impacts of assimilation and colonialism have exacerbated mental health symptoms in Samoan communities. Factors such as racial prejudices, generational trauma, and the erosion of cultural ties have intensified these issues, with ongoing stress from assimilation into European culture. The historical evolution of mental health in Samoa, shaped by both traditional healing practices and colonial experiences, continues to influence current attitudes towards mental health within Samoan families and communities. Colonialism has consequently altered mental health practices in Samoa,

disrupting traditional healing methods and reinforcing stigma around mental health issues (Tamasese et al., 2013). As a result, the marginalization and loss of traditional healing practices have contributed to intergenerational trauma and a sense of disconnection from ancestral roots among many Samoans (Wendt, 2019; Lavea, 2017). Lavea (2017) attributed the arrival of European colonial powers in the 19th century to the disruption of these traditions, as Western medicine and health practices were introduced. As a result, there has been a lack of access to culturally appropriate mental health services, exacerbating ongoing mental health issues by creating a barrier to receive support (Esera, 2001). According to several studies, inaccessible coverage of culturally relevant mental health services and interventions results in low mental health service utilisation (Seiuli, 2013; Amri & Bemak, 2012; Gopalkrishnan, 2018; Pang et al., 2017). These consequences of colonisation have underscored the importance of acknowledging and reclaiming traditional healing practices within the context of modern mental health care in Samoa (Lavea, 2007; Sobhani, 2016; Suaalii-Sauni et al., 2014). The history of mental health is deeply embedded within the history of its colonisation, hindering access to culturally appropriate support services.

Despite the resilience of traditional Samoan values of community, family, and spirituality, the stigma persists in the reluctance to openly discuss mental health and seek professional help within Samoan households. Addressing the stigma surrounding mental health and fostering culturally sensitive approaches to care are essential steps towards promoting mental well-being and resilience among Samoan families and communities (Subica et al., 2021; Mulipola, Holroyd, & Vaka, 2023; Culbertson, Agee, & Makasiale, 2007; McCutchan-Tofaeono, 2021; Murphy & Murphy, 1982).

2.5 Pacific Approach: Fonofale Model

Understanding and addressing mental health stigma in Samoa requires a nuanced understanding of the cultural, social, and historical factors that shape attitudes and perceptions surrounding mental illness. While stigma is a pervasive issue worldwide, its manifestations and underlying drivers vary across different cultural contexts (Ahad, Sanchez-Gonzalez, & Junquera, 2023).

The Fonofale model, developed by Fuimaono Karl Pulotu-Endemann, is a holistic framework deeply rooted in Samoan cultural values and beliefs. It recognises that health and well-being extend beyond the physical realm to encompass spiritual, emotional, mental, and family dimensions (Pulotu-Endemann, 2009). In the context of mental health stigma in Samoa, the Fonofale model provides a comprehensive lens of understanding around holistic health and

through its principles, it can support in addressing the multifaceted factors contributing to stigma.

Figure 1.1 - The Fonofale Model (Pulotu-Endemann F. K., 2009)

The Fonofale Model (Pulotu-Endemann, 2009) uses the metaphor of a traditional Samoan fale (house) as a representation of Samoan values, beliefs, customs, and worldview. In this depiction, every Samoan is seen as being born into a symbolic fale (house) (Hope & Enoka, 2009). The model illustrates that the foundation of the house is family, while the roof signifies cultural values and beliefs. The four posts (pou) that connect the roof to the floor represent the four dimensions of health: spiritual, physical, mental, and contextual factors such as gender, age, and sexuality. Surrounding this structure is a circle that embodies the environment, historical context, and factors such as the country of residence, politics, and socioeconomic conditions (Hope & Enoka, 2009).

The Fonofale model relates to well-being with the four interconnected pou: physical, spiritual, mental and other. Each dimension is considered essential for achieving holistic health and harmony within oneself and the broader community. The physical dimension encompasses aspects such as bodily health, nutrition, and physical activity, highlighting the importance of maintaining physical well-being for overall health. The spiritual dimension includes beliefs, values, and connections to higher powers or spiritual entities, emphasising the significance of spiritual fulfilment and connection to cultural heritage in promoting mental health (Ioane &

Tudor, 2017). The mental dimension refers to the mind's well-being, encompassing thoughts, emotions, and behaviours. The "Other" dimension includes factors like gender, sexuality, age, and socio-economic status that can directly or indirectly affect health (Pulotu-Endemann, 2009). Disturbances or imbalances in these areas, as outlined in the Fonofale model, can significantly impact holistic well-being, potentially leading to mental health challenges. Spirituality influences every facet of both the physical environment and individuals, extending beyond mere religious practices (Pulotu-Endemann, 2009). Spirituality and religion are sometimes conflated, though they may differ in certain respects (Boon-Nanai, Thaggard, & Tautolo, 2021). Atop the fale sits the thatched roof, symbolising the overarching culture that provides shelter and protection for Samoans. Suaalii-Sauni (2009), emphasised that "for the house to stand firm, its core structure must exist and hold together—from the foundation to the posts and roof" (p. 27).

Academic literature on the Fonofale model highlights its cultural relevance and applicability to mental health promotion and intervention in Samoa. Studies have demonstrated the effectiveness of integrating indigenous perspectives and practices into mental health care using the Fonofale model, leading to culturally responsive and holistic approaches to addressing mental health issues. For example, research has shown that incorporating traditional healing practices, such as fa'asamoa (Samoan way of life) and talanoa (open dialogue), into mental health interventions can enhance engagement, retention, and outcomes for Samoan individuals and communities (Vaka, 2016). Additionally, the Fonofale model has been utilised in mental health education and training programs to increase cultural competence among mental health practitioners and enhance their ability to provide culturally appropriate care (Suaalii-Sauni et al., 2009). Subica et al. (2019) underscore the importance of understanding cultural practices and beliefs related to mental health, as well as the necessity for culturally competent mental health services.

Overall, the Fonofale model represents a valuable tool for promoting holistic well-being. It is important to note that this model does not directly address mental health stigma, but its principles could be used to reduce mental health stigma and its effects in Samoa. Its incorporation into mental health discourse and practice underscores the importance of cultural understanding and indigenous knowledge in addressing mental health issues within diverse cultural contexts. By embracing the principles of the Fonofale model, Samoa can work towards fostering culturally responsive and inclusive mental health systems that prioritise the well-being of its citizens.

2.6 The Rise of Social Media in Samoa

Social media has transformed the social and cultural landscape of Samoa. Since its introduction to the island nation, social media has rapidly gained popularity, particularly among the younger generation (UNICEF PACIFIC, 2017). Access to digital media, especially cell phones and the internet, is likely to be a central source of entertainment and information for young people (McCool, Freeman, & Tanielu, 2014). However, the proliferation of social media has brought about new challenges, including the exacerbation of mental health stigma. While social media platforms provide opportunities for connection and community building, they also facilitate the spread of harmful stereotypes and unrealistic standards, contributing to negative perceptions of mental health (Mabalot, 2020). Additionally, the anonymity and detachment afforded by social media may perpetuate cyberbullying and online harassment, further impacting the mental well-being of Samoan youth. The curated nature of social media feeds has been linked to feelings of inadequacy, comparison, and low self-esteem, impacting mental health perception (Abi-Jaoude, Naylor, & Pignatiello, 2020).

Moreover, academic literature has examined the role of social media in perpetuating mental health stigma and discrimination within Samoan society. There is a huge prevalence of cyberbullying, online harassment, and the dissemination of stigmatising content related to mental health on social media platforms within Samoa (Folasa, 2015). Samoan Police spokesperson Su'a Le Mamea Tiumalu (2016) called attention to the fact that many perpetrators of cyberbullying in Samoa are unaware of the law and has linked social media as the instigating factor to many brawls, suicides and offences to defamation and bullying online. Minister of Communication and Information Technology, Honourable Rico Tupa'i stated that there is a need to continue to "raise awareness and engagement around cyber safety with a specific focus on the protection of children. With rapidly growing connectivity, we have a responsibility to ensure that our children understand the role of the internet and social media and respect one another as good digital citizens." (UNICEF PACIFIC, 2017). Further research is needed to explore effective strategies for promoting positive mental health and well-being in the digital age while mitigating the potential risks and challenges associated with social media use among Samoan youth.

2.7 Mental Health Services Available in Samoa and Help-Seeking Behaviour

Mental Health Care Services are part of the National Health Services for Samoa. Their function is to provide mental health care services to the population of Samoa. In June 2006, a National Mental Health Policy was formally adopted after engaging with key stakeholders and the public for consultation (Enoka et al., 2013). It envisions "a multi-sectoral approach which provides

quality care that is accessible to all people" (Government of Samoa, 2006). In 2023, Samoa's Ministry of Health officially established the National Mental Health Committee to tackle the increasing mental health challenges in the country (Fotheringham, 2023). Nevertheless, similar to other Pacific nations, mental health remains a low priority. The budget for mental health services is minimal, insufficient to fully support mental health care operations (Enoka et al., 2013). Despite recent efforts to enhance mental health services, considerable issues with accessibility and affordability persist.

There is a list of a growing presence of mental health services available in Samoa, which is evidence that efforts have been made to address the mental health needs of the population. However, despite the presence of these services, stigma and traditional beliefs about mental illness continue to pose significant barriers to help-seeking behaviour. While available organisations (See Appendix 1) offer vital support, the stigma surrounding mental health may deter individuals from accessing these resources. Consequently, many Samoans may turn to informal support networks, such as family, friends, and religious leaders, for emotional and spiritual guidance (Suaalii-Sauni et al., 2009).

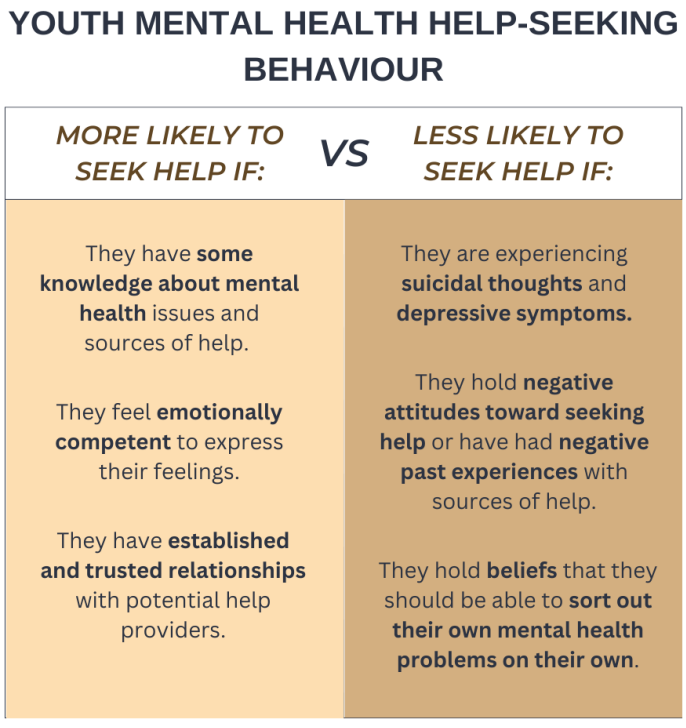

Figure 2.1 Youth Mental Health Help-Seeking Behaviour. Adapted from (Rickwood, Deane, & Wilson, 2007, p. 35)

As shown in Figure 2.1, youth are more likely to seek help for mental health issues when they have a basic understanding of mental health, emotional competence, and trusted relationships (Rickwood, Deane, & Wilson, 2007). Conversely, they are less likely to seek help if their mental health concerns have worsened, they have had negative experiences seeking help—such as facing stigma or shame—or they believe they can handle their problems better on their own (Rickwood, Deane, & Wilson, 2007). This figure was adapted from text to visually highlight the stark differences in factors that influence whether youth seek help.

Bridging the gap between available services and community perceptions of mental health is crucial to ensuring that all individuals feel empowered to seek the help they need. In response to these challenges, Tanielu (2015), suggests the importance of enhancing the availability and cultural appropriateness of mental health services in Samoa. Ensuring services are culturally competent is key to creating trust (Aggarwal, Cedeño, & Guarnaccia, 2016). Collaborations between mental health practitioners and traditional healers can facilitate culturally sensitive approaches to mental health care, integrating indigenous healing practices with biomedical interventions (Hope & Enoka, 2009). Additionally, community-based interventions, such as mental health awareness campaigns and peer support groups, have shown promise in reducing stigma and promoting help-seeking behaviour among Samoan youth and adults. Lee (2015) provides evidence that strong peer relationships and support networks are crucial for creating trust to support preventing mental health conditions. Therefore, offering training to empower youth and community health workers to deliver basic mental health services and awareness can help bridge the gap in access to care and promote early intervention for mental health conditions (Brown Girl Woke, 2024).

Overall, addressing the complex challenges of mental health service provision and help-seeking behaviour in Samoa requires a multifaceted approach that considers traditional and cultural perspectives. Samoa can reduce mental health stigma and improve access to quality services by investing in community-based interventions, enhancing cultural competence among practitioners, and fostering collaboration between traditional and biomedical care systems.

2.8 Conclusion

In conclusion, this literature review has synthesised existing scholarship and theories to establish a foundation for understanding the interplay between traditional Samoan cultural norms, mental health, and social media's impact on youth perceptions. By examining the historical and contemporary mental health climate in Samoa, the chapter highlights the persistent stigma associated with mental health discussions and the cultural dynamics that

influence these attitudes. The inclusion of the Fonofale Model emphasises the Pacific approach to health, which is integral to understanding the holistic view of well-being in Samoan society. Additionally, the review underscores the rapid integration of social media into Samoan life and its dual role in shaping mental health discourse among youth—offering both potential benefits and new challenges. The insights gained from literature based in Australasia and the Pacific provide a nuanced perspective on how mental health practitioners in Samoa are adapting to these changes, aiming to mitigate stigma and improve mental health outcomes. Overall, this chapter provides a comprehensive contextual background that is essential for the subsequent exploration of mental health issues in Samoa, particularly about the evolving digital landscape. This research explores young Samoans' and mental health professionals' insights into mental health in the digital age, as well as the challenges and opportunities in addressing stigma and help-seeking behaviours among youth. Therefore, this literature review sets the stage for a deeper investigation into the multifaceted factors influencing mental health among Samoan youth.

CHAPTER 3: METHOD AND METHODOLOGY

3.1 Introduction

This study aims to investigate the insights and impact of the digital age on how young Samoans conceptualise and deal with mental health. It aims to answer these two research questions: “In what ways do young Samoans and mental health professionals conceptualise and encounter mental health within the context of the digital age and rise of social media?” and “What challenges and opportunities exist in addressing mental health issues and help-seeking behaviour for this demographic?” To address these research questions, a qualitative approach was adopted with a Samoan worldview lens. This chapter presents the methodological design of the study. It explains how the data was obtained through a mixture of the Talanoa method and semi-structured interviews and following primary data collection, how thematic analysis was used to analyse participants’ discussions. This section will also offer explanations of the sampling, data scope and participant selection for the interviews.

3.2 Qualitative Research

All research methods are founded on philosophical beliefs regarding the acquisition and interpretation of data. According to Knox & Burkard (2009) those beliefs drive researchers' interview approach to participants. In search of addressing these research questions, a qualitative approach was adopted. Qualitative research involves gathering and analysing non-numerical data, such as people's words and narratives, to gain a deep understanding of concepts, opinions, or experiences through detailed descriptions and interpretations (Ryan et al., 2007). This means that the research will rely on participant’s words, experiences and understanding of the world around them as primary data rather than statistical analysis and data (Scholl, 2015). Crossman (2020) states qualitative research enables researchers to explore the significance individuals assign to their behaviours, actions, and interactions with others. It enables participants to share their experiences and interpretations (Gill et al., 2008) while also allowing researchers to collaborate with them in using interviews to explore the meaning of their experiences (Knox & Burkard, 2009).

One of the benefits of qualitative research is that it allows for individuals’ subjective experiences to be recognised. Scholl (2015) characterises qualitative research as:

> its openness towards the research object in order to reconstruct its attributes authentically and to gain a deeper insight into these attributes […] the research process includes an interactive and close relationship between the researcher and the

> researched persons or material rather than an objective, detached, or neutral relationship (p. 510).

Qualitative methods, such as research interviews, are employed to gain a thorough understanding of social phenomena from the participants' viewpoints (Sefo, 2022). These methods enable participants to convey their personal experiences and provide their interpretations of various topics (Gili et al., 2008). By focusing qualitatively, researchers can obtain richer insights into participants' experiences and explore behaviours that are not easily observable (Yang, 2011).

In the context of this study, qualitative methods are highly ideal as the purpose of my research is to learn how young people in Samoa navigate and encounter mental health through this new digital age. There was an opportunity to use a quantitative approach for this research by using the statistics of youth suicides in Samoa provided by the authorities in Samoa however it would have provided a narrow lens and not the in-depth analysis this research needs. A primary qualitative method was selected because it enables researchers to act as the instrument for exploring respondents' perspectives, offering flexibility and allowing for reflection (McCracken, 1988). This methodology allows the attempt to discover and interpret the youth of Samoa's perception of reality and mental health in the digital age and the complexities that arise with it.

3.3 Samoan Worldview

The role of worldview in qualitative research is substantial, shaping researchers' perceptions, interpretations of data, and their grasp of the social and cultural contexts of participants. A worldview encompasses the set of attitudes, values, narratives, and expectations that shape how we perceive and interact with the world. It manifests through our ethics, religious beliefs, philosophical views, and scientific understanding, essentially reflecting how a culture influences individual behaviour (Sire, 2014). Varied worldviews offer unique perspectives, guiding researchers in their study methodologies and resulting in a range of interpretations and insights into research phenomena. A Samoan worldview is explained best in this quote by Tui Atua Tamasese Efi (2009):

> "I am not an individual; I am an integral part of the cosmos. I share divinity with my ancestors, the land, the seas and the skies. I am not an individual, because I share my tofi (an inheritance) with my family, my village and my nation. I belong to my family and

my family belongs to me. I belong to my village and my village belongs to me. I belong to my nation and my nation belongs to me. This is the essence of my belonging”

Efi (2009) emphasizes the collective worldview held by Samoans, which sees each individual as possessing unique gifts and talents, given by God and nurtured within their family and community. This perspective underscores the role of spirituality, viewing each person as having a divine purpose that contributes to and enhances the community (Agnew et al., 2004). Central to this worldview is the concept of vā, a relational space encompassing physical, mental, spiritual, genealogical, and historical dimensions (Mo'a, 2015). The vā represents how Samoans perceive and define their social, spiritual, cultural, economic, and religious systems (Mo'a, 2015), and it is believed to connect people, all living things, the cosmos, and the divine (Samu & Suali'i-Suani, 2009).

By adopting a Samoan lens in qualitative research, I can gather data from participants about their experiences and understand the underlying cultural dynamics in their answers and discussion points thus enriching the exploration of the themes the participants bring up. By embracing the Samoan worldviews, researchers can deepen their understanding of the human experience and contribute to more inclusive and nuanced research outcomes.

3.4 Talanoa Method

The most common format of data collection in qualitative research is interviews (Oakley, 1998). There are three types of interviews used mostly in qualitative research - semi structured, lightly structured, or in-depth interviews. There was scope to utilise a semi-structured interview method. Hitchcock and Hughs (1989) explain that this method facilitates depth by enabling the interviewer to probe further and elaborate on participants' responses. It was decided that if this study were to have participants who have lived experience of Samoan society, the most culturally appropriate method of data collection that also mimicked the feel of a qualitative semi-structured interview would be the Talanoa Method guided with pre-written questions.

“Talanoa” is described by Churchward (1959) as an informal dialogue method involving storytelling and sharing. experiences. “The word is made up of two components: tala-, meaning ‘to inform, tell, relate,’ and -noa, meaning ‘of any kind, ordinary, nothing in particular’. So, literally, talanoa is ‘talking about nothing in particular, and interacting without a rigid framework’” (Vaioleti, 2006, p. 23).

The Talanoa methodology, credited by two Tongan scholars Sitiveni Halapua and Timote Vaioleti, is a pan-Pacific Islander approach (Gremillion, Hallie, & Tominiko, 2021) to dialogue that involves informal and inclusive conversations and is used extensively instead of dominant Eurocentric methodologies and methods when Pacific people are involved in research (Gordon, Sauni, & Tuagalu, 2013). In Tongan, *talanoa* refers to a 'discussion, conversation, or dialogue between individuals or groups' (Prescott, 2008, p. 128). However, *talanoa* is not exclusively Tongan; it is a shared term in Fijian, Samoan, and Tongan languages and is a widely valued method of communication throughout the Pacific (Tunufa'i, 2016). While each island nation adapts *talanoa* to its unique contexts, it reflects a shared cultural tradition across Pacific Island nations. This practice embodies Indigenous Pasifika values, connecting beliefs in spirituality, ancestral bonds, and connections to land and family, which form the foundation of a Pasifika worldview (Suaalii-Sauni & Fulu-Aiolupotea, 2014, p. 341)

Vaioleti (2011) highlights that although *talanoa* may appear informal, flexible, and open at first glance, it is actually governed by tapu, cultural norms, and a sense of accountability when used in formal communication settings. The method emphasises storytelling, inclusivity, respect for diverse perspectives, empathy, and collaborative decision-making (Churchward, 1959). The values of *talanoa* (shown in Fig 3.1) allow for an approach where people openly share their stories, experiences and thoughts conversationally in a Pacific context, creating Pacific knowledge and realities (Churchward, 1959).

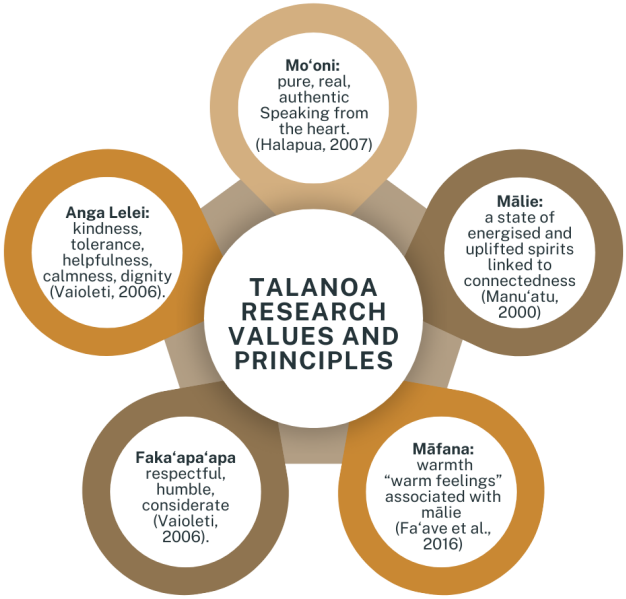

Figure 3.1 - Talanoa Values and Principles. Adapted from (Gremillion, Hallie, & Tominiko, 2021, p.44).

The key to *talanoa* as a methodology is understanding the interrelationship between people, time and place (Churchward, 1959). Halapua (2003) suggests that the concept of space within talanoa is linked to the concept of *vā*. Maintaining the *vā* (the relational space or connection) within relationships sets the expectations for how participants should behave during a *talanoa* (Mila-Shaaf, 2006). “Respect for elders, family members, society and tradition encourages participants to consider the wider context of their existence and not just their individual point of view*”* (Prescott, 2008, p. 135). The role of *vā* in *talanoa* research is to ensure Pasifika world views infusing *Talanoa* processes and protocols. Understanding how this method links to a Samoan worldview, will allow this research to build relationships and reach a consensus through open and relaxed discussions.

It is important to note that Fig 3.1 is depicted as an interconnected image to emphasise that these values must be used simultaneously (Halapua, 2007). As Vaioleti (2006) explains, the *Talanoa* method emphasises inclusivity, respect for diverse perspectives, empathy, collective decision-making, relationship-building, and a holistic approach. This framework has globally recognized for facilitating meaningful dialogue in various contexts, aligning with Pacific Islander values (Talanoa & Development Project, 2014). Although *talanoa* originates as a Tongan term, many of the values underpinning *talanoa*—such as respect, authenticity and relational connection—are deeply similar in both Samoan and Tongan cultures (Taufe’ulungaki, 2008). While the language and expressions have evolved uniquely in each culture, these shared values allowed me to use *talanoa* as a culturally relevant approach in my research with Samoan participants. By emphasizing values familiar to Samoan concepts), I created an environment where participants felt comfortable sharing their experiences. This approach demonstrates that while *talanoa* may have Tongan linguistic roots, it has proven to be a flexible cultural tool that Pacific communities can utilize with familiarity (Vakalahi, 2012).

There are limitations to this method of research such as difficulty for researchers who may not hold a Pacific-based worldview and may struggle to empathise with participants. Talanoa is an oratorical art form where the majority of communication is non-verbal. This makes it crucial for researchers to keenly observe, listen, and grasp participants' lived experiences. However, researchers may struggle to fully empathize with participants if their own perspectives and knowledge systems differ (Farrelly & Nabobo, 2014). As a researcher, my lived experience of growing up in Samoa during the rapid rise of the digital age as well as my experience with the mental health stigma allowed me to overcome these limitations.

Talanoa is an unstructured format of qualitative data collection, with no rigid framework (Vaioleti, 2006), however, to note, I used a mix of this method and a semi-structured interview style in order to have pre-written questions to guide each Talanoa for the purpose of this research. This list of open-ended questions (See Appendix 2) was framed in a suitable format for this method which was used to guide the data-gathering process providing a framework to examine the situation and experiences of young people and Mental Health practitioners in Samoa.

During the talanoa, I aimed to use the values of talanoa to ensure trust and rapport are gained. A warm greeting, an introduction of who I am and the lived experience I hold as well as and light-hearted conversation about their everyday lives or current interests. Before the talanoa began, I reminded participants that while the questions might not explicitly ask about personal situations, they could move on to the next topic or take a break if the discussion became too heavy. Participants were reminded that they are in a confidential space and their real names will be pseudonymised so they can talk about themselves or other people in their lives experiences without fear of judgement due to stigma.

The talanoa are carried out both in person in a public space or office of the participant's choosing or online over Zoom. Zoom was a digital tool used to conduct interviews with participants living in Samoa and in-person interviews were conducted with those who were visiting Auckland or based in Auckland for university or work. As a note, I was able to fly to Samoa to make formal face-to-face introductions which then lead to the online or in-person Talanoa further into the research. This way, a rapport was able to be established. I was not able to make the trip back to Samoa a second time for the rest of the Talanoa due to financial restraints. Each talanoa session was audio recorded on an iPhone, with participants' consent, for transcription purposes. The recordings were transcribed using Otter.ai software, followed by a manual review to ensure accuracy in context, especially for Samoan words, which were checked and adjusted as needed to maintain correct meaning and cultural nuance. They were all then analysed using thematic analysis.

3.5 Participants

The participants for this study are selected to provide a comprehensive understanding of how social media and WiFi-connected technology have influenced the perception and discussion of mental health among young Samoans. The two primary groups of participants are:

1. Young Samoans (aged 18-25): This group represents the primary focus of the study. Participants will be individuals who have regular access to Wi-Fi and social media,

providing insight into their personal experiences with mental health in the context of the digital age. The insight from these participants will also include experiences from their peers, families and others.

2. Mental Health Practitioners: These participants include professionals based in Samoa or those who have actively practised within the mental health realm in Samoa. They will provide a professional perspective on the changing landscape of mental health awareness and services influenced by digital technology.

In the initial research development phase of this post-graduate level research, there was an additional group of participants identified to provide perspectives. This third group would have included parents of the youth who had self-declared their use of social media to access mental health support, however due to time and scope available for this project, gathering data from this group was set aside and will be potentially conducted in future research projects.

3.6 Sampling

A purposive sampling method will be employed to ensure the inclusion of diverse and relevant perspectives from each participant group. The goal is to gather rich, detailed data from individuals who are most knowledgeable and experienced with the phenomena being studied.

- Sample Size: The study aims to recruit 5-8 participants from each group, totalling 10-16 participants. This range is chosen to reach theoretical saturation, where additional data no longer provide new insights into the emerging themes.
- Recruitment: Participants will be recruited through various channels including community leaders, social media platforms (Instagram, WhatsApp, Facebook, LinkedIn), and personal networks.
- Criteria:
    - Young Samoans: Aged 18-25, residing in Samoa, and having regular access to Wi-Fi and social media.
    - Mental Health Practitioners: Professionals who are currently practising or have practised in Samoa with relevant experience in mental health as well as professionals who work with youth and advocate and support with mental health symptoms.
    - Exclude those who agree to participate but do not send consent forms.
    - Exclusion of family members and friends: Participants cannot be family members or friends of the researcher or individuals closely associated with the research team to maintain objectivity and prevent bias.

3.7 Thematic Analysis

Thematic analysis was used to analyse the qualitative data collected through one-on-one interviews. This method has been chosen for its flexibility and ability to identify patterns within the data, making it well-suited for a nuanced exploration of complex social phenomena.

1. Rich Data Exploration: Thematic analysis will facilitate a deep exploration of participants' experiences, attitudes, and perceptions regarding the impact of technology and social media on mental health. It will allow for the identification of subtle nuances in the data.
2. Cultural Sensitivity: The analysis will integrate the Fonofale model, considering aspects such as spiritual beliefs, mental processes, family and social relationships, cultural identity, and physical health. This approach ensures that the analysis is culturally sensitive and contextually relevant.
3. Holistic Understanding: By employing the Talanoa framework, the analysis will foster open and inclusive dialogue with participants. This method encourages active participation and respects diverse perspectives, aiming to create a supportive environment for sharing personal stories.
4. Flexibility: Thematic analysis offers the flexibility to adapt to the evolving nature of the data and participants' narratives, allowing the researcher to refine themes as the analysis progresses.

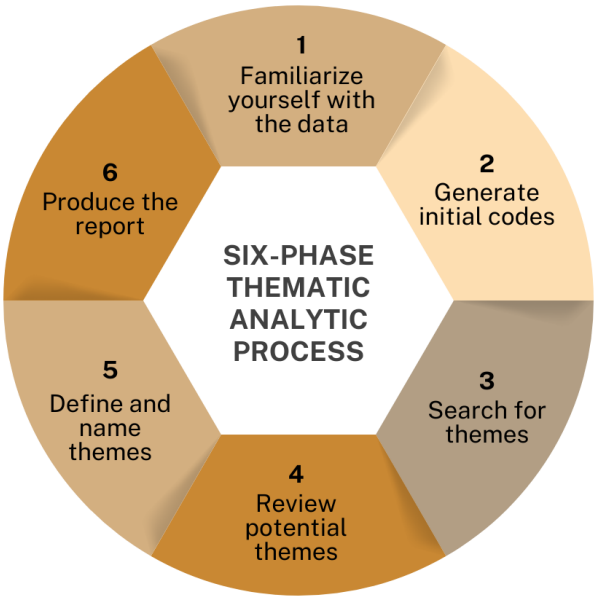

Figure 3.2 - Thematic Analytic Process. Adapted from Braun & Clarke (2006, p.15)

Intending to investigate the participants' experiences in an explanatory way without a bias influencing the themes, the six phases of thematic analysis as shown in Fig 3.2 were used to inform each stage of theming. Braun and Clarke (2006) emphasized that this process involves researchers meticulously documenting a wide range of notes and memos, annotating transcripts, underlining, highlighting, and organizing or reorganizing documents. The initial reading of the interview transcripts to gain an overall understanding of the content. Systematic coding was then used to pick out interesting features across the entire dataset, identifying relevant data segments to the research questions. Once this phase was complete, the collating codes into potential themes occurred to plan out what the main themes of the research would be. The next step was to start refining themes to ensure they accurately represent the data, checking for coherence and distinctiveness. Once completed, Phase 5 followed to clearly define each theme and thus determine the aspects of the data each theme captures. Concluding the process, there was the integration of the analysis into a coherent narrative, supported by data extracts that illustrate the themes of mental health for youth in the digital age. It is important to highlight that Figure 3.2 was modified to represent the process as a loop, as thematic analysis requires continuous iteration between the entire data set, the coded data extracts under review, and the evolving analysis of the data (Braun & Clarke, 2006).

3.8 Method:

The intention of this research was developed through my interest in how the nuances of the digital age in Samoa has influenced the well-being and mental health mindsets of youth in Samoa. With suicide rates rising in Samoa and limited research on this topic, my personal experience as a member of the youth group and my familiarity with the stigma surrounding mental health have driven my interest in contributing to the literature on this subject. Through my observations and personal experiences, it was apparent there is a strong positive and strong negative impact of social media in Samoa on mental health. In the initial stages, I submitted my research proposal with the research topic: Exploring the Impact of Western Mental Health Practices on Mental Wellness Experiences in Samoans and their Communities Today: A Cross-Cultural Analysis. This was due to witnessing and experiencing counselling and mental health services that observed and used Western methods that conflicted with my Samoan worldview. I had initially set up a meeting with three mental health professionals to recruit participants for this research project. Coming out of these encounters, it was clear that there was a shifting mindset from the youth in Samoa about what mental health means and how they encounter it. Therefore, I changed my research topic and focused on youth conceptualising mental health in the digital age and what opportunities were available to lessen the stigma in Samoa. Given that I would be using participants as part of this project, the next stages involved applying for ethics approval. The ethics application was submitted in February 2024. There were amendments sent back to me from the ethics committee regarding lived experience for participants could be measured, provision of what will happen if an illegal activity is disclosed, as well as assurance that participants would not share other people's contact details with myself as the researcher. Once these amendments were complete, the ethics application was approved in April 2024. 15 participants had then agreed to take part in the research, with each participant signed a letter of consent. I set up meetings with each of them in Samoa, online and based in Auckland. Each meeting was recorded with my iPhone and backed up on my AUT drive. I transcribed each interview and, upon analysing the transcripts, identified patterns and themes. I then assigned codes and performed a thematic analysis for each transcript. Following this, I created a summary of the findings and shared it with the participants. This process allowed me to compile the data and write the data chapter of the thesis, integrating all the findings into a cohesive narrative.

CHAPTER 4: FINDINGS

In this chapter, thematic analysis is used to examine findings from all talanoa with participants. I identified five themes: Samoan societal norms contributing to stigma, older generational mindset on mental health, youth mindset on mental health, the implications of social media on these mindsets, and the impact these have towards mental health services available in Samoa. When necessary, there is reference to scholarship to support the interpretation of these themes.

4.1 Theme 1: Samoan Societal Norms Contributing to Stigma

This theme reflects participants' views on the reasons behind Samoa's widespread mental health stigma. Participants observed that the hierarchical culture, gossip norms, and face-saving practices, along with the absence of safe spaces for discussing 'taboo' topics, significantly contribute to Samoa's high suicide rate.

The hierarchical nature of Samoan society means that norms and values are disseminated from the top down. Elders and *matai* play a crucial role in educating the younger generation about cultural practices and expectations (Shore, 1982). This top-down approach to the transmission of norms helps maintain social stability and continuity. However, it can also create challenges when traditional norms conflict with modern influences, particularly for youth who may be exposed to different values through education and social media.

Participant A shared their thoughts on how the hierarchical nature of Samoan culture and mental health intersect:

> *There's a hierarchy that has always been here in our culture and it really affects young people speaking up about their mental health. Parents and adults talk here. Kids don't sit here; kids don't talk back. That saying "A child must be seen but not heard" really resonates. They [parents] don't even listen to us.*

In addition to the core cultural values and societal structure, the concept of face, "an image of the self, delineated by approved social attributes" (Goffman, 2005, p. 5), plays a significant role in shaping social behaviour and norms in Samoa. In many collectivist cultures, an individual's respect and social standing are derived from their position within their social network (Ho, 1976). When someone acts in a way that disrupts their status within the group, they are often reprimanded, as such behaviour is viewed as a breach of the established

societal harmony or hierarchy (Lee, Leung, & Kim, 2014). In collectivist cultures, mental health disorders can have repercussions beyond the individual, impacting the public perception of the entire family (Abdullah & Brown, 2011). Samoa has a face-saving culture embedded within its society. Maintaining a good reputation, or *igoa lelei*, is of paramount importance, and the fear of damaging one's reputation can lead to the suppression of discussions around certain taboo topics. The fear of reputational damage often prevents open discussions about critical issues that significantly impact mental health. Topics such as sexual abuse, the experiences of the LGBTQIA**+** community, and suicide are frequently avoided. This avoidance stems from the concern that discussing these issues will bring shame and dishonour to individuals and their families. Consequently, these taboo subjects remain hidden, contributing to the stigma and isolation experienced by those affected.

Participant B illustrates this concern:

> *Reputation is a big thing in the Samoan culture. Like, if you do something bad. You're gonna dishonour your parents and you're gonna dishonour all the work that they've done. So you're scared to you know open up, you got to keep up a front.*

This fear of ruining the family reputation extends to so many of those young and old in Samoan society as Participant C states:

> *"I remember feeling so angry at my parents for only caring what others thought about our family rather than truly caring about what I was feeling. I remember never wanting to open up again and it's taken me a long time to overcome that"*

These statements underscore the heavy burden placed on individuals to maintain face. The fear of dishonouring one's family and diminishing their collective reputation creates a significant barrier to open communication about personal struggles, including mental health issues. In this cultural context, the perceived shame of revealing vulnerabilities and consequently dishonouring one's collective reputation can lead to a reluctance to seek help, thus deepening the shame and stigma of mental health issues.

The effect face-saving culture has on help-seeking behaviour is concerning especially as the topics that are the least talked about are the ones that seem to be most impactful on the rising suicide rate in Samoa. Sexual abuse is a deeply traumatic experience that can have severe and lasting effects on mental health. Chivers-Wilson (2006) explains that sexual abuse victims often suffer from depression, anxiety, post-traumatic stress disorder (PTSD), and other mental health issues. In 2018, Samoa was revealed to have one of the highest rates of family and sexual violence in the world (Roy, 2019). That cultural emphasis on reputation often leads to

the suppression of discussions about sexual abuse. Victims may feel ashamed and fear that disclosing their abuse will bring dishonour to their families, leading to further isolation and mental distress. Perpetrators of sexual abuse are often family members or people close to victims (Annisa, 2020), and due to reputation and loyalty to the aiga, many of them will not be cast out or turned in. In a Guardian news article (Roy, 2019), written for coverage on sexual and domestic violence issues in Samoa, Tulifau (2019), stated:

> We are a selfless community, we don't see ourselves as individuals, that's why we're silent. When any of us get molested or raped, we consider our family, and the family of the perpetrator, and how the whole village will be impacted.

Participant D, a high school teacher, also stated:

> *I knew a girl who would come to school and act out in class and run off to the bathrooms. I would always tell her off for her behaviour and wonder why she acted out. She eventually revealed to me her father was raping her and her mother protecting the father thus she was feeling suicidal. We [teachers] took control and helped her get out of the house and take the Dad to court.*

The stigma surrounding sexual abuse and the lack of confidential spaces for victims to seek help can exacerbate feelings of hopelessness and despair. Without adequate support and the ability to speak openly about their experiences, victims of sexual abuse in Samoa may see suicide as the only escape from their pain and suffering. The fear of gossip and judgment within the community further compounds their sense of isolation and helplessness. This finding is supported by multiple studies which have explored the consequences behind sexual abuse and survivors suicidal tendencies and ideation (Briere & Runtz, 1986; Tsur, Najjar, & Katz, 2022; Sigurdardottir & Halldorsdottir, 2013; Kremer, Orbach, & Rosenbloom, 2017; Rubinstein, 1992).

There is also the issue of individuals who identify as LGBTQIA+ facing significant challenges due to Samoan societal norms and attitudes. Samoa has a culture of *fa'afafine* (Gender fluid peoples, roughly translated as 'in a manner of a woman') people being a part of everyday society and life in the islands as the norm (MCullin, 2018). However, while being a common part of mainstream society, fa'afafine often must live on the margins of their societies and are expected to have secret romantic lives or hidden intimate relationships (Good, 2014). A study conducted by Anderst et al., (2021) theorise that the causes of fa'afafine discrimination include the rise of Christian fundamentalism in Samoa (Mendos, 2019) and the belief that fa'afafine

are linked to 'immoral' sexual practices, which are seen as a threat to fa'asamoa, local culture, and traditional kinship and family structures (Schoeffel, 2014; Schmidt, 2003).

Participant I shared their experience of their fa'afafine friend:

> *My best friend once told me he contemplated suicide. He came out to his family and his dad beat him so bad he needed to go to the hospital. This was a shock to him because he never changed the way he acted as a fa'afafine but I guess his Dad didn't want to hear the words come out of his mouth.*

Participant F also retold a memory of LGBTQIA+ treatment within a high school setting:

> *I knew two girls in high school who were in a relationship but because it was church school, like all those in Samoa, they got suspended and told to be sent to a program, which we didn't know but was a lot like a conversion program.*

The pressure to conform to societal expectations and hide one's identity can result in significant emotional and psychological distress (Pease, 2024). The lack of acceptance and support for fa'afafine and LGBTQIA+ individuals can drive them to feel isolated and hopeless (Good, 2014). The fear of being outed and facing negative repercussions, such as violence and discrimination, can make it difficult for them to seek help. In Samoa, this is exacerbated by the fact that the very institutions meant to counsel them often do not accept them (Anderst et al., 2021). This isolation and the overwhelming stress of living in an unaccepting environment can increase the risk of suicidal ideation and behaviour among fa'afafine and LGBTQIA+ individuals in Samoa.

Suicide itself is a major taboo topic in Samoa. The stigma associated with suicide can prevent open discussions about mental health struggles and the factors that lead individuals to consider taking their own lives. This is attributed to the fact that many in Samoan society who are accustomed to traditional Christian views often have the opinion that suicide as a sin (Murphy & Murphy, 1982). This belief about suicide further isolates those who are suffering, making it harder for them to seek help and support. It is worth noting that 80% of the participants in this study knew someone personally who had committed suicide and raised this in their talanoa.

Participant B stated:

> *Like a lot of Samoan's they think it's a sin. Yeah. Like it's a sin to commit suicide and that but people don't realise like, you know, imagine coming to a point with you only think that's the only answer for you.*

This religious judgement packaged with the cultural pressures to uphold the collective reputation of the *aiga* (family) and village can be overwhelming for individuals experiencing mental health issues. Tiatia (2012) found that youth resentment towards *fa'asamoa* (the Samoan way) strained family relationships and traditions, leading to significant pressure from parents. This pressure, combined with poor emotional regulation, drove some youths to suicide out of anger and impulsive decisions. The study highlighted a 'Romeo and Juliet' scenario where Pacific youth, feeling unloved and unheard at home, sought affection in romantic relationships. When these relationships ended, they faced shame and isolation because they had relied on their partner for support instead of finding it within their family unit (Tiatia, 2012). The combination of these pressures and the inability to discuss suicidal thoughts openly can increase the risk of suicide (McCarthy, 2023).

The overlap of social spaces in Samoa exacerbates the issue. Participant E describes this interconnectedness and its impact on finding safe spaces for open discussion:

> *You know, in Sydney, I felt that the local spaces for you to go to are separate. You have your sports club and you have your church, even your church and your school are often separate. And my church and my schoolwork are completely different things. Whereas here in Samoa, a lot of things are intertwined. School isn't necessarily the safe space away from parents and parents, are often central to the church, and it's a lot more it's a lot more difficult to find a safe space to open up knowing the things you say may be spread around.*

Participant D also extends on this topic by stating:

> *My faifeau (church minister) often tells us to come to him to tell him our problems so he can help but the problem is? That's my friend's Dad. I know that even if I need help, all my problems will be talked about to the people I know anyway and that's something I want to avoid.*

Given the influence of hierarchical authority, Polynesians typically address their issues first with family members, then with tribal or community elders, and finally with church ministers, many of whom lack specialized training in mental health (Finnegan & Orbell, 1995). The close-collective nature of Samoan society means that different aspects of life—such as school, church, and home—are viewed as 'entwined' (Cowley-Malcolm, 2005), which can lead to a lack of privacy and confidentiality. Due to the fear that personal disclosures may be shared within the community and shame will be upon them and their family, participants admit that they avoid speaking freely about their mental health concerns. This finding aligns closely with the way studies frame help-seeking behaviour for Pacific Islanders: "Shame may affect

people's abilities to access Pacific Island social services; it may also restrain them from using other community social services which are available to them further discourages open dialogue, reinforcing the stigma associated with mental health issues" (Asi-Pakieto, 2009).

In Samoa, the practice of gossip is a widespread norm that significantly impacts individuals' willingness to share personal and sensitive information. Mageo (1988) states that gossip is a form of moral discourse Samoan individuals engage in aimed at suppressing improver behaviour in others. However, the verb gossip is translated to *faitala* which literally means 'to make stories' as well as *lotoleaga* meaning envy (Mageo, 1998), and explains that gossip may be fuelled by personal envy and animosity can sometimes be presented as moral discourse. This study concurs with the attitudes participants held when asked about vulnerability toward specific support people. This is highlighted by Participant A:

> *You feel uncomfortable opening up to your pastor you know? They tell us to open up to them but when we do, it is not confidential. The information ends up with your parents, with your friends at school, with your aunty overseas. There is a culture of gossip that is the norm here in Samoa and it feels like there is no confidentiality so why even bother.*

This omnipresent issue of gossip in Samoa, as expressed by more than 70% of participants in this study, and consequently, there is a breakdown of trust in potential support systems. The expectation of confidentiality is often unmet, leading to widespread dissemination of personal information. This cultural norm creates a significant barrier to seeking help, particularly for mental health issues, as individuals fear that their struggles will become public knowledge and therefore will have to experience shame (Corrigan & Watson, 2002). This gossip culture seems to prevent many from reaching out to trusted figures, such as *faifeau* (church minister*)*, who are seen as sources of guidance and support and are usually the only easily accessed source of counsel for people on the islands (Nelson, 2015). When individuals show vulnerability to these figures and their information is not kept confidential, it not only damages trust but also deters others from seeking similar support. This fear of confidential information reaching the collective (family, village, school) can have far-reaching consequences, affecting an individual's relationships, reputation, and overall mental well-being. This concurs with Corrigan & Watson (2004), who state that shame that results from mental health stigma has been associated with negative attitudes towards professional help-seeking and the underutilisation of mental health services

Conclusion of this theme

This theme encapsulates the deep-seated cultural values and norms that contribute to the stigma surrounding mental health in Samoa. The fear of damaging one's reputation, the interconnectedness of spaces and the prevalence of gossip are significant barriers to open dialogue and help-seeking behaviours. The reluctance to discuss taboo subjects such as sexual abuse, fa'afafine/LGBTQIA+ issues, and suicide exacerbates the stigma and isolation experienced by those affected. This desire to save face, gossip and the intertwinement of 'safe spaces' to guide open communication has echoed through all parts of the Samoan society and therefore, increased the mental health stigma.

4.2 Theme 2: Elder Generation and their perspectives on mental health

This theme explores the perspectives and belief that the elder generation in Samoa hold surrounding mental health topics. It delves into the traditional views that often associate mental health issues with *ma'i aitu (*illness from spirits/ghosts) phenomena, the traditional Christianity lens on mental health, and the lack of awareness and education among parents to understand mental health.

4.2.1 Traditional Beliefs on Mental Health

In Samoan culture, traditional beliefs can lead to misunderstandings and misinterpretations of mental health issues (Esera, 2001). Cultural values, beliefs, and worldviews on health have a large influence on Samoans' help-seeking behaviours and how they engage with health care (Ministry of Pacific Island Affairs., 2010).

In Samoan culture, there are sacred concepts that strengthen and affirm relationships. The importance of keeping strengthened relationships as a Samoa is best described by Tamasese et al., (2005):

> *"The Samoan self was described as having meaning only in relationship with other people, not as an individual. This self could not be separated from the 'va' or relational space that occurs between an individual and parents, siblings, grandparents, aunts, uncles and other extended family and community members"*

The three sacred concepts are *Tapu* (taboo), *Feagaiga* (sacred covenant), and *Tuaoi* (boundaries). Together, they create a sense of peace for Samoans. These cultural protocols and ethics protect three key relationships: between a parent and child, between a brother and sister, and between an offender and the offended (Efi, 2009). These relationships are culturally considered sacred (Esera, 2001). Achieving harmony is essential for Samoans, and this is

done by respecting and following these cultural protocols (Mila-Shaaf & Hudson, 2009). The Vā, is a cultural idea that focuses on balance, respect, and mutual relationships with others (Efi, 2014; Mila-Shaaf & Hudson, 2009). This concept highlights the importance of spiritual connectedness and practices that influence every aspect of Samoan life (Efi, 2009; Mo'a, 2015).

Samoans believe that a diagnosis of mental illness is a result of disrespecting these cultural boundaries (Efi, 2009; Sualii-Suani et al., 2009). Violation of these boundaries have been claimed by many to be the cause of curses resulting, in some cases, in *ma'i aitu*. '*Ma'i* means illness and '*Aitu*' means 'spirits or ghosts' (Mageo, 1991). The concept that mental health has an association with spirits or *ma'i aitu* is believed to be a major cause of stigma (Suaalii-Sauni et al., 2009). Mental symptoms are perceived to be 'demonic possession' or as a result of 'curses' due to the abuses of sacred taboos (Mageo, 1991). As such, the elder generations of Samoa who were not easily exposed to Western theory and information on mental health, usually attribute mental health symptoms to supernatural causes, such as possession by spirits or ancestral influences. Cases of severe schizophrenia have been attributed to the violation of taboos between parent and child (Mageo,1991) as well as physical deformities of offspring are the other manifestations of cursing by a parent (Esera, 2001).

Participant B speaks on this traditional outlook on the attribution of mental illness:

> *This is what Samoan's think like - if something bad happens to you, it's a result of someone else's actions. It's a big thing and very common even if you have like a disabled child, you know, and yeah, I kind of believe that sometimes. I have my cousin and she had a baby with her baby daddy. And then she cheated on him with this guy. But he was cheating on her with two other girls. And they had a baby together. And now that baby's has very bad eczema. It's like karma for how they acted.*

Participant A also speaks on personal experience of the role of supernatural explanations for mental health issues in her family:

> *A common thing that happens when someone is having a fit of rage or breaking down, people will say they are possessed, you know? They will say 'Oh it's got to be our grandpa that's taking over their body, his spirit' it's like… maybe he's just angry or emotional.*

This view is deeply rooted in cultural narratives and myths, where unusual behaviour is often seen as a sign of spiritual disturbance rather than a psychological issue. For instance, the concept of the myth of Teine Sā. Teine Sā are spirits who roam freely between the human

and spiritual worlds (Lopesi, 2021). According to Autagavaia (2021), these spirits are women who gave up their human lives to serve in the spiritual world. The term "*teine*" means girls, and "*sā*" means sacred or set apart - Teine Sā are women who have set themselves apart from society to perform particular spiritual duties (Lopesi, 2021). The work of these spirits involves maintaining ancient knowledge and cautioning people to control their behaviour. For example, it is said that looking in mirrors, brushing hair, or wearing hair loose at night could attract the attention of Teine Sā, leading to sickness, possession, or even death (Si'ilata, 2018). There is a belief that emphasises these *aitu* (spirits) exist to maintain humility and help those avoid actions that could provoke the spirits' jealousy or wrath (Si'ilata, 2018).

Participant I talk about a personal experience with claiming supernatural tendencies to mental health:

> *Obviously as Samoans, it's hard for us to like, talk about this stuff because in our households, mental health is never a topic. Because when we talk about whenever we're talking about mental health, all I hear people say is that it's like a mental disorder like you're like crazy. If we tell our parents they're like, oh it's an aitu (ghost), we must go get her to see someone. They say, 'what is going on?' Like you're possessed. I live in Taefu, close to where the Teine Sā story originated, and I know my sister was once possessed by them as well, but that's because she had her long hair. I truly do believe people get possessed but I know it's not always the case. I think one of my cousin's one of my girl cousins tried to share her story of mental health to my family and they all were like, 'Oh, it could be the same girl possessing her'.*

Participant F also stated the same sentiment about the elder traditional generation in Samoa:

> *I feel like traditional Samoans, they believe is like, oh, it's like, you're being possessed rather than yeah, you're going through like one of your mental health episodes.*

Many youth in Samoa perceive that much of the older generation still attributes mental health issues to supernatural causes, stemming from a Samoan concept of health that is holistic, encompassing the physical, social, and spiritual (Butt, 2002). For many older Samoans, physical symptoms are often seen as manifestations of spiritual imbalances, leading them to seek out traditional healers rather than medical or psychological interventions (Butt, 2002; Mageo, 1991). This strong adherence to spiritual explanations helps to explain why older Samoans may struggle to understand mental health from a more modern, medical perspective. Youth participants in this study shared that they feel uncomfortable discussing mental health issues with their parents, fearing that their symptoms will be attributed to *ma'i aitu* (spiritual affliction). Many expressed concerns about being seen as 'cursed' or

'possessed,' which perpetuates stigma and creates a barrier to open conversation. This generational difference in perception means that youth may hesitate to seek support for fear of being misunderstood.

However, it's important to note that the older generation's views are shaped by a context where mental health challenges were less visible and where social media did not play a role. Unlike the younger generation, older Samoans were not exposed to the psychological stressors and pressures that come from social media, which can amplify mental health challenges. Their reliance on traditional beliefs could partly be due to a lack of exposure to the types of mental health issues now seen among younger people, who are more affected by social media influences and other modern stressors. Therefore, the generational gap in understanding mental health may not solely stem from traditional beliefs but also from the differing life experiences and influences each generation has encountered. Recognizing this context helps explain why the older generation may not fully comprehend the mental health needs of today's youth, highlighting the need for culturally sensitive approaches that bridge traditional beliefs with contemporary understandings of mental health.

4.2.2 Traditional Christianity and Mental Health

Samoan traditions and culture are strongly founded on spiritual beliefs in gods or spirits (Tavita, 2021). A study conducted titled 'Samoa: a truly religious place?' by Saada (2008) found that most Samoans agree that Samoa is "one of the most religious nations on Earth" (p. 9). Over 97% of the population identifies as Christian (Samoa Pocket Guide, 2024). The official country motto is *E fa'avae i le Atua Samoa* – Samoa is founded on God (Amosa, 2014). Therefore, it is not surprising that religious beliefs shape the way mental health is perceived by the elder generations of Samoa.

As stated in section 2.1, before Christianity was introduced to Samoa, the indigenous Samoan beliefs were founded on a Superior Being (Va'a, 2009). Common villagers also believed that *Matai* were descendants of the gods and possessed spiritual powers to either punish or reward their people (Va'a, 2009; Noa, 1999). This shows that despite foreign influence, sacred power and moral authority is the essence of Samoan traditions (Tavita, 2021).

In addition to this, Tamasese et al., (2005) expand on the role of traditional religion on the Samoan sense of self:

> *"Samoan culture, Gods were traditionally embodied in the environment in which people lived and genealogical ties could always be traced back to a God. Despite the change in emphasis following the arrival of Christian missionaries to Samoa, a person's relationship to land, sea, ancestors and God remain central to the Samoan sense of self*" (p. 306).

The advent of Christianity, introduced in the 1830s by John Williams as part of the London Missionary Society (LMS) (Saada, 2008), subsequently strengthened the spiritual nature of Samoans. Since the arrival of Christianity, there has been little distinction made between church and the state (Waiters, 1959; Ahdar, 2013). The authority of God over humankind is like that of the *matai* over his household or the council over the village (Schoeffel, 1995, p. 102). Samoans believe that *mana* (divine power or spirit, grace and authority) is divinely sanctioned by God to each worthy individual as well as their place and role in society (Lavata'i, 2016; Va'a, 1987). As stated previously in section 3.3, Efi (2009) highlights the collective belief that each person comes with their *tofi* (inheritance), their own gifts and talents bestowed upon them from God. This view that God gifts each individual a purpose for all means that issues are commonly directed to spiritual solutions (Lavata'i, 2016; Bergin, 1991; Efi, 2009). This perspective can lead to the belief that increased spiritual intervention is a primary solution to mental health symptoms. Therefore, for Samoans heavily involved with Christian practices, mental illness is strongly believed to be a spiritual illness, rather than an illness of the brain, by many Samoans (Efi, 2009). A study by Tamasese et al. (2005) revealed that for Samoan people, the close connection between spiritual and mental aspects means that psychiatric treatments which do not incorporate the spiritual dimension are often deemed unlikely to succeed. A review conducted by Tiatia (2007) based on Pasifika youth suicide in New Zealand, reported evidence of participants acknowledging the powerful role spirituality played in enhancing their capacity to cope with personal suicide attempts. Religious practice and church attendance were listed as their coping strategies to destress and feel a sense of purpose (Tiatia, 2007). A study by Gibson et al., (2019) mentioned that Samoans turn to spiritual guidance, meditation and solace provided through the church to overcome mental strife. "Many find comfort through prayer and believing in God's greater plan which helped them accept their suffering*"* (Gibson et al., 2019, p. 25). Religious practices such as prayer, fasting, and attending church services are often seen as essential steps in overcoming mental health challenges.

Participant J, when talking about the elder generation, stated:

It can be hard to talk about mental health because of religion, all the time. You know, your parents when they hear you going off, they will say 'oh, it's because you don't have Jesus'.

This suggests that in Participant J's experience, mental health issues were often brushed aside and attributed to a lack of faith in God rather than being recognised as genuine health concerns. Participant C explained that her mental health symptoms were often dismissed in terms of professional help but instead, she was always given spiritual-based solutions:

"It's touchy but they really do think everything can be solved by God or like religion. You know, like, if you're struggling with something they will just tell you 'Oh, give all your burdens to God, just pray about this pray about what you are struggling with' and you know, it doesn't completely fix the problem at all.

Participant M highlighted the challenges faced by youth in seeking help from their parents:

I think these days what makes it difficult is because first of all, they (youth) can't even reach out to their parents in this space as well. Because some parents, well some parents can take it and will sit down and talk to the kids about it. But some parents are way too Christian. So whenever someone shares about their struggles and about what they're going through, it can all go back to that like either question or like religion and traditional stuff, rather than actually talking about the actual problem.

This quote displays the struggle youth feel to be vulnerable as they face the barrier of being directed to religious solution rather than mental health support. This reliance on religious texts and practices over practical mental health solutions can create a barrier for effective help-seeking behaviour. According to the youth participants, this approach often discourages open discussions about mental health issues and prevents them from seeking professional help. While religious guidance is valuable in a Samoan context, participants acknowledge that this does not always provide the comprehensive support needed.

As Participant A observed this behaviour from her elderly parents:

Like for parents, instead of giving advice or creating like a safe space to talanoa with their kids, they would go get like a Bible, which is important, but will advise them with a Bible verse rather than the mental health issue. And like, talking about like with Samoan parents and mental health? They say It's never a problem and as Samoans it's not in our blood and stuff like that.

This spiritual approach can sometimes conflict with modern understandings of mental health, which emphasise the importance of medical and psychological interventions (Tiatia-Siau, 2007). Dein (2010), explains how this reliance on religion may negatively affect mental health: “Excessive reliance on ritual and prayer may delay seeking psychiatric help and consequently worsen prognosis. At its most extreme, strict adherence to the ideology of a movement may precipitate suicide” (p. 63). It is evident that reliance solely on spiritual solutions can delay youth from seeking professional help and this exacerbate the condition to lead to more severe outcomes.

4.2.3 Lack of mental health education

When discussing the older generation's views on mental health, Participant H highlighted a significant gap: *"Parents haven't received any tools on how to deal with their own emotional and mental health. And so they have nothing that they can share with their kids."* Many parents in Samoa grew up in a context where mental health was not openly discussed or understood, leading to a generational gap in knowledge and awareness (Yamada, Vaivao, & Subica, 2019). Trauma faced by this elder generation is sometimes not dealt with the way it would need to be and subsequently the habits and behaviours associated with these traumas are passed down to the younger generation – this is known as generational trauma (Yehuda, 2018).

Trauma is described as "an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and has adverse effects on the individual's functioning" (Substance Abuse and Mental Health Services Administration, 2019). Generational trauma is a term that describe how trauma from one generation can affect future generations (Conching, 2019; Yehuda, 2018). Many Samoan elders and parents may be unaware of this concept and through the agreement of the participants, it is evident that many even refuse to acknowledge their trauma. This can be attributed to many parents living in survival mode and therefore, do not have the time or resources to educate themselves on trauma and mental health (Yehuda, 2018). Therefore, it is evident that lack of recognition of mental health symptoms among young people and their parents contribute to the major divide in help-seeking behaviour (Logan & King, 2001).

Participant H, a mental health professional, explains how elder Samoans dismissal of mental health struggles are due to the fact that it is not always an immediate priority:

> *It’s hard to talk about mental health. It’s a lot like climate change – it’s terrible talking about mental health to your parents because it’s something you can’t see. And*

especially because a lot of our Samoan parents are living in poverty day to day, pay check to pay check, they don't see your arm falling off you know? It has to be something physical to attend to otherwise they really do not have the time to be worrying about it.

From this talanoa, it became clear that mental health is often out on the backburner as parents deal with material hardship in Samoa. Material hardship is a significant source of stress in adults' lives and is consistently linked to poor mental health (Keily et al., 2015). Individuals living in poverty or working in low-wage, unstable jobs face greater material hardship than the general population (Schmidt L, 2012; Schneider & Harknett, 2020). Living in material hardship means to be at greater risk of experiencing stress, anxiety, and depression (Schneider & Harknett, 2020). When parents experience mental illness it is often left unchecked and the child has to deal with the effects of their behaviour (Yehuda, 2018). Youth of today are in a unique position where they can explore and share what their mental health and trauma is through social media and the internet (Khalaf, 2023), a luxury that the elderly generation of Samoa did not have growing up. Burley & Belfort (2023) assert that online spaces can feel safer than real life spaces to explore identity and experiences and to find 'likenesses and community. Despite this generational disconnect with trauma and mental health, the elder generation must be a part of the mental health conversations in Samoa. Education related to intergenerational trauma is really important, as it presents the opportunity to promote the health of two generations (Kellerman, 2001).

Participant H described the process of trying to get parents involved in mental health campaigns:

When you educate youth on mental health, you also have to bring in the parent part, which has been really hard for our organisation, how do we bring in parents so they can also understand what we're talking about? You can educate so much of the youth but you know, parents, it really doesn't work. And that's who the mental health education is needed for because that's who the youth inherit trauma from.

Conclusion of this theme

This section of this theme emphasises the way youth and mental health professionals view the elder generations' lens on mental health in Samoa. The mental health conversation requires a comprehensive approach that includes educating both youth and elder generations. Overcoming the generational gap in understanding mental health involves not only providing tools and resources but also challenging deeply held beliefs and values. By acknowledging the impact of generational trauma and the importance of mental health education,

communities can begin to create a more supportive environment for discussing and addressing mental health issues. This approach can help break the cycle of inherited trauma and foster a culture of openness and understanding across generations.

4.3 Theme 3: Younger Generational Perspectives on Mental Health in Samoa

Theme 3 is pivotal to this study, as the purpose of this research centres on the experiences and narratives of young people regarding mental health in Samoa. Insights gathered through talanoa reveal a generational shift in beliefs about mental health, significantly influencing how young people engage with mental health discourse. This theme will explore youth perspectives on the stigma associated with mental health, their communication practices around these issues, and their approaches to seeking help. It is important to note the context that every youth participant in this study knew someone who had committed suicide without receiving the necessary help. This context shapes the responses of the participants to confidently respond on the questions asked (See Appendix 2).

4.3.1 Generational Shifts in Mental Health Beliefs

The younger generation in Samoa is experiencing a shift in how mental health is perceived and discussed. Unlike the older generation, who, as explored in section 4.2.1, are still grappling with the realities of mental health and may view mental health struggles as a sign of weakness or *ma'i aitu*, youth are beginning to understand and talk about mental health more openly.

Participant C highlighted the generational gap in empathy and understanding:

> *"People [older generation] say, 'Oh, they're weak... like, why are they just attention seeking, you know, all the negative things. There's no like, like, empathy.'"*

Baral (2022) indicates that younger generations possess greater mental health literacy, enabling them to better recognize signs and symptoms of mental illness and understand where to find assistance. Globally, adolescents are observing a shift towards greater openness regarding mental health issues and anticipate a future with fewer taboos surrounding these problems (Hermann, Durbeej, & Ka, 2022). Based on participant responses, it seems that the younger generation in Samoa is in the same boat, and are becoming more progressive in recognising mental health symptoms in themselves, understanding the issues within mental health, and incorporating these topics more openly into their conversations.

Participant B concurred with this statement and observed:

> *"I feel like we're progressing. Our generation is more open to like, mental health awareness and conversations. Compared to like, say, our parents and our grandparents. I think now in these days, like, they know that it's [mental health] is a problem. But people don't know how to like, deal with it properly yet. Like, when I think back in my day, I know of four kids from my high school class that have committed suicide. But I think it's a good start we are able to recognise and talk about it now.*

This openness is reflected in the attitudes of young people who are more willing to discuss mental health issues and show sympathy towards those struggling. Participant J stated:

> *"We're a lot more sympathetic...towards, like people struggling with their mental health."*

In healthcare literature, sympathy is described as feeling pity for someone else's misfortune, particularly when their suffering seems undeserved (Sinclair, 2017). On the other hand, empathy involves understanding and accurately recognizing another person's emotions, which enables a more responsive and attuned reaction from the observer (Sinclair, 2017). The youth participants of this study reveal that they see themselves as changing the narrative around mental health awareness through sympathy and empathy. However, despite this shift, the perceived lack of empathy and understanding from the older generation contributes to the stigma surrounding mental health issues, making it challenging for young people to seek support.

Participant M pointed out the dismissive attitudes of the older generation:

> *"When someone's honest about how they feel, when like a child is continuously having to tell them like all this is happening to me and I'm struggling. It feels like they just like choose not to willing to learn this stuff."*

The perceived reluctance of the older generation to understand and address mental health issues reinforces the stigma in Samoa, making it difficult for young people to feel validated and supported when seeking help. While this may not apply to the entire older generation, talanoa with my participants suggests that it is a common sentiment. Participant J shared their thoughts on the gap of understanding between both generations:

> *"I feel like people my age are kind of like at the end of that generation, that didn't really talk about mental health. Because like, the people younger than me, now, it's normal for them to talk about it. The vocabulary with things like 'triggered' and other terms are*

all being used because of TikTok, you know? And other external forces giving us the opportunity to learn and explore our own feelings more."

Social media platforms like TikTok have introduced new vocabulary and concepts, helping youth articulate their feelings and experiences more effectively (van der Wal, 2024). Rayland (2023) suggests that online platforms can function as peer education – acknowledgeing that online peers can provide others with mental health information such as their own experiences in how they cope or treat mental issues. This is often information that individuals offline cannot access (Rayland, 2023). Multiple participants have claimed that access to external information on mental health concepts has enabled them to understand and express their feelings better, facilitating clearer communication about these issues. This has created a more open and supportive environment for discussing mental health. Developmental psychology highlights that robust peer relationships, social skills, and support networks are essential for preventing mental health issues and promoting overall psychological well-being (Lee, 2015). The fact that social media platforms are fostering open communication among youth indicates that the stigma around mental health will likely diminish in the future.

4.3.2 Depth of Mental Health Communication Among Youth

While there is a growing awareness of mental health among youth prompting an increase of communication about mental health, conversations about these issues can still be limited and often take place in informal or indirect ways and do not always address the root of the problem.

Participant F explained how their peers may struggle to talk deeply about mental health:

A lot of young people struggle, like, not being able to talk about it, and can be ashamed of talking about it. Because we don't really have like, the skills to like, understand what it is that we're going through.

Participant J also shared their experience of how mental health is discussed among peers:

With my own close friends? We don't really talk about our mental health. No, not really. And if we ever do, it's a joke... So it's like, they'll just post something sad. And then you'd be like, 'hey, if you need anything like I'm here', and he's like, 'Oh, yeah'. But then they'll never actually express and open up to you, you just feel like the most you can do is let them know that you're there. Because, you know, growing up, we don't often hear about mental health, and how it is really important, you know, we hear about it, but we've never really clicked until now. I think we adopted a lot of our parents views that mental health mental issues are crazy, or like, she/he's crazy in the head.

Humour has often been understood as a form of coping when people deal with stress (Abel, 2002; Henman, 2001; Ebata, 1991). Hendry (2020) conducted a study that found adolescents often see humour as the only socially appropriate means of sharing distress and pain with their peers as "humor creates value from unpalatable feelings which can then be circulated . . . and is key to defusing the perception that one may be overly impacted by the feelings of frustration, weakness or shame" (Kanai, 2017, p. 6). Samoan youth are increasingly aware of the significance mental health issues have among their peers but it is evident that the discourse around the topic is based on humour. It remains challenging to delve deeper than superficial humorous conversation with each other. This difficulty stems from the stigma imposed by older generations and the cultural norms of Samoan society, which contribute to a sense of deep shame and struggle. While social media platforms have helped normalise these discussions by introducing vocabulary and concepts that aid youth in expressing their feelings and experiences, there is still progress to be made. As Participant G noted:

> *We have a lot more resources to help us talk about mental health and be aware of it, but in terms of exercising it, it's difficult to actually practice it. Yeah, it's hard.*

Participant I also expanded on the importance of a trusted person when youth are increasingly being vulnerable about MH experiences:

> *I feel like now in this era, because people now understand about the importance of like talanoa like to share, while not all people may have found the right person to talk to or right words to use, I think we can still see people trying to talk and open up about their mental health, like trying to share with like people that they're comfortable with.*

This increase in open communication, though sometimes lacking depth, marks a positive shift in Samoa's approach to mental health. Participants are adamant that their knowledge and perspectives of mental health are supporting a shift in mindset with those around them and acknowledge that there is still much progress to be made. Participant K, a staff member at a high school, explained her thoughts on the stigma in Samoa based on the shifting times with youth and social media perspectives:

> *It's [Mental Health stigma] definitely shifting. We still have a long ways to go as far as accepting all walks of life, like, I'm just thinking of a young boy who committed suicide a couple of years ago. He was gay, and never could actually come out and say it and open up. That pressure got to him I think. And, then I met a young man in similar circumstances, I knew him through a Facebook group and I was trying to support him through what he was going through. So it's really good that we have access to each other that way. I think it will progress and there will be more learning about mental illness and acceptance to accept it as something that is real. I have learnt a lot from*

my own children and the kids I get to see at school too. I see them support each other on social media all the time.

The participants have made it clear that within the context of Samoa, youth are witnessing a shift in mental health awareness, especially in their conversations with each other. It is also evident that this behaviour from youth is seen to be affecting the adults around them too. Although the communication about mental health may not be as vulnerable as possible, the act of communicating through social media and humour is still a step in the right direction. This has reinforced the understanding that mental health needs to be discussed more frequently among peers to support and address the issues affecting them.

4.3.3 A Gap in Support

While Samoan youth are increasingly discussing mental health, they still struggle to receive adequate support from peers and professionals. Social media has raised awareness and introduced mental health terminology, but youth may lack the knowledge and skills to effectively support their peers. Hart et al., (2018) suggests that unless adolescents are properly trained in the provision of mental health support, peer-to-peer support may not be as effective. Once trained, adolescent peers could become an effective pathway for social support and professional help-seeking for mental illness in adolescence (Hart et al., 2018).

In section 4.3.1, participant J mentioned, *"We're a lot more sympathetic... towards people struggling with their mental health,*" yet this sympathy does not always translate into effective support. The lack of professional mental health services compounds this issue. As one participant noted, *"There's literally not like anywhere you can go for counselling... You'll talk to someone but you won't get referred again for more sessions."* This gap in professional support leaves many young people feeling isolated and unsure of where to turn. Even when there is support, such as the Police or the Mental Health Unit in Moto'otua Hospital, it does not always translate to being a helpful vice according to participants.

Participant H shared evidence from a youth mental health survey they conducted:

There was literally one answer out of over 60 people that completed that round [of surveys], that said they would use services and talk to the police or talk to someone.

The core issue appears to be that mental health services in Samoa are primarily geared toward individuals in critical stages of mental illness, leaving a significant gap in support for those experiencing less severe but still serious concerns. The existing mental health services

include the Moto'otua Mental Health Unit, two rehabilitation facilities, a now-disbanded suicide lifeline, the Samoa Victim Support Group for domestic violence victims, and a registered Christian-based counselling service. Additionally, there are two school counselling services—one at Church College Pesega and another at the National University of Samoa. The organisation Brown Girl Woke also works to train youth as counsellors and promote mental health awareness. However, it is clear that there is a significant lack of mental health services specifically focused on youth issues that don't involve extreme cases like suicide attempts or self-harm. If a young person needs help before reaching that critical point, the necessary services to address their issues are non-existent.

4.3.4 Substance Abuse

As a result of this gap in support, substance abuse has emerged as a significant issue among youth in Samoa, partly as a coping mechanism for the lack of mental health support. According to a study conducted on the Alcohol, tobacco, marijuana and hallucinogen use in Samoan adolescents (Odden, 2011), Samoan research on adolescent substance use is critical due to the alarming epidemic of suicide among both boys and girls, which reflects significant psychosocial distress within this population. Globally, Generation Z (those born between 1997 and 2012) shows a marked rise in maladaptive coping behaviours, particularly with the increased use of substances such as alcohol and sleep aids (Grelle, 2023). Without access to adequate help and resources, some young people turn to alcohol and drugs to manage their emotional pain (Grelle, 2023). This behaviour not only exacerbates their mental health issues but also creates additional health and social problems (Odden, 2011). The interrelation between substance abuse and mental health further complicates the ability of youth to seek appropriate help, as the stigma surrounding both issues can be overwhelming.

Participant B talked about this issue:

> *Samoa is really lenient on the legal age. I started clubbing at 15, you can buy alcohol from the store and smokes without any ID checks. But especially in the village like a lot of kids drink and smoke and because I know drugs are pretty bad. There now there's ice which is easy to get and not too expensive.*

Participants state that youth in Samoa are given very easy to alcohol and drugs. According to Obeng et al., (2023) the limited data on this topic of substance use among Samoan youth hinders understanding of broader substance use and the factors driving it. This lack of information likely affects the effectiveness of policies and interventions aimed at protecting youth from substance abuse (Obeng et al., 2023).

Despite the easy access to substances and the lack of adequate support, the existing services in Samoa can still play a role in addressing the issue, especially in supporting youth who reach a critical point. Participant L, a mental health professional, highlighted the increasing accessibility and impact of drugs on youth:

> *Even younger people now are coming in [to the mental hospital] and you know, it's also with the accessibility of drugs and illicit substances now. I mean, before ice was nowhere to be heard in Samoa, cocaine was nowhere to be heard. It was always like marijuana and therefore we have mushrooms and, and also drugs. But now, ice is almost like nothing now it's equally the same message. So now that those things are available, as soon as they get out of their minds, or they've become psychotic because of those, they know that there's a service for it. The youngest person ever admitted he was 13 years old, and he was high on ice when he came over. Yeah, and after that was a 15-year-old girl. That was a high school girl. It's no secret anymore. And it's no longer a taboo.*

Responses from mental health professionals part of this study show that substance abuse issues are affecting younger individuals however, they are taking action to combat this by offering support to young people. Despite this, the intersection of substance abuse and mental health issues among Samoan youth highlights a critical gap in the support system. There is a dire need for comprehensive mental health services that address both mental health and substance abuse in an integrated manner. Education on the risks of substance abuse and the importance of mental health should be a fundamental part of the curriculum to ensure young people are fully aware of healthier coping strategies. Schools provide an ideal setting for recognising wellbeing issues, and teachers are well-placed to facilitate the help-seeking process for youth (Graham et al., 2011). There is also a need for the Samoan government and civil society organizations to enhance and expand current preventive programs and drug policies, with a primary focus on reducing substance use among adolescents in Samoa (Obeng et al., 2023).

Conclusion for this theme

Youth are navigating a complex landscape where traditional beliefs, lack of professional resources, and the influence of social media all intersect. While they are making strides in opening up conversations about mental health and creating more awareness of the concepts and terms of mental health, there is still a significant need for comprehensive education and support systems to ensure they can adequately address and manage their mental health issues and adopt healthy coping strategies. This landscape has affected the help-seeking behaviour of youth in Samoa.

4.4 Theme 4: The Impact of Social Media on Youth Mental Health in Samoa

In today's interconnected world, social media has become an integral part of daily life, especially among youth. In Samoa, these platforms offer both opportunities and challenges. Social media significantly influences the mental health of young people in Samoa, providing avenues for increased awareness and support, while also exposing them to cyberbullying and other negative interactions. This theme was chosen to explore the dual impact of social media on the mental health of Samoan youth, highlighting both the positive and negative effects as reflected by the participants.

4.4.1 Social Media as a Negative Influence on Mental Health

As the talanoa continued, participants generally agreed that social media negatively impacts youth mental health, especially for those lacking cyber-safety or mental health knowledge. Many were concerned that social media's anonymity and detachment often lead to harmful behaviours with serious psychological consequences.

Participant B recounted a troubling incident involving cyberbullying, where a private, explicit video of a student was leaked by his friends and went viral on Facebook*:*

> *There was a video of this guy that went viral on Facebook with an explicit video. It actually got leaked accidentally by some of his friends, and he goes around the school, and all these things saying stuff about him, and then I never saw him at the campus after that.*

Participant D shared a similar experience dealing with students who had experienced cyberbullying attacks:

> *There was a girl who was in a relationship here [school] and her and her boyfriend hid in the school gym to have sex, not knowing that there was another friend that was taking a video of them. And it went viral on Messenger and other schools and students were able to see it. Everyone saw it and it got sent to the head office. And so when she got called to the principal she was really afraid. And the same night, she messaged me early in the morning, wanting me to know that she really wanted to commit suicide. I was so scared.*

Participant C also shared their thoughts on social media being a negative tool for youth:

> *There's a lot of us bullying and backstabbing, jealousy and hate, and I feel like Tik Tok is just another vessel. So it's just giving people more resources to hate. It [bullying]*

happens offline already it's a bad problem in Samoa, and I mean, online they just get to be anonymous about it.

Participant L noted that this behaviour is also influenced by the fact that the youth see adults acting this way online too:

There is decreased respect and civility online – both young and old people. Adults indulge in cyberbullying too so the children's respect is low too you know, this is the level of disrespect right now, I know that before people just gossiped with a quiet voice or saying it to your face, but now they're not coming up and saying it out loud, they are using social media to bully.

Participant C shared a personal experience with adults behaving this way:

You know, I see even some pastors commenting nasty things under people's posts. Even my aunties and my nana. They are so harsh and brutal and they don't even understand the consequences it might have on someone's feelings. And they do It on their personal profiles with their whole family as their profile picture. If it's okay for them to do it, I think a lot of teenagers will see that as normal behaviour and do it too

This behaviour online is primarily influenced by the detachment many feel from real-life consequences through the anonymity or lack of face-to-face experiences social media provides. Multiple studies found that the more time youth spent online the more likely they were to be exposed to hate in the online space (Räsänen et al., 2014; Costello et al., 2020; Costello et al., 2016). While young people have the ability to recognise cyberhate (Costello et al., 2020), the unintentional exposure to hate from the adults in their lives can easily influence their belief that cyberhate is normal (Bedrosova et al., 2023). All participants in this study have alluded to the fact that people of all ages in Samoa say or do things online that they would never do in person, leading to increased disrespect and incivility.

Participant A talked about this occurrence with social media:

I feel like there's such a bigger detachment from what we post online. Like, the things people post, and it's not just bullying. It's like the relationship between social media in general.

Participant O also agreed:

Social media allows you to do what you are not allowed to do, but still be able to get away with it. They kind of remove themselves from real life. And so on social media, there's no real-life consequences now.

Social media platforms enable many young people to spread negative comments and hate without fully grasping the impact on others. Research regarding online anonymity show that young people exhibit harmful online behaviour through anonymous interaction, with intentions to escape from the potential consequences of their actions (Kim et al., 2023; Lareki et al., 2023). Despite this behaviour, there is law in place to punish those who defame or cyberbully others. Samoa, section 219 of the Crimes Act 2013 states: 'Harassment utilising means of electronic communication' and carries a maximum penalty of five years. The scope of harassment in the act includes an intention to coerce, intimidate, harass and cause substantial emotional distress' (Parliament of Samoa, 2013). In 2018 the Samoan Minister of Communications and Information Technology highlighted that Section 219 of the Crimes Act 2013 could be used to prosecute individuals who harass others using the internet (Finau & Garae, 2018; Ah-Hi, 2018).

The truth in this however, is debatable. Participant H, a mental health professional, shared their own unsuccessful experience on trying to report defamation though cyberbullying:

> *When you try to report somebody for defamation, they're (police) are like, 'How do we know that was for you' even though it's on my own Facebook, but then they turn it on me and say 'how do we know that it wasn't somebody else impersonating that person on his page?' – it's frustrating. I feel like you literally can't do anything legal here if it's to do with social media.*

Even though there are cyber-safety laws in place, according to the participants of this study, they are often not enforced. This alludes to the fact that youth may not perceive any real consequences for their online behaviour. This lack of accountability, combined with cyberbullying and anonymity, intensifies such behaviour across all age groups and contributes to a growing stigma around mental health in Samoa.

Additionally, the more youth are on social media increases their exposure to social media content that may promote depression, anxiety, suicidal ideation, or self-harm. Participants in this study noted that young people are more likely to discuss thoughts of suicidality and self-harm online, sometimes sharing images of self-inflicted injuries. This aligns with evidence showing that youth who self-harm are more active on online social networks compared to those who do not engage in self-harming behaviours (Memon, 2018). Spending more time on social networking websites was clearly linked to poorer self-rated mental health, unmet mental health needs, higher levels of psychological distress, and an increase in suicidal thoughts (Sampasa-Kanyinga, 2015). Regardless of this evidence, youth in Samoa are often unaware

of the negative effects of exposure to negative content as there is a need to use these platforms as a safe space to be vulnerable (see section 4.3.2). However, the tendency to openly communicate and overshare can exacerbate issues like cyberbullying. Posting while under distress and oversharing are behaviours that often have a heavy correlation with cyberbullying (Ademiluyi, 2022). While social media has the potential to be a valuable tool for seeking mental health support, multiple participants expressed concern about the risks involved in sharing such sensitive information online, highlighting the potential for safety concerns.

Participant A shared:

> *Sometimes sharing on social media it's good to let it out, but sometimes it's not good. Because, you know, people tend to overshare their situations on Facebook and everyone sees it and like, have their opinions and with the culture of gossip it just spreads and can be worse for you when someone attacks you online.*

Another significant concern regarding the negative effects of social media on mental health is its potential to influence youth towards depression or self-harm (Memon, 2018). Social media platforms often normalise self-harm behaviours, discuss practical issues related to suicidality, and even depict live acts of self-harm (Dyson, 2016). For example, a participant working in mental health recounted a troubling social media trend where youth were challenged to drink pesticide and post it on TikTok, highlighting the dangerous influence these platforms can have. Participant H shared about this trend:

> *There was a time here in 2021 when the kids were using TikTok showing their friends drinking pesticide. Yeah, it was a few videos that popped up and many had to go to the hospital for almost killing themselves.*

Dangerous trends such as these, combined with the way social media algorithms are designed, have been deeply distressing for mental health practitioners and parents dealing with youth. According to Koehle (2024), social media algorithms exert significant influence over mental health by exploiting emotional triggers to keep users engaged. This can result in increased anxiety, depression, and other mental health issues, especially among young users (Koehle, 2024; Top of FormDyson, 2016).

Participant J had noticed her social media algorithm filled with depressing content and called it out:

If you're on Tik Tok, and you're sad, if you're liking videos that just share, like sad quotes, then your feed will just start to like the algorithm... and It'll just show more depressing things that make you more sad.

Participant J continued on stating that the mixture of the algorithms as well as seeing other people doing amazing online was concerning:

On Instagram, when people post most of the time, a majority of the time, it's like, highlights, like, yeah, highlights their lives, and they don't see, like people aren't posting bad things that are happening to them every day. So it's very easy to start comparing yourself and start feeling like you're not good enough.

As social media sites update, they become more interactive and more "addicting," and the opportunity for social comparison increases (Morey, 2008). False life on social media curated for views and likes can contribute to feelings of shortcomings and comparison (Warrender & Milne, 2020). Alfred Adler stated that "to be human is to have inferiority feelings" (Ansbacher & Ansbacher, 1964) In the age of social media, these feelings can be intensified, as social comparison, once limited to a few individuals, now extends to countless others in the digital world (Warrender & Milne, 2020). Youth in Samoa are exposed to social comparison which can perpetuate feelings of low self-esteem, depression and disappointment when they are unable to meet the unrealistic expectation of a 'perfect life' often displayed on social media (Zhao, 2008; Morey & Burns, 2008). Majority of the participant's of this study came to agreement that social comparison through social media deeply affects the mental health of youth in Samoa.

Social media has already exposed and will continue to expose youth to considerable risks, including cyberbullying, suicidal thoughts, and self-harm (Morey & Burns, 2008). The impact of the Internet on the lives of Samoan young people is widely viewed as negative, as it provides a platform for cyberbullying, constant exposure to self-harm content, and unhealthy social comparisons.

4.4.2 Social Media as a Positive Influence on Mental Health

While the safety and well-being of youth are paramount, focusing solely on the negative aspects of social media overlooks its potential benefits. Social media can play a valuable role in raising mental health awareness within Samoan communities and supporting prevention and early intervention efforts. Adolescents worldwide, regardless of their economic status, integrate social media, into their education, culture, and social lives (Allen, 2014). Therefore,

social media has become a powerful tool for disseminating mental health information, raising awareness and reducing the associated stigma (Herrera-Peco, 2023). According to O'Reilly (2019), social media can be effectively used to promote mental health among adolescents. Research indicates that youth often turn to social media and the internet for mental health information, making it a useful medium for education and outreach (O'Reilly, 2019). As Participant H remarked, "*Social media has helped people understand therapy and counselling. They recognise issues in their homes*." It is clear that access to information through social media can support in demystifying mental health issues and toxic situations, encouraging individuals to seek help. This coincides with studies that show evidence of health care providers using social media to make a major impact during mental health awareness month can impact in demystifying mental health issues and encourage early intervention for struggling individuals. (UNLOCK, 2024; Herrera-Peco, 2023; Naslund et al., 2016).

The ability of social media to educate youth about mental health also extends beyond mere information dissemination. Social media has been identified as a resource to aid mental health literacy through content shared on the platforms (Naslund et al., 2020). An increasing number of mental health professionals are now using social media to disseminate mental health-related content and information that would traditionally be shared in a therapeutic setting with a wider audience (Triplett et al., 2022). Additionally, these platforms offer a space for youth to share their own engaging and relatable content that resonate with each other. As Participant E shared their observations of the youth in Samoa:

> *They are learning what the benefits are of mental health awareness. So they take from what's trending right now and do mental health TikTok's, and you can see it's also good for them – social media gives them the opportunity to be taught and understand what mental health is about.*

Participants in this study have explained that the content they see from influencers or their peers on social media plays a crucial role in normalising discussions around mental health. By sharing their own experiences and struggles, they help reduce the stigma associated with mental health issues (Naslund, 2020).

Participant J shared:

> *When you see people like you look up to on social media talk about mental health issues that you might also be experiencing, it's really encouraging to see other people who've gone through and are also trying their best to better themselves. It motivates you like, okay, yeah, they can do it. They can get better. I can also get better too.*

This normalisation and encouragement create a supportive environment where young people feel more comfortable seeking help and discussing their mental health openly. This has been evident in over 50% of the talanoa with youth in Samoa conducted during this study. Many of the youth participants believe that without the exposure to mental health issues and wellness practices provided by social media, they would remain unaware of these topics within the context of Samoan education and society.

Another positive aspect of social media for youth is its ability to help them maintain strong social connections. According to Seabrook et al., (2016), the ability to form and maintain friendships online and build social connections is one of the positive effects of social media use for youth. These online relationships allow for positive interactions with more diverse peer groups than those available offline, offering crucial social support to young people (Anderson, 2018).

During the multiple talanoa conducted, youth emphasised the importance of using social media platforms to stay connected with friends and family, even over long distances. This is especially significant in a culturally close-knit society like Samoa. Participant F highlighted:

> *Connecting with friends is definitely a really big positive of social media. Being able to open up to my friends online when I have no one else to talk to has really helped me.*

Participant I shared how social media has helped them to share about their mental health struggles:

> *I feel like social media has allowed me to, like, connect with friends really easily with friends that I trust to open up to, and where it's been super-fast and easy rather than building up the courage to open up to my parents or family who do not always understand me.*

This correlates with the ability to use social media to feel connected to others sharing similar struggles with their well-being and mental health. Sharing personal experiences on social media can create a sense of community and belonging among youth (Seabrook, et al,. 2016). Participants shared that the ability to know that others are going through similar challenges can be incredibly reassuring.

Participant K mentioned:

> *I feel like quite a lot of people, especially young ones, share about their journey even like the intense ones that make some of us find that's too personal for family I suppose. But we finally see this is what other people are going through and they just don't open*

up about it – when we see it on socials we are able to feel less weird and lonely in what we go through.

Participant A shared the same sentiment:

People posting about their hardship or you can see the quotes and the posts that they share that might tell us they are struggling. Oh, you never know what person's going through. It's people you would never expect too. And even someone sharing those posts and people like lovingly reacting to it. Like, that is actually such a big change in Samoa.

This shared vulnerability is shown to foster a supportive environment where young people can find solace and encouragement from their peers. Many of the participants, both youth and mental health practitioners, have shared that they have seen more content on social media of people opening up about their mental health struggles in Samoa and have seen a shift in mindset on youth communicating about mental health. As stated in the previous theme, many youth struggle to find solace in opening up to older people particularly the trusted adults in their lives, in fear of judgement or shame. Fortunately, social media has provided the platforms to give youth safe spaces to share vulnerably.

4.4.3 Conclusion of this theme

Social media has a multifaceted impact on the mental health of Samoan youth. It acts as a valuable tool for education, awareness, and support, helping to reduce the stigma around mental health issues and offering platforms for connection and peer support. However, it also exposes young people to risks such as cyberbullying, comparison, and overwhelming exposure to distressing content. To maximise the benefits while minimising the negative effects, it is crucial to promote balanced and mindful use of social media. By doing so, we can support the mental health of Samoan youth and assist them in navigating the complexities of the digital age.

4.5 Theme 5: Mental Health Services in Samoa and Youth Help-seeking Behaviour

In Samoa, the availability and accessibility of mental health services significantly influence youth help-seeking behaviour. This theme explores the current state of mental health services in Samoa, the stigma surrounding help-seeking, and the cultural factors that impact young people's willingness to utilise these resources. As detailed in Appendix 1, Samoa offers

mental health support through the mental health unit at Moto'otua Hospital, as well as a few other services, support groups, and faith-based counselling.

4.5.1 Public Awareness of Services Available

During the talanoa, I asked participants about their awareness of mental health services in Samoa. The consensus was that 90% of participants were aware of the mental health unit at the hospital, but only 40% knew of any other services available beyond that. Many participants also expressed reluctance to seek help from the mental health unit due to the stigma and gossip culture prevalent in Samoan society, as discussed in Themes 1, 2, and 3.

Participant K, when asked about her knowledge of the mental health services available in Samoa, shared:

> *We have a mental health unit, and one of my kids and I went up there and used those resources there. And it helped. And it helped them to realise that I was pretty sad. Like, I mean, they got on antidepressants. Other than that, I'm not too sure what's out there.*

Despite the lack of awareness of the services available in Samoa, mental health professionals within this study reported making significant efforts to raise awareness about their services, with youth responding positively to their programs and campaigns.

Many young people do seek professional help, but they often feel unsafe or believe that their efforts will be in vain. This perception underscores a critical gap in follow-up and continuity of care, which can further discourage youth from seeking assistance. The lack of consistent and sustained support leaves them feeling abandoned after their initial contact, deepening their reluctance to reach out again.

Participant A expressed:

> *You can go to the mental health unit. And you can ask them, like, you can tell them, 'I don't feel okay'. You'll talk to someone but you won't get like, referred again or given extra support I think.*

While professional services exist, a major challenge is the absence of consistent, dedicated support specifically tailored for youth. This gap is further compounded by the scarcity of counsellors in schools, where early intervention and continuous support are crucial. With limited access to in-school counselling, many young people face additional barriers to

receiving timely and appropriate care, leaving them even more vulnerable to the effects of untreated mental health issues.

4.5.2 School-based mental health support

Participant A expressed their thoughts on school counselling being practically non-existent for youth in Samoa:

> *Even in schools, you'd think that there would be something for someone to talk to. Especially when our youth are so high-risk for suicide in Samoa. But no, it's such a such a bad thing, I would think someone was at that stage where they see it as like a necessity.*

Participant D, a teacher, lamented:

> *Last time we had a female counsellor in schools was, I don't know, seven years ago. And girls have been going to the vice principals, or to open up to me.*

Participant D also talked about their experience with a young student facing their fear of opening up about a serious issue to their parents:

> *She was afraid that the family won't believe her. And the whole family is gonna hate her. And she says that what she's been struggling through, her family will just say that she has been possessed, like she knows how they will react. She said she would rather come and talk to me at school.*

This situation underscores the gap in professional mental health services, particularly for young women, and highlights the crucial role that teachers must play due to the lack of dedicated mental health services in schools. “Schools play a crucial role in providing safety and mental health assessments and interventions for children, especially in the context of disasters and crises, making them a critical setting for the delivery of mental health support services” (Lai et al., 2016, p. 2). As studies suggest schools play a crucial role in mental health awareness, it is clear teachers are in a pivotal position to identify and support students with mental health concerns (Johnson et al., 2011). Research indicates that a significant part of a teacher’s role involves promoting students' mental health and wellbeing, and they need to be confident in their ability to do so (Johnson et al., 2011). Despite this, concerns remain about teachers' effectiveness in this role and their perceived lack of training for supporting mental health issues (Graham et al., 2011; Rothì et al., 2008). Participants with teaching experience in Samoa have expressed concerns that, although they can positively impact students' mental health and support their help-seeking attitudes, they often struggle due to limited resources

and training. As noted in section 4.4.1, there have been instances where social media's impact on students' mental health has led teachers to provide support beyond work hours, even visiting students' homes to offer consolation.

As explored in previous themes, the stigma around mental health in Samoa creates a major barrier to seeking help. Trust is essential for encouraging young people to open up to older generations, but the prevalent gossip culture, as discussed in Theme 1, has hindered this process. As a result, many youth turn to teachers or online peers for support rather than utilising the available mental health facilities on the island. As participant M shared their understanding of why youth steer clear of asking their families to see mental health services:

> *They try to open up, but the old people don't understand. And because they don't understand the kids don't often open up. That's how it goes. And that's why there's a disconnect.*

This highlights the deep-rooted fear of judgment and disbelief that prevents many young people from seeking support from their *aiga* for professional help. The issue of a disconnect between both generations became evident as the talanoa went on with multiple participants who expressed their fear of judgement when opening up to their parents, who often deny validation toward their vulnerability.

Participant M expresses his thoughts on why the mental health stigma has been so deeply engrained within the older generation and the cause of disconnect between the two generations:

> *My take is that the stigma around mental health and why the youth don't talk about it, is because other people around them refuse to understand. It's not that they don't understand is that they refuse us to go like getting a mental health check-up. They say it doesn't exist. Older people refuse to acknowledge that the kids are having mental health issues because they believe that the kids are growing up and sharing the same experiences and atmosphere that they grew up in. But it's a completely different world you know? And what happened to our parents when they have mental health problems? They were given hidings, or it was brushed off. Yeah, they can be mentally strong, or they say something like you don't have to cry about it… so they dig deeper hole for their kids.*

4.5.3 Faith-based counselling services

As explored through this study, religion and traditional beliefs play a significant role in shaping the attitudes toward mental health in Samoa. Participant M shared:

> *Religion is a big player in all of this. Because sometimes you feel a lot of shame reaching out in some way, and of course in Samoa, Christianity's the one that we mostly all practice. And I see youth moving away from traditional denominations where it's strict and restrictive from the elders and traditions and go to the more modern ones. This way they can be themselves and let their emotions out but the elder generation doesn't usually agree with it*

There is an evident shift towards more modern, flexible forms of worship reflecting a broader generational conflict and impacts how mental health is perceived and addressed. It touches on the disconnect that is occurring within Samoa and why many youth are moving away from traditional churches, which usually have faith-based counselling, and therefore not using the services provided to them.

Participant B stated this saying:

> *I guess you can go to the church services to get counselling as well. But there's nothing really in the middle lane, like you either to get to the extreme side of mental health or you get life advice from your pastor but there's nothing in between to help us stopping getting to the breaking point. I'd rather skip the traditional religious formalities and be in a worship space where I am free to express myself, even if my parents disagree.*

Participant L, a mental health professional, shared his thoughts on why youth refuse to be vulnerable with the adults in their lives:

> *The key to depression is to talk about just some sharing, you know, so letting them know that sharing is the key. There are certain means of sharing and with us, we do it in a more professional manner that we don't talk about sharing it with your friend, your pastor or much like to a family member there is always a risk that then your whole village, church and district will know*

Trust emerged as a significant theme in each talanoa when discussing youth help-seeking behaviour. Trust is built through behaviours like confidentiality, honesty, respect, and empathy, which foster adolescents' confidence in their healthcare provider (Hermann et al., 2021). Trust is fundamental to the relationship between adolescents and their healthcare providers. As they navigate the developmental phase marked by increased scepticism and a

growing awareness of relativity (Steinberg, 2020), trust becomes even more crucial (Hermann et al., 2021).

There is a notable level of distrust among youth towards major faith-based counseling services in Samoa, including those provided by church leaders such as pastors and bishops. Although religion plays a central role in Samoan culture (Amosa, 2014), there remains a perceived mistrust of these services according to the participants of this study. Church-based counseling remains a viable avenue for youth seeking help but unless the collective culture of gossip and stigma of shame lessen, youth are hard-pressed to seek help through this avenue. Interestingly, despite this distrust, 100% of participants are still actively connected to a religious organisation and stated it as an important part of their daily lives. This highlights the significant role that religious platforms can play in providing support if they are able to master confidentiality and a variety of support solutions aside from spiritual intervention.

4.5.4 Mental Health Awareness Campaigns

Various organisations and mental health practitioners are also making determined efforts to cater to the mental health needs of youth in effective ways. As stated previously, participants were asked if they were aware of any of these services on island. Participant K shared their knowledge on what's available in Samoa for mental health support:

> *We do have a psychologist that people can work with, who can prescribe medication. I mean, there are antidepressants here that you can get. And there's even, like attention deficit/ADD medication, Ritalin, and Adderall that is available here. Medications is here if people seek them, but what I think what we need is to start educating people about mental health and creating awareness before the medication point.*

This suggests that while medical treatments are accessible on island, there is a critical need for increased education on mental health issues and the available services. Despite the availability of mental health services, stigma remains a significant barrier to accessing care. This coincides with the Nabors et al., (2014) study which indicates that the major perceived barriers for youth seeking help were embarrassment and not wanting to be labelled crazy.

Participant L shared their experience with efforts in mental health awareness and education campaigns:

> *Oh yes, there is still that stigma, although there's a lot of awareness campaigns and a lot of efforts that we put out in actually trying to help the youth and we see it is working*

because young people come in to see the mental health team more often you know but they are labelled as coming into a crazy house, being where people who are 'crazy' go.

Participant L further emphasised the importance of early intervention and how people are starting to come to the mental health unit when they show these signs, rather than the general perception that you must only go when you need life-saving help:

When they start getting early warning signs, they are coming now. Because now the knowledge is starting to get out there for our youth, especially with schools, and their teachings about our services. And also awareness campaigns in the villages. Youth are starting to know there is a place to go.

Early intervention is essential for preventing the escalation of mental health issues (McCutchan-Tofaeono, 2021), and efforts to raise awareness of available support signal a positive shift toward proactive mental health care in Samoa. However, Participant L highlighted a major challenge: the shortage of human resources to extend these efforts further into communities. Mental health professionals in Samoa are actively educating schools, workplaces, and villages about the history of mental health and available support services to prevent escalation. While this is a significant step in the right direction, the limited human resources hinder the broader implementation of these initiatives across Samoan communities. Youth focused organisations have also noticed massive changes in the way youth view mental health as they run instrumental mental health awareness campaigns. This has played a crucial role in reducing the stigma surrounding mental health in Samoa. By bringing mental health discussions to the forefront, they have challenged traditional views and promoted a more open dialogue.

Participant H talked about their success in organising a television show based on raising awareness about mental health services available, not just for youth but for parents as well:

We bring a lot of mental health service providers like Salvation Army, Goshen Trust and others on our show, and youth get to ask them questions. We've had panel of youth, and they would be asked questions, and it would be on TV, and it would be an immediate message like a lot of parents, especially the parents of the youth that we had on the show, and they had those conversations in Samoan and English.

Participant H added that, while they have had success with youth, parents reaching a deeper understanding of mental health has been more challenging:

I think we still haven't got to the point where you have parents coming in to use our services, but I am hoping that by only educate youth, they bring their siblings and then their parents can see it [a change]. We still try though, that's why we film so much stuff to play in the morning, because parents are watching. And we find a lot of messages from parents that they watch the show. And they love it. And they get to learn more about it. But still haven't gotten to the step where they are coming in.

Participant G, another mental health provider, stated:

I've seen the changes in our youth, and them understanding their parents trauma, and not having those ideas that it's all their parent's fault for the way they act and react. I was at another workshop, and it was really cool to see young people at the university, say they understand the trauma and generational trauma. That their dad's abuse was from the abuse he faced from his grandfather, things like that. It's a big shift.

This understanding helps break the cycle of blame and encourages youth to seek help for their mental health issues. As discussed in section 4.2.3, past gaps in mental health education have meant that many older generations struggle to grasp the concept of generational trauma. However, today's youth have more opportunities to educate themselves about trauma and mental health, creating an opportunity for lessened stigma in the future. The increased awareness from mental health services has empowered young people to proactively address their mental health. Participant G has observed that youth are now recognising their struggles as part of a broader context that can be managed with professional support, which has positively influenced their help-seeking behaviour.

4.5.5 Culturally Appropriate Mental Health Resources

Although there has been significant progress with mental health awareness engagement, a significant issue persists: the availability of resources to support youth once they are aware of these mental health issues. Participant H noted in their talanoa:

We can promote mental health so much, but there's no resources. And kids are smart, I can go into the space, say 'we're going to talk about mental health' and educate them. But then where do they go? What can they use?

This gap is compounded by the scarcity of culturally relevant resources and the mismatch between available materials from other countries and the specific needs of Samoan youth. As a result, even when young people are educated about mental health, they often face difficulties

finding the support they need to manage their issues effectively. Addressing this gap requires not only increasing awareness but also ensuring that adequate, culturally sensitive resources and support systems are in place to help youth apply their knowledge in practical, meaningful ways (Tamasese et al., 2005).

Participant E highlighted the issue of Western resources being given to Samoan youth:

> *We have these new words, these palagi words, where it makes sense in the Western context but doesn't make sense for 'Samoan' mental health. So, what is needed is not making it a brand-new language and having culturally sensitive resources by making it make sense to our culture and our community so we can all learn more about our mental health.*

In the Samoan context, the subtleties of the Samoan language are crucial for grasping the significance of key cultural concepts (Tamasese, Peteru, & Waldegrave, 1997). When mental health concepts are presented in a way that resonates with their cultural identity, it enhances understanding and acceptance, encouraging more youth to seek help (Mokuah et al., 1991). Language makes a big difference in the comprehension of resources and that is only one factor of many when it comes to this issue. Therefore, it is evident that a barrier to decreasing the stigma in Samoa is that resources or concepts for mental health have a Western influence over them.

Participant C stated this:

> *We are Samoans and we are proud of our culture so I do understand when new ideas on social media might not be welcomed by the oldies. But I think we need education that is based on our culture to make it intertwine with how we live and what mental health is.*

Understanding and addressing mental health issues in Samoa requires a culturally sensitive approach that resonates with the local context and values. Despite increased awareness and positive shifts in help-seeking behaviour among youth, there remains a critical gap in culturally appropriate resources. This statement underscores the need for mental health resources that are not only available but also culturally relevant and understandable within the Samoan context. Culturally appropriate resources should reflect the cultural values, language, and social realities of Samoan culture and Samoan youth (Tamasese, Peteru, & Waldegrave, 1997). There is a clear need and desire for culturally relevant resources to pair with awareness and education campaigns that is occurring in Samoa by the available mental health services. Enquiring these resources would help to elevate the information that youth are receiving online

about mental health and in the long term, break the mental health stigma down even further than it has been already. The availability and accessibility of mental health services in Samoa significantly influence the help-seeking behaviours of its youth.

4.5.6 Conclusion of this theme

In conclusion, addressing mental health issues in Samoa necessitates a multifaceted approach that includes increased awareness of services, implementation of school-based counselling, confidentiality agreements with faith-based counselling and development of culturally relevant resources. To make a meaningful impact, mental health education should be aligned with Samoan cultural values, ensure confidentiality and cater to youth to ensure that it resonates with and supports the community's unique context. By doing so, we can empower youth to seek help with greater confidence and openness, breaking down barriers and fostering a more supportive environment. This approach not only helps in reducing the stigma associated with mental health issues but also provides young people with the tools and resources they need to address their mental health concerns proactively. By addressing these needs and integrating mental health education within the cultural framework of Samoa, we can promote a more inclusive and effective support system for youth, ultimately leading to decreased perceived stigma and improved mental well-being across the community.

CHAPTER 5: DISCUSSION

5.1 Introduction

This chapter delivers a discussion of the key findings that were presented in the previous chapter and gives insight into how the findings answer the overall research questions. The rise and widespread adoption of social media means it has become an integral part of daily life for many Samoans, influencing communication, social interactions, and cultural practices (UNICEF PACIFIC, 2017). However, the proliferation of social media has also brought about new challenges for youth who are navigating mental health within a Samoan context. While social media platforms provide opportunities for connection and community building, they also facilitate the spread of negative perceptions of mental health (Mabalot, 2020). Understanding these statistics and coupling them with the collected qualitative insights, allows the research to provide a nuanced examination of the intricate dynamics surrounding youth and mental health which has been shaped by the digital age.

5.2 Discussion

The research questions governing this thesis were prompted to investigate RQ1) “In what ways do young Samoans and mental health professionals conceptualize and encounter mental health within the context of the digital age and rise of social media?” and RQ2) “What challenges and opportunities exist in addressing mental health issues and help-seeking behaviour for this demographic?”. Fifteen participants, a mix of youth between 18-25 and mental health professionals, participated in this research and were asked questions through the Talanoa Method. The data revealed valuable insights into the intricate relationship between the digital age and the mental health of young Samoans. There were five key themes identified: Samoan Societal Norms and Mental Health Stigma, The Elder Generation Perspective on Mental health, The Younger Generation Perspective on Mental Health, The Impact of Social Media on Youth Mental Health in Samoa, as well as Mental Health Services in Samoa and Youth Help-seeking Behaviour.

The findings of this research reveal the conceptualization of mental health among young Samoans and mental health professionals is deeply influenced by the traditional societal norms in Samoa. The hierarchical nature of Samoan society dictates an approach that creates an environment where the voices of young people are often stifled, and their mental health concerns are not given due attention. To reiterate what Participant D stated, "*There's a hierarchy that has always been here in our culture and it really affects young people speaking up about their mental health. Parents and adults talk here. Kids don't sit here, kids don’t talk*

back." Even though youth are exposed to modern ideas of mental health through digital media, this is evidently conflicting with traditional beliefs. There is nothing inherently incorrect about the traditional belief surrounding fa'asamoa and mental health, however, the perpetuation of certain norms can create a barrier for decreasing the stigma.

Maintaining face and sustaining a good reputation are deeply embedded values in Samoan society, shaping behaviours around mental health for youth and older generations alike. Based on participant responses, there is a pervasive fear of damaging one's reputation or bringing dishonour to the family, which often leads to the suppression of discussions on mental health issues. This fear extends to taboo topics such as sexual abuse, LGBTQIA+ experiences, and suicide, making these issues difficult to address openly. Participants shared concerns that cultural and religious taboos, along with the desire to protect family honour, contribute to the stigmatization and isolation of those affected by these challenges. However, it is important to distinguish between the cultural emphasis on respect and *va tapua'ia* (sacred relational spaces) and the harmful misuse of these values to justify silence or inaction in cases of abuse. For instance, a participant recounted the story of a young girl who suffered sexual abuse and was denied family support due to concerns about reputation. While such situations tragically occur, they do not align with Samoan cultural values of accountability, respect, and justice. Instead, they reflect the distortion of cultural norms in certain families, which has led to ongoing psychological distress for those involved (Pease, 2024).

This study highlights the need to critically examine how cultural values can be misinterpreted or misapplied, allowing harmful behaviours to persist under the guise of preserving family honour. Addressing this misalignment can help to challenge the stigma surrounding mental health and taboo topics in Samoan society, opening pathways for discussions that honour true cultural values while supporting those affected.

Confidentiality is another significant challenge. The pervasive culture of gossip and the overlap of social spaces in Samoa as a collective society, makes it difficult to find safe, confidential environments for discussing mental health issues. It is a notable finding that there is a lack of safe space to openly discuss about taboo topics due to the social overlapping nature of each space. These spaces are often this way in Samoa due to the smallness of the island, whereby everyone is connected closely. As mentioned previously, Samoa boasts a total population of just over 222,382 (United Nations, 2022). In contrast Auckland city 2024 population is now estimated at 1,692,770 (World Population Review, 2024). This comparison highlights that there is an intimate nature of Samoan society and can speak to why the culture of status and gossip may deeply affect the mental health stigma for people in need of treatment or support.

Data from this study has demonstrated that young people see a perceived lack of confidentiality with support systems which discourages help-seeking behaviour in order to avoid shame if personal disclosures are shared within the community. This finding is supported by the research that by threatening individuals with status loss and by effect, discriminatory consequences (Link & Phelan, 2001), stigma becomes the primary obstacle to mental health treatment and recovery (Corrigan & Watson , 2002). All participants mentioned the assumption that the stigma surrounding mental health was still heavily present in Samoa and their underlying concern being that there is a culture of mistrust and judgement between those in a position to support.

These societal norms are heavily influenced by traditional beliefs and Christianity. These views significantly shape how mental health issues are conceptualized and encountered by both the young and the old. Traditional views often link mental health symptoms to supernatural causes, such as *ma'i aitu* phenomena, where illnesses are attributed to spirit possession or curses. For instance, severe schizophrenia or physical deformities in children are sometimes seen as the result of violating sacred taboos within familial relationships (Clement, 1982). This belief leads to a reliance on spiritual interventions, such as prayer and fasting, rather than seeking medical or psychological help. One participant explained, *"It's touchy but they really do think everything can be solved by God or like religion. You know, like, if you're struggling with something they will just tell you 'Oh, give all your burdens to God, just pray about this pray about what you are struggling with' and you know, it doesn't completely fix the problem at all."* The reliance on spiritual solutions also creates a barrier to accessing appropriate care. As mental health issues are seen as spiritual symptoms, there is a delay in seeking medical or psychological help. This delay can worsen the condition and increase the risk of severe outcomes, including prolonged suffering and suicide. Responses in the data lamented that there is a need for support beyond the religious realm while also admitting that this is difficult due to the nature of heavy Christianity weaved throughout everyday Samoan life. It is also worth noting that while there were multiple negative reactions to the use of religious belief as the sole solution to mental health issues, 95% of participants in this study leaned toward deeply appreciating the important role of Christianity in their lives and therefore would never dare rebuke it but understand that there should be other support options available.

Additionally, a key finding from this study is the significant generational disconnect in understanding mental health. Many Samoan parents grew up in an era without social media, where mental health issues were not commonly discussed or as widely recognized. This generational gap presents a challenge in addressing the mental health needs of the youth, as

parents may not recognize or understand the pressures unique to younger generations, particularly those arising from social media. One participant shared, *'Parents haven't received any tools on how to deal with their own emotional and mental health. And so they have nothing that they can share with their kids.' Another participant pointed to the dismissive attitudes of some in the older generation: 'When a child is continuously telling them that this is happening, and they just choose not to understand.'* This perceived reluctance to engage with mental health issues by the older generation reinforces stigma, making it difficult for young people to feel validated and supported.

However, it's important to note that the older generation did have cultural tools for addressing emotional wellbeing, such as *talanoa* (open dialogue), *fa'afaletui* (a process for consensus and wisdom sharing), *fa'aleleiga* (reconciliation), and *fa'atoesega* (forgiveness). These tools have traditionally supported mental and emotional health in Samoan culture. The gap in understanding between generations is thus not solely due to a lack of education or resources; rather, it reflects differences in experiences and influences, with the younger generation being more exposed to social media and the unique psychological stressors it brings. This finding suggests that the generational divide in mental health understanding may partly arise from differing life contexts, with social media introducing new challenges that traditional tools alone may not fully address. By bridging this gap, Samoan families can work towards reducing mental health stigma and fostering supportive environments that respect both traditional values and the evolving needs of the youth.

Through talanoa, it became evident that mental health perspectives are evolving across generations, influencing how young people engage with mental health discourse. The perspective of the younger generation on mental health in Samoa is pivotal, given that many participants in this study were young people sharing their experiences and stories. One participant highlighted this generational gap in empathy and understanding: *"People [older generation] say, 'Oh, they're weak... like, why are they just attention-seeking, you know, all the negative things. There's no, like, empathy.'"* Studies suggest that younger generations have higher levels of mental health literacy, meaning they are better able to identify signs and symptoms of mental illness and know where to seek help (Baral, 2022). This increased awareness among Samoan youth is reflected in their conversations and actions, as they are more open to discussing mental health issues and showing sympathy towards those struggling. This openness is also reflected in young people's attitudes, who are more willing to discuss mental health issues and show sympathy: *"We're a lot more sympathetic...towards, like, people struggling with their mental health."* Sympathy, defined as an emotional reaction of pity towards another's misfortune, contrasts with empathy, which involves understanding

and acknowledging another's feelings (Sinclair, 2017). Many young people see themselves as shifting the narrative around mental health awareness through both sympathy and empathy. Responses throughout this study have shown evidence that the stigma around mental health is slowly wearing down as generations go by.

The younger generation in Samoa is increasingly breaking the stigma surrounding mental health by shifting conversations from traditional spaces to online platforms, a change that aligns with the Fonofale model's emphasis on the interconnectedness of different life aspects, including culture, family, and well-being. Social media provides a culturally safe space for young people to discuss mental health, away from the scrutiny of the elder generation and the pervasive gossip culture. This shift is particularly significant given the Fonofale model's focus on the roof, which represents cultural values and family beliefs that can both support and hinder mental health (Pulotu-Endemann, 2009). O'Reilly's (2019) research supports the role of social media in promoting mental health among adolescents, showing that it allows them to seek information and share experiences, thus reducing stigma and fostering a sense of belonging. As one participant who advocates for mental health noted, "*Social media has helped people understand that therapy and counselling... They know there's things that are wrong in their homes."* This access to information helps demystify mental health issues, toxic situations, and experiences, encouraging individuals to seek help. This is consistent with findings from my study, where Participant E emphasized the empowerment gained from finding relatable experiences online: *"I know that I can go to social media and find someone who's been through what I've been through."* Social media is helping to normalize conversations about mental health in Samoa and encouraging individuals to learn more as by providing a platform for mental health professionals to reach a wider audience and offer resources that may not be otherwise accessible. However, it is crucial to note that social media should complement, not replace, professional mental health services. It can enhance support by offering access to information, resources, and a supportive community.

This finding suggests that future research should explore how digital platforms can be better integrated with traditional support systems in Samoa, in line with the Fonofale model's holistic approach. Additionally, policymakers and educators should consider how to provide more culturally appropriate resources to support this growing awareness, ensuring that the foundation (the *aiga* and *gafa*) and the roof (cultural values) are aligned to promote mental well-being.

As the talanoa continued, participants consistently agreed that social media negatively impacts youth mental health, particularly for those lacking knowledge about cyber-safety or

mental health issues. Many expressed concerns that social media's anonymity and detachment often lead to harmful behaviours with serious psychological consequences (Kim, Ellithorpe, & Burt, 2023). This behaviour online is primarily influenced by the detachment many feel from real-life consequences, a detachment reinforced by the anonymity and lack of face-to-face interactions that social media provides (Lareki et al., 2023). Even though cyber-safety laws are in place through the Crimes Act 2013 (Parliament of Samoa, 2013), participants noted that these laws are often not enforced. This perceived lack of accountability contributes to a sense among youth that there are no real consequences for their online actions (Kim, Ellithorpe, & Burt, 2023). As a result, behaviours such as cyberbullying and the misuse of anonymity intensify across all age groups, further perpetuating the stigma around mental health in Samoa.

It is evident that youth in Samoa are particularly vulnerable multiple negative effects of social media. Social media exposes youth to risks such as cyberbullying, self-harm content, and unhealthy comparisons (Morey & Burns, 2008). Firstly, self-comparison on social media. These platforms often promote unrealistic ideals, leading to low self-esteem, depression, and disappointment when young people fall short of these standards (Zhao, 2008; Morey & Burns, 2008). Most participants in this study agreed that social media significantly impacts the mental health of Samoan youth. Secondly, platforms have been found to normalize self-harm, facilitate discussions about suicidality, and even broadcast live self-harm acts (Dyson, 2016). A participant noted a troubling trend where youths were challenged to drink pesticide and post it on TikTok. Such trends, amplified by algorithms exploiting emotional triggers, are distressing for mental health practitioners and parents. Lastly, Koehle (2024) notes that social media algorithms also exploit emotional triggers to keep users engaged, which significantly influences mental health. Participants observed that youth often share thoughts of suicidality and self-harm online, including images of injuries. While social media can provide access to mental health resources, concerns remain about the safety and effectiveness of seeking help in an unregulated environment. As one participant highlighted, *"Social media has helped people understand therapy and counselling, revealing issues in their homes,"* but the manner of sharing these issues may not always be safe or constructive. The Fonofale model of health, which centres the individual within a holistic framework (Pulotu-Endemann, 2009), underscores the importance of cultural, spiritual, and physical dimensions of well-being, all protected within the metaphorical *fale*. The Fonofale model also emphasizes the importance of relationships and social support (Pulotu-Endemann, 2009), which are represented by the connections between the different aspects of the fale. However, when these connections are disrupted by negative online behaviours, the support system within the fale is weakened. Social media disrupts the Fonofale foundation, particularly affecting the mental and spiritual

aspects crucial to overall well-being. The lack of strong, culturally rooted online support systems means that social media can destabilize the fale, undermining the mental and spiritual health of youth.

To maximize the positive aspects of social media while mitigating its negative impacts, mental health practitioners and policymakers must work together to create strategies that address these challenges. This can include education campaigns on cyber safety, the development of online support groups, and the creation of resources to help individuals navigate the complex landscape of social media and mental health. By doing so, it is possible to harness the potential of social media to support mental health while protecting youth from its risks. Integrating these efforts with culturally appropriate frameworks like the Fonofale model can help ensure that the support provided is not only effective but also resonant with the values and beliefs that are central to Samoan identity.

The availability and accessibility of mental health services in Samoa significantly impact youth help-seeking behaviour, highlighting both challenges and opportunities in addressing mental health issues for this demographic. The lack of widespread awareness and the stigma associated with seeking help present considerable challenges. Despite the presence of a mental health unit at Motootua Hospital and faith-based counselling services, many youths are either unaware of or hesitant to use these resources due to stigma, fear of gossip, and inconsistent follow-up care. While majority of participants knew about the mental health unit, fewer than 30% were aware of other available services, highlighting a substantial gap in the dissemination of information about mental health resources. Participants noted that stigma and fear of judgment often lead youth to turn to substance abuse as a coping mechanism. Concerns about being labelled or judged by their community discourage many from seeking professional help. Consequently, help-seeking behaviour has increasingly moved to online platforms where peer support is more accessible (Lee, Leung, & Kim, 2014), though this shift introduces new challenges, such as exposure to harmful content and unregulated advice.

A clear need exists for culturally relevant resources to complement current awareness and education campaigns. Participants expressed a desire for resources that align with Samoan cultural values, which would enhance the information youth receive online and further reduce mental health stigma. Integrating culturally appropriate frameworks with mental health education can make support systems more resonant and effective (Enoka et al., 2013). The findings from this study have emphasized the critical need for early intervention services for youth. They highlighted a significant gap between academic-based counselling for stress and extreme interventions involving mental health units and medication. Schools could play a vital

role by providing mental health counsellors, but many lack the necessary resources and trained personnel (Lai et al., 2016). Teachers often step in as informal counsellors, but they frequently lack the training and resources needed to support students effectively (Graham et al., 2011). Traditional faith-based counselling, while available, often fails to meet the needs of the younger generation, who may distrust these services and prefer modern forms of support. Participants noted that while religious counselling is accessible, it does not always resonate with their experiences and needs. Efforts to improve mental health outcomes should focus on increasing awareness of available services, implementing school-based counselling, and ensuring confidentiality in faith-based counselling. Enhancing these systems within educational institutions and developing resources that reflect Samoan cultural values will empower youth to seek help with greater confidence.

In conclusion, addressing mental health issues in Samoa requires a multifaceted approach that includes raising awareness, improving service accessibility, and integrating culturally relevant practices. By aligning mental health education with Samoan values and providing structured support, we can foster a more inclusive and effective support system. This approach will help dismantle stigma, reduce barriers to seeking help, and promote better mental well-being among Samoan youth, ultimately leading to a more supportive and resilient community.

5.3 Gaps in Research and Future Directions

Despite growing awareness and recognition of mental health issues in Samoa, significant gaps remain in understanding the complex dynamics of social media, mental health stigma, and help-seeking behaviours among Samoan youth. One notable gap is the limited research examining the specific impact of social media on mental health perceptions and behaviours within the Samoan context. While studies from other regions have explored the relationship between social media use and mental health outcomes (Berryman, Ferguson, & Negy, 2018), there is a need for localized research that considers Samoan cultural norms, values, and experiences.

Furthermore, there is a lack of research on the effectiveness of interventions aimed at reducing mental health stigma and promoting help-seeking behaviour among Samoan youth. While community-based initiatives and public awareness campaigns have been implemented in other contexts (Hope & Enoka, 2009), their applicability and effectiveness in Samoa require further investigation. Additionally, there is a need for longitudinal studies to assess the long-term impact of social media use on mental health outcomes among Samoan youth. Longitudinal research can provide valuable insights into the trajectories of mental health

stigma, help-seeking behaviour, and psychological well-being over time, allowing for the development of targeted interventions and policies (Smith, Vogt, & Fox, 2018).

Moreover, there is a lack of research examining the role of traditional healing practices and cultural interventions in addressing mental health stigma and promoting resilience among Samoan youth. Indigenous healing modalities, such as traditional storytelling, dance, and ceremonies, may hold the potential for enhancing mental health outcomes and fostering cultural identity and belongingness (Lui, 2007). Future research should explore the integration of traditional healing practices into mental health care services and assess their impact on reducing stigma and promoting mental well-being among Samoan youth.

Addressing the research gaps requires a multidisciplinary and culturally sensitive approach that acknowledges the complex interplay of social, cultural, and psychological factors shaping mental health perceptions and behaviours among Samoan youth. By prioritising localised research, longitudinal studies, and the integration of traditional healing practices, Samoa can develop evidence-based interventions and policies that effectively address mental health stigma and promote resilience among its youth population.

5.4 Limitations

The first limitation of this research was the mode of participant interaction. Due to time constraints, my stay in Samoa was limited, and many of the talanoa were conducted via Zoom. Talanoa is a method that encompasses not just verbal communication but also non-verbal cues, including body language (Vaioleti, 2006). The lack of face-to-face interaction meant that I could not fully capture and analyse the non-verbal elements of the conversations, which may have resulted in some quotes missing their intended tone or depth of meaning.

Another limitation was the relatively small number of participants. Time constraints and the scope of a Master's thesis restricted the breadth of the study. Future research could benefit from including a larger and more diverse sample, focusing on specific age and gender groups within Samoa. This expanded approach would provide a broader range of perspectives beyond the fifteen participants included in this study.

Additionally, the study's focus on mental health practitioners was constrained by their availability and the limited number of professionals in Samoa. While this research included insights from teachers who act as informal counsellors, future studies could delve deeper into the perspectives of mental health professionals. This would offer a more comprehensive

understanding of mental health stigma and the impact of social media from a professional standpoint.

Future research should consider these limitations and aim for a longer timeframe to broaden the participant base, include more in-depth studies with mental health practitioners, and use in-person methods to capture the full scope of talanoa, ensuring a richer and more nuanced analysis.

CHAPTER 6: CONCLUSION

6.1 Introduction

This research was designed to explore how young people conceptualise and encounter mental health in the digital age as well as what challenges and opportunities exist in addressing mental health issues and help-seeking behaviour for this demographic. The Talanoa method was conducted with fifteen participants to gather qualitative data. This chapter provides the answers to the research questions and presents the implications of the study.

6.2 Answering the research question

This study posed the research questions RQ1 “In what way do young Samoans and Mental Health Professionals conceptualise and encounter mental health in the context of the digital age and the rise of social media?” and RQ2 “What challenges and opportunities exist in addressing mental health issues and help-seeking behaviour for this demographic?”

This research aimed to explore how young Samoans navigate mental health in the digital age and context of the rising use of social media. There is widespread concern across generations about the negative impacts of social media on young Samoan mental health, there is also a shared recognition of its potential to enhance mental health awareness and literacy.

Social media in Samoa is viewed negatively due to prevalent issues like cyberbullying and harmful trends. Mental health professionals frequently encounter severe cases linked to these online problems. Participants noted that the lack of digital education in Samoa has led to a detachment from the real-life consequences of online behaviour, affecting all age groups, not just youth. While there is consensus that the negative impacts of social media on mental health outweigh the positives, societal norms related to gossip and face-saving continue to influence perceptions. The study participants observed that social media merely amplifies existing cultural practices rather than introducing entirely new issues.

Despite fears regarding the adverse effects, many acknowledge that social media has opened new avenues for raising awareness and improving understanding of mental health issues. Social media has been a key factor in shifting the mindset of Samoan youth toward mental health, revealing a significant generational and cultural disconnect with older Samoans. Findings from the study have revealed the differences in perspectives between generations

and displayed how social media also played a crucial role in changing how young people approach and discuss mental health issues.

The generational disconnect is further perpetuated by societal norms such as a culture of face and gossip, and the overlap of social spaces, which intensifies the mental health stigma. Many youths exhibit a general distrust of available mental health services due to these overlapping social spaces, which complicates seeking help. However, digital platforms have provided an alternative context for engaging with mental health, offering a safe space where young people can explore and discuss mental health concepts more openly. Participants are still reluctant to seek help from mental health services in Samoa caused of the expectation that the services are only for extreme situations. This has shed light on the support that mental health services in Samoa lack for the early stages of mental health intervention. This critical gap in the system has turned youth to unhealthy coping mechanisms such as substance abuse or self-harm. Consequently, due to the distrust of social spaces and mental health professionals, youth have turned to social media platforms for peer-to-peer support, mental health education and solace. Feeling unsupported and judged, many youths have turned to social media platforms as an alternative source of support.

Social media provides a space where they can connect with peers, access mental health education, and find solace in shared experiences. While social media offers valuable resources and a sense of community, it also highlights the urgent need for more structured and accessible mental health services that address both early intervention and ongoing support. To bridge this gap, there is a pressing need for initiatives that not only improve the availability of mental health services but also integrate culturally sensitive approaches that resonate with the Samoan context.

This shift in attitude through social media has facilitated the breakdown of mental health stigma in Samoa, as participants increasingly acknowledge mental health issues and express their needs for support. Different levels of acculturation between the elder and younger generations in Samoa appear to influence their attitudes toward mental health and social media. While the elder generation views social media as a largely negative influence on youth, many young Samoans acknowledge that, despite its drawbacks, social media has introduced them to both positive and negative concepts related to mental health. This exposure has allowed them to develop a more nuanced understanding of mental health issues and has contributed to challenging and reducing the strong mental health stigma prevalent in Samoa.

To conclude this study, social media has profoundly influenced how young Samoans and mental health professionals conceptualize and engage with mental health in the digital age. Young Samoans encounter mental health topics through social media in ways that differ significantly from previous generations. Social media platforms provide access to diverse information and peer support, allowing youth to engage with mental health issues more openly and informatively. However, these platforms also present risks such as cyberbullying and exposure to harmful content. Mental health professionals recognize these digital dynamics and see social media as both a tool for awareness and a challenge due to its potential for negative impacts. Youth can also perceive the opportunities and challenges social media has on their help-seeking behaviour. The primary challenge of seeking help based on the findings of this study is the lack of early intervention services and the stigma surrounding mental health, which drives youth to seek help only in severe situations. This gap has led to unhealthy coping mechanisms, such as substance abuse. Social media offers opportunities by providing platforms for peer support and mental health education, helping to break down stigma and encourage help-seeking behaviour. Yet, the effectiveness of these platforms is hindered by the limited integration of culturally relevant resources and professional support systems.

In summary, while social media presents challenges such as cyberbullying and misinformation, it also offers significant opportunities for improving mental health awareness and literacy among young Samoans. Addressing these issues requires a complex approach, including enhancing early intervention services, integrating culturally relevant resources, and leveraging the positive aspects of social media to support youth in their mental health journeys.

6.3 Significance of the study and implication of findings

The contribution of these findings to the study of the effects of social media on mental health for young Samoans and their communities living in Samoa is substantial. A greater awareness of the lived experiences, perceptions and behaviours of young Samoans about mental health in the digital age will be able to assist educators, mental health professionals, as well as the public and those part of the demographic. This study has shown how youth conceptualise mental health with the influence of social media and how it has affected their help-seeking behaviours toward mental health services in Samoa.

By uncovering the intricate link between social media and mental health, these findings may contribute to the improvement of mental health support and policies within Samoa.

The evidence-based insights could shape more effective and culturally responsive mental health initiatives, directly benefiting Samoan youth. Additionally, heightened awareness of the impact of technology and social media on mental health may foster a more informed and supportive community environment. This increased awareness not only benefits the current generation but lays the groundwork for a compassionate and well-informed approach to mental health for future generations. Participants may feel as if they have played a worthy role in helping to spread mental health awareness and break the stigma, as this study ensures that their narratives contribute to shaping more informed and responsive mental health support services and conversations in Samoa.

In essence, the Samoan community stands to gain from this research through potential advancements in mental health and digital media support structures, increased awareness, and a more nuanced understanding of the challenges and opportunities presented by the digital age. As the knowledge disseminates, it has the potential to create lasting positive changes resonating with the unique cultural context of Samoa.

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Appendices

Appendix 1: Mental Health Services in Samoa:

1. Mental Health Unit – Based in Moto'otua Tupua Meaole's Hospital. These services are responsible for all specialist mental health care in Samoa, including community and acute inpatient treatment. Headed by the only fulltime psychiatrist on island Tuifagatoa Dr. George Tutiama who deals with more than 500 recorded mental health cases with a small team (Samoa Observer, 2018).
2. Goshen Trust Mental Health Services – A non-profit organisation founded in 2009 that has established a Mental Health Facility that works to rehabilitate patients for re-integration into the community after staying in the Mental Health Unit (Samoa Observer, 2024).
3. Salvation Army Samoa – A non-profit charity organisation running rehabilitation programmes and services for those with drug and alcohol addictions in Samoa. They work closely with prisons to help re-integrate those with addiction problems back into society (Fruean, 2019).
4. Brown Girl Woke – A non-profit feminist and youth organisation that recruits, trains and mentors University students and young professionals to meet critical community needs in education, public safety, health & environment (Brown Girl Woke, 2024). They lead in teaching young people to help other youth navigate mental health programs and combat the lack of on-island therapists (Membrere, 2021).
5. Samoa Victim Support Group (SVSG) – a non-governmental organisation (NGO) established in 2005 with a mission to provide integrated, personalised, professional services for victims of crime. SVSG protects and promotes the rights of women, children and vulnerable populations, specifically their right to be free from abuse – this includes counselling (Samoa Victim Support Group, 2024)
6. Soul Talk Samoa – A team of dedicated and qualified counsellors and volunteers who provide pastoral counselling as well as Christian counselling services. Pastoral counselling is understood as counselling undertaken by *faifeau* & *faletua* (ministers & wives) that include Christian counselling founded and framed on values and understandings of God. Our counsellors also include qualified and trained professionals in the field of counselling (Soul Talk Samoa, 2024).
7. School Counsellors - The high bullying rate and high youth suicide statistic in Samoa is concerning to mental health professionals. A lecture at the Ministry of Education, Sports and Culture (MESC) indicated that school counsellors are not provided in most private, primary, and secondary schools in Samoa. The National University of Samoa

(NUS) and the Church College Pesega are the only schools with a counsellor (Lecture, September 9th, 2015), (Mauigoa, 2019).

8. Fa'ataua Le Ola (FLO) / Samoa Lifeline – A non-government organisation based in Tamiligi, Apia which offered a 24-hour free quality mental health support service to people in Samoa and abroad. This Suicide prevention body has now been dissolved after two decades (Samoa Observer, 2024).

Note: This list does not include all counselling based in religious settings and churches. While aware they are available for support, if they have not been professionally established as a mental health provider, they have been excluded from this list.

Appendix 2: Interview Questions

Questions for Young People (Age 18-25):

Interviewer (I):

I am really interested in hearing your thoughts on mental health in our community. What do you think about how young Samoans generally see mental health?

I: So, I'm curious, have you come across any beliefs or ideas about mental health that people our age tend to share or maybe misunderstand?

I: Now, let's talk about social media. How do you feel platforms like Instagram and TikTok impact how we discuss mental health? Any good or not-so-great effects you've noticed?

I: Have you noticed any stigma around mental health in our community? What do you think makes it tough for young Samoans to get the support they might need?

I: Our culture is such a big part of who we are. How do you see our traditional Samoan beliefs and practices mixing in with Western ideas about mental health?

I: When it comes to asking for help with mental health, what influences our decisions as young Samoans? Are there things that make it easier or harder for us to reach out?

I: And, in this digital age, have you ever used any apps or online tools to help with mental health issues? If so, how did that go for you? Any challenges or benefits you've noticed?

Questions for Mental Health Practitioners based in Samoa:

Interviewer (I):

Malo Lava Soifua! I am really curious about your experiences working with mental health in Samoa, especially with young Samoans. What's your take on the current state of mental health practices here?

I: In your line of work, what are some of the biggest challenges and opportunities you've run into? Anything that stands out?

I: Now, considering the rise of digital tech and social media, how do you think that's been affecting how mental health services are delivered in Samoa? Have you noticed any changes in how young Samoans approach mental health support?

I: Stigma around mental health can be tough. From your professional standpoint, what strategies or approaches have you found effective in tackling this issue among young Samoans? And how do you navigate cultural beliefs in the process?

I: Balancing traditional Samoan beliefs with Western mental health frameworks sounds like it could be complex. How do you go about integrating the two when working with young Samoans? Any examples of how cultural sensitivity plays a role in your practice?

I: Lastly, in this age of technology, have you incorporated any digital tools or tech in your mental health practice with young Samoans? If so, what's been your experience with the benefits and challenges?

Appendix 3: Participant Demographic Chart

Participant	Age	Gender	MH or Youth?
A	23-25	Female	Young Mother – Stay at Home Mother for her young child
B	23-25	Female	Young person with no dependents, full time student
C	20-23	Female	Young person, no dependents, full time student
D	40-50	Female	Mental Health advocate, teenage children still in high school, over 20 years of experience
E	25-30	Female	Mental Health Professional in the youth space, over 3 years of experience, no dependents
F	18-20	Female	Young person, no dependents, final year of high school
G	23-25	Female	Mental Health Professional, over 2 years of experience, working in the youth space primarily with females
H	35-40	Female	Mental health Professional, over 15 years of experience, started own wellbeing organization for youth of Samoa
I	23-25	Female	Young person studying Master's in Science at university, no dependents
J	18-20	Female	Young person in her final year of high school, no dependents
K	40-50	Female	Mental Health Professional/ Teacher acting as Pastoral Care, 20 years of experience, teenage and adult children
L	40-50	Male	Postgraduate Mental Health Professional, over 20 years of experience
M	23-25	Male	Young person working in the Government sector, no dependents, caring for his elderly mother
N	40-50	Male	Mental Health professional in Pastoral Care at a Church, over 20 years of experience, primarily working with Males in the church space
O	20-22	Male	Young person working in the Communications Sector, no dependents

Glossary

Aiga Family

Aitu Ghost or spirit.

Alofa Love

Atua God

E fa'avae i le Atua Samoa – Samoa is founded on God

Faa'aloalo Respect

Fa'afafine Gender fluid peoples, roughly translated as 'in a manner of a woman'

Fa'alavelave ceremonial or family obligations

Fa'a Matai Chiefly structure - traditional Samoan form of governance

Fa'asamoa The Samoan Way. This term refers to the Samoan culture and traditions that constitute the Samoan lifestyle

Faifeau Pastor/ Priest

Faitala To make stories

Feagaiga sacred covenant

Fealofani Harmony

FLO Fa'ataua Le Ola – Samoan Lifeline

Igoa Lelei Good Reputation

Laufanua Land

LMS London Missionary Society

Loto maualalo Humility

Lotoleaga Envy

Lotu Church

LGBTQIA+ – Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual and more

Ma'i Sick or Illness

Matai Village chief

Palagi A White or non-Samoan person

Pasifika – Umbrella term anyone with traceable Pacific descent (Pan-Pacific)

Pou Posts

Sa Sacred or set apart

Soifua maloloina o le mafaufau Mental Health

Tagata People

Talaanamua Ancient stories

Talanoa Conversation between people

Tapu Taboo

Tautua Service

Teine Girls

Teine Sā Spirits who roam freely between the human and spiritual worlds.

Tofi Inheritance

Tuaoi Boundaries

Osiosiga Reciprocity

O le ala ile pule ole tautua The pathway to leadership is through service

Va The sacred space for relationships between people and things, unspoken expectations and obligations