

Pasifika Mental Health worker's perspectives on Suicide Ideation amongst Pasifika young women in Aotearoa New Zealand

‘Suicide, a topic so taboo, and stigmatized, is a word that is only whispered or muttered behind closed doors. There needs to be change, and the change starts with you’ – (Centre for Suicide Prevention, 2013).

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Abstract

New Zealand (NZ) has one of the highest youth suicide rates in the developed world. Specifically, suicide rates for the Pacific population showed an increase from 7.2% to 9.6% in 2021 (Mental Health Foundation, 2022). A greater proportion of Pacific youth reported having increased risks of serious mental disorders and suicidality (12%) over the past few years, compared with their European peers (3%). Further, Pacific youth were also less likely to benefit from or access mental health services (Kapeli, Manuela & Sibley, 2020). Suicide ideation refers to thinking about or making plans to commit suicide, according to Harmer et al. (2024). Suicide ideations are higher amongst Pacific youth than in the general population (Teevale et al., 2016). A report from the NZ Youth19 survey indicates that the rates of significant depressive symptoms are high among Pacific females with a rate of 33% compared to 15% for Pacific males (Gossage et al., 2022).

Suicide is rarely discussed with individuals who have lived experience due to the extensive stigma of talking about suicide. Due to their interactions with Pacific youth, Pacific mental health care workers are uniquely positioned to provide insight into suicide ideation. This research aimed to explore mental health workers perspectives on how suicide ideation affects the highest at-risk group, young Pacific women. To capture the perspectives and experiences of the healthcare workers, the Talanoa methodology was utilized to carry out the research. One-on-one Talanoa was carried out with seven Pacific mental health workers across Auckland, which was conducted between August – November 2023. Perspectives and experiences were then analysed using thematic analysis, which revealed emerging themes from the engagement of mental health workers with young Pacific women dealing with suicidal ideation.

Themes that emerged from the Talanoa were the relationship between young Pacific women and parents and how this can contribute to a young woman's emotional well-being. Furthermore, the significance of trust, cultural awareness and creating safe environments for expression and young Pacific woman's ability to feel supported when emotionally distressed. Pacific Mental Health workers highlighted how services could be better enhanced to support young Pacific women experiencing suicidal ideation. It is my hope that this research can improve the stigma surrounding suicide and promote the Talanoa method to the general community to enable safe spaces and healing opportunities.

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Glossary

Words

Aiga	Family
Atua	God
Emotional intelligence	Ability to understand and manage your own emotions and the emotions of others around you.
Fa'alooaloa	Respect and reverence in the form of gifts (i.e. money or food)
Fa'asamoa	Refers to the Traditional Samoan Lifestyle – The Samoan way
Fakasesele	Stupid or foolish person
Fiapoko	A person who is a know-it-all
Gagana	Language
Ideating	Forming an idea of imaging of thinking
Kaupapa	Principles
Lotu	Prayer
Madua	Shame
Mala	Curse
Me'a'ofa	Gift
Palagi	European
Suicidality	Refers to thoughts, feelings, and behaviours related to suicide.

Suicide	Is the act of deliberately killing oneself.
Tapu	Sacred
Teu Le Va / Tausi Le Va	To take care of the relationship
Ulu Leaga	Dumb or crazy head
Vale	Foolish or dumb
Va	Relationship or space in between
Whakama	Shy

Abbreviations

Abbreviations

CDC

DHB

FTE

HDC

MSD

MOH

NZ

OECD

RANZAP

WHO

Definitions

Centres for Disease Control and Prevention

District Health Board

Full-time Equivalent

Health and Disability Commissioner

Ministry of Social Development

Ministry of Health

New Zealand

Organisation for Economic Co-operation and Development

The Royal Australian and New Zealand College of Psychiatrists

World Health Organization

Attestation of Authorship

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

Signed:

Date:.....15/11/2024.....

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I will *give thanks to the Lord, for he is good; his love endures forever.* (Psalm 118:1).

Chapter 1

“We’re all in this together. It’s okay to be honest. It’s okay to ask for help. It’s okay to say you’re stuck, or that you’re haunted or that you can’t begin to let go. We can all relate to those things. Screw the stigma that says otherwise. Break the silence and break the cycle, for you are more than just your pain. You are not alone. And people need other people” – (Jamie Tworkowski, 2015).

Introduction

Suicide is a serious public health concern, yet many people are still unable to talk openly on the topic (Lovero, Santos, Come, Wainberg & Oquendo, 2023). According to Lovero et al. (2023), suicide is one of the leading causes of death for youth aged 12 – 24, with more than 700,000 deaths by suicide occurring globally each year (every 40-seconds). Furthermore, for every suicide event, many more people are attempting and ideating (forming an idea of, imagining, or thinking) about suicide. As a result of the rising suicide rates worldwide for youth, in 2013, the World Health Organization (WHO) declared suicide a ‘global public health crisis’ (Pirkis et al., 2024). The Centre for Disease Control and Prevention (CDC), highlights a significant increase in youth suicide from 2007 – 2021. This rise led to many advocating for further evidence-based strategies and policies for suicide prevention globally (Wasserrman et al., 2020). Research that sheds light on the topic of suicide ideation and provides education for communities is needed (Shepherd et al., 2022).

There is a substantial amount of existing research on youth suicide that is concentrated on the psychological explanations for suicide, particularly suicide ideation (Holman & Williams, n.d; Kirshenbaum et al., 2024). However, various circumstances trigger suicide amongst youth and the reasons behind a suicide or attempted suicide are complex and contentious (Gluckman, 2017). Since the COVID-19 pandemic, there has been an increased risk of suicidal ideation (Fortgang et al., 2021). According to the CDC’s annual nationwide mental health survey conducted in the United States of America, between 2011 and 2021, there was a 60% increase in the number of youths who had experienced suicidal ideation, with the majority being females (CDC, n.d.). Nowtony, Peterson and Boardman (2015) found that 14.6% of young women reported suicidal ideation, while the figure for young men was 8.5%. Although not all who ideate ultimately attempt suicide, suicide ideation is considered a significant risk factor and predictor for both suicide attempts and suicide events (Harmer et al., 2023). The high rate of suicide ideation amongst females prompts special attention. Therefore, understanding how ideation may increase a person’s vulnerability to suicide is critical.

Referencing ‘Pasefika, Pasifika and Pacific’ for this Research

For this research it is important to understand the common terms that are used to describe the Pacific population. There have been many terms alluding to Pacific peoples. Pacific people can include but are not limited to people of Fijian, Tongan, Samoan, Niuean, or Cook Island descent (Matika, Manuela, Houkamau & Sibley, 2021). The umbrella term Pasifika (meaning Pacific in Polynesian languages) was initially cited in NZ in the 1980s to define the ethnic makeup of Pacific migrants from the Pacific Islands to NZ (Bedford & Didham, 2001). The terms ‘Pasifika’ and ‘Pasefika’ have been used interchangeably with Pacific and identify the Pacific diaspora living in NZ hailing from Micronesia, Melanesia, and Polynesia (Matika, Manuela, Houkamau & Sibley, 2021). However, the term has become a common term used in Pacific discourse. Some fear that the Pasifika term confines many with mixed ethnic backgrounds into a single entity, overlooking each culture’s uniqueness and individuality (Leatinu’u, 2023). As such, we acknowledge each Pacific nation’s cultural values and traditions and the beauty and diversity covered by this broad term. The term ‘Pacific’ or ‘Pasifika’ will be specifically used throughout this research to identify a young woman who identifies as having a Pacific heritage and lives in Aotearoa NZ.

Definition of Suicide Ideation

According to Harmer et al. (2024), suicide ideation is a common precipitator of suicide attempts and suicide. Danuta et al. (2021) highlighted that 30% of young people experiencing suicidal ideation will proceed to develop a plan and 60% of those with a plan lead to suicidal attempts. Suicide ideation is defined by Harmer et al. (2024) as “thinking about or formulating plans for suicide”. Harmer et al. (2024) explains that suicidal ideation is closely associated with both suicide attempts and deaths, serving as a significant risk factor for future suicide attempts. Furthermore, Harmer et al. (2024) shows that some individuals may attempt suicide without any prior suicidal ideation. However, this idea is debated because many may not report their feelings or thoughts due to the stigma associated with suicide. A useful analogy is to perceive suicidal ideation as an obscured portion of an iceberg, with the act of suicide as the visible tip (Harmer et al., 2024). Therefore Gossage et al. (2023) reiterates the importance of early identification and targeted intervention for those experiencing suicidal ideation in order to prevent progression towards suicide.

Suicide Statistics Across Youth in Aotearoa NZ

The youth suicide rate in NZ persistently exceeds the global average with the burden of suicide disproportionately impacting youth. The youth population group accounts for 25% of suicide mortality each year inevitably making NZ one of the countries in the developed world with the highest youth suicide rates (Chiang et al., 2021). This is apparent in the statistics from the NZ Coronial Services, revealing 14.9 suicides per 100,000 adolescents more than twice the average amount in 41 OECD countries where the average is 6.5 deaths per 100,000 (UNICEF, 2020). With ongoing efforts contributing to existing knowledge and awareness around suicide prevention, suicide rates remain relatively consistent over the years (Chiang et al., 2021). Currently, there is a slow decline in numbers among minority population groups who are largely overrepresented in suicide mortality. Specifically for Māori, 15.9% per 100,000 were reported in the year 2021, a decrease from 17.6 per 100,000 in the year 2020, and 21 per 100,000 in 2019. For Pacific the rate was 5.1 per 100,000 in 2023, a reduction from 9.2 per 100,000 in 2022 (Mental Health Foundation, 2024).

Statistics from the Mental Health Foundation (2024), highlight suicide as the individual cause of death for youth aged 15-19 years with rate of 24.6% during 2015 – 2019. There has been some progress towards improving suicide prevention, evidenced by a reduction in suicide rates in recent years (Ministry of Health, 2024). The number of deaths by suicide reduced from 673 in 2018/19 to 565 in 2022/23. While there was an overall reduction in the death rate, youth still experienced higher suicide rates compared to any other age group (Ministry of Health, 2024). For instance, young adults aged 20-24 have the highest suicide rates of 20.1 per 100,000 (Ministry of Health, 2024). Additionally, the suicide rate of Pacific youth (aged 20-24 years) is approximately 1.4 times higher than non-Pacific youth (Ministry of Health, 2024). For instance, the suicide rate for Pasifika aged 15-19 is 16 per 100,000, while the rate for all other Pasifika ages is 8.3 per 100,000 (Mental Health Foundation, 2024).

NZ is seeing an increase in levels of distress among young people, resulting in the possibility of suicide ideation and attempts (Fleming et al., 2024). This raises questions on why the youth suicide rate remains unacceptably high. For this reason, NZ youth suicide rates indicate a need to explore contributing factors of suicide ideation among youth, particularly Pacific youth, the highest at-risk group (Gossage et al., 2023). The Youth19 survey highlighted that 6.2% of young people had experienced suicidal ideation with a particular emphasis on females (7.3%) compared to males (5.0%) (Fleming et al., 2020).

Undoubtedly, youth suicide is a complex public health concern, with protective and risk factors operating at multiple levels (Fonseca-Pedrero et al., 2022). To promote resilience among the youth and prevent suicide, there is a need to make sense of how these contributing factors interplay to achieve a reduction in suicide mortality nationwide.

Suicide Ideation Statistics amongst Pacific Youth in Aotearoa NZ

Pacific youth report a high rate of suicide ideation and attempts in comparison to the general population (Gossage et al., 2023). The 2012 NZ Adolescent Youth Health Survey found that more than one in four Pacific students (n=159) experienced suicide ideation (Tiatia-Seath, Lay-Yee & Randow, 2017). According to the Ministry for Pacific Peoples (2020), the Pacific population in NZ has been progressively increasing from 2013 – 2018; it is estimated that by 2025, the Pacific population will grow to between 440,000 and 480,000 (from 381,642 currently). Pacific people in NZ were much younger on average than the total population in 2018 (Stats NZ, 2023). The typical age for Pacific people is 23.4 years, while it is 37.4 years for all New Zealanders (Stats NZ, 2023). As the youngest and fastest growing population group in NZ, 55% are under the age of 25-years old (Enari & Vaka, 2024). This raises concerns about a potential surge in Pacific youth suicide, especially if unaddressed (Ministry for Pacific Peoples, 2020).

Pacific youth aged 16-24 have the highest rate of planned and attempted suicides (Gossage et al., 2023). The report by the Suicide Mortality Review Committee (2020), reinforces this inequality faced by Pacific youth in comparison to the rest of the general population in Aotearoa NZ. Suicidal behaviors and the mental health status of adolescents are of particular importance to Pacific communities given suicidal ideation appears to impact young Pasifika people most, as opposed to the older age groups (Gossage et al., 2023).

Veukiso-Ulugia et al. (2024) highlighted a growing concern in Pacific youth mental well-being across NZ which has worsened over the past 19 years. The Youth19 survey shows that the suicide ideation rate in 2007 for Pacific students rose from 18.8% to 26.4% in 2019 (Veukiso-Ulugia et al., 2024). Suicide attempts in 2007 were at 9.7% and rose to 11.7% in 2019 (Veukiso-Ulugia et al., 2024). Furthermore, around a quarter of Pasifika students reported increased depressive symptoms (25.8%) with over 1 in 10 having attempted suicide in the last year. Despite the alarming rates, when compared to non-Pasifika youth, Pacific youth were less likely to access healthcare services or mental health support due to a number of factors, including, cultural and communication barriers, socioeconomic factors (i.e. poverty, poor health literacy), and stigma and fear (Lilo & Cartwright, 2021). Fleming et al. (2020) highlights the rates of access to mental health services for Pacific youth was lower at 75.3% compared to 81.1% for non-Pacific youth. The low rate of access to mental health services for youth reiterates the importance of further exploring Pacific youth suicide ideation and the perspectives and experiences of Pacific mental health workers within this field.

Suicide Ideation in Pacific Female Youth in Aotearoa NZ

Suicide ideation is most prevalent in young Pacific females. The Ministry of Social Development (2016) reports that females had considered suicide and made suicide attempts more than males. Furthermore, in 2015, suicide ideation was most evident in Pacific women aged 15-24 with a report of 362 compared to 305 for Pacific men of the same age group (Ataera-Minster & Trowland, 2018). Additionally, the Youth19 survey highlighted Pacific female students as having lower mental health and wellbeing measures in comparison to their male peers. For instance, 14.5% of Pacific female students had attempted suicide, compared to 8.6% of Pacific males. Reports of suicide ideation for Pacific female students was 32.9% compared to 18.7% for Pacific males (Peiris-John et al., 2024). Furthermore, 34.5% of Pacific female students experienced significant depressive symptoms in contrast to 16.1% of Pacific males (Peiris-John et al., 2024). The statistical figures display the need to explore suicide ideation, particularly among Pacific female youth.

Mental Health Professionals in Aotearoa NZ

Considering the high rates of suicide ideation in young Pacific females in NZ, this research centers on Pasifika mental health workers who have engaged with young Pasifika women. It is important to note that youth suicide is complex; there is no simple answer to the causes and how to prevent them. Healthcare workers engaging with youth provide a critical perspective to understanding the needs of youth who experience suicide or suicide ideation (Ertl, Crosby & Blair, 2020). In this study, we seek to gain an understanding of Pacific female youth suicide and ideation from the perspectives of Pacific Mental Health professionals who have experience supporting young Pacific women. It is hopeful that the research will illustrate the value of providing opportunities for healthcare providers working within the Mental Health/Suicide prevention space to share their experience and promote quality improvement within this field. Conducting such important research with professionals within this field is key to the refinement of health and social care practices for those who experience suicide and suicide ideation (Soulié et al., 2020).

Pacific Mental Health Providers in Aotearoa NZ

As the largest multicultural city in NZ, Auckland is the most populated city in Aotearoa with approximately 1.7 million people. It is home to the largest Pasifika population of any city

worldwide (Auckland Council, 2024). Despite being able to access the same health services as other New Zealanders, we often see or hear about the longstanding deprivation and disparities faced by Pasifika people resulting in poorer health outcomes and healthcare compared to the rest of the general population (Talemaaitoga, 2010). This was further amplified by the global COVID-19 pandemic compounding the impacts of distress and depression. During this period there was a rapid surge in mental health issues of depression, anxiety, and suicide ideation particularly for Pasifika youth (Stubbing, Simon-Kumar & Gluckman, 2023).

The Youth19 survey data highlights that Pasifika youth are four times more likely to attempt suicide and have higher rates of mental distress than non-Pasifika youth (Auva'a-Alatimu, Alefaio-Tugia & Ioane, 2024). In addition, Pacific people are also less likely to seek out available mental health services (Ataera-Minster & Trowland, 2018). A recurring rationale for Pacific youth mental health worsening is the lack of Pasifika medical providers and services that are culturally appropriate or relatable (Gossage et al., 2023). In previous years, suicide was addressed by offering mental health services to individuals already showing or experiencing signs of suicidal thoughts and/or behaviors (Gossage et al., 2023). Although such services are critical, they are not always able to prevent suicidal ideation or attempts from happening (Gossage et al., 2023). Several other factors can also place people at risk including psychological distress, social factors, cultural deprivation, gender, and lack of social networks which all need to be acknowledged when addressing suicide ideation (Zhang et al., 2019). Mental healthcare workers that have seen it, managed it through their professional role, supported and engaged with someone through their services would be deemed most appropriate to respond to what they believe would keep a young Pacific woman feeling mentally healthy, safe, and resilient (Ministry of Health, 2024).

There are 8.1% of New Zealanders who identify with a Pasifika ethnic group with currently only 1.8% who are within the medical workforce (includes clinicians and other types of healthcare professionals) (Medical Council of NZ, 2023). The research shows that there is a shortage of Pasifika healthcare providers, suggesting an ongoing need nationwide to strengthen and increase the Pasifika medical workforce in NZ (Pacific Perspectives, 2013). A report by the Mental Health and Addiction Inquiry – Pacific report, recognized that the mental health workforce must reflect the multicultural nature of Pacific populations in NZ (Government Inquiry into Mental Health and Addiction, 2018). This includes upskilling the existing workforce through competence training and cultural safety in addition to encouraging greater numbers of Pacific students to enter the medical field (Pacific Perspectives, 2013). Mental healthcare workers acknowledge that there is a significant opportunity to intervene in suicide prevention (Ali, Staniforth & Adamson, 2021). However, their outlook and experiences are rarely explored or considered.

Research Aims

The highest at-risk subset of the population for suicidal ideation are currently female Pacific youth. It is evident that more Pacific-focused research around suicide for young Pacific women is needed. This research targets the gap in current knowledge and aims to inform and improve future preventative initiatives and to cater to an increasing and evolving Pacific population in NZ (Veukiso-Ulugia et al., 2024). Although studies suggest suicide ideation is an issue for young Pacific women, there is currently no research specific to capturing the experience of Pacific mental healthcare workers who treat Pacific females suffering from suicide ideation.

This study aims to gain further insight into suicide prevention services, by asking Pacific mental health workers who work with young Pacific women about the impact of suicide ideation, and what would be the best way to support them. The key research questions for the study are:

- What are Mental Health workers perspectives on how to ensure Pacific young women stay mentally healthy when experiencing suicidal ideation?
- What are Mental Health workers perspectives on how to keep young Pacific women safe from suicide ideation?
- What are some ways we can help Pacific young women experiencing suicidal ideation be more resilient?
- What would be the best way to support young Pacific women experiencing suicidal thoughts?

Thesis Structure

This thesis consists of five chapters. The first chapter introduces the context and purpose behind the selection of this topic, the research aims and questions, and the significance of the study. Chapter two focuses on the literature review, providing a critical analysis of the literature on Pacific youth suicide and suicide ideation in addition to Pacific literature and constructions of mental health. The review also references current Pacific suicide prevention strategies in NZ. Chapter three discusses the methodology and design adopted for this research. The study employs the Pacific *Talanoa* approach. This will be presented in two parts; the first part of the chapter explores the research design, paradigm, and ethical considerations. The second part of the chapter highlights the research process which includes the recruitment process, participants, data collection, and data analysis. Chapter four presents the findings of the Talanoa which are reported in themes according to the research questions and the responses. The final chapter

concludes by providing a summary of the findings from the research in addition to acknowledging recommendations looking forward. The strengths will also be identified including the limitations of the research to reiterate the gaps in the study and where more work is needed for future research.

Chapter 2: Literature Review

Introduction

Youth represents almost a quarter of the world's population (United Nations, 2015). Youth is the category that often represents those between the ages of 15 and 24 (World Health Organization, 2024). For youth in this age group, they are experiencing a critical developmental stage where one is leaving childhood and transitioning into adulthood furthermore developing biologically, physical, and cognitively (World Health Organization, 2024). Moreover, youth embrace independence, acquire social skills, adopt behaviors, and forge new relationships. Understandably so, it is also one of the most challenging periods. Youth become exposed to harmful substances, violence, addiction, and mental health concerns accountable for 16% of the global burden of disease and injury (Harmer et al., 2024).

Suicidal ideation is consistently associated with increased risk of death by suicide (Harmer et al., 2024). Early detection of suicidal ideation is crucial and can serve as an early warning for subsequent suicidal acts. In addition to this, early detection provides opportunity to discover critical perspectives into one's level of distress and their specific needs (Sutcliffe et al., 2024). As previously highlighted, suicide is a major public health concern with a rapid increase of youths making suicide attempts and struggling with suicidal ideation (Ivey-Stephenson et al., 2020). Suicide ideation is most apparent in females when compared to males (Ivey-Stephenson et al., 2020). Unfortunately, the amount of people experiencing suicidal ideation cannot be fully understood as many choose not to disclose their ideation nor seek help or support (Harmer et al., 2024).

Current research focused on suicide prevention primarily prioritizes suicide attempts and completed suicide. Despite the growing body of literature exploring suicidal ideation, the literature on suicide ideation impacting female youth is sparse. Furthermore, research that explores the perspectives of mental health workers in the field of suicidality remains scarce specifically in the NZ context.

Section 2.1 Female Youth Suicide Ideation in a Global Context

Worldwide, suicidal ideation is common in females between the ages of 14 and 21 years (Biswas et al., 2020). Ivey-Stephenson et al. (2020) highlighted that suicidal ideation in the United States had increased over the last decade among high school students, with a total of

18.8% ideating or planning to attempt suicide. The prevalence was higher among females at 24.1% compared to males with 13.3% (Ivey-Stephenson et al., 2020). Consistent with Morneau-Vaillancourt et al. (2024) longitudinal study of Child Development completed in Quebec, the findings concluded that suicide ideation was twice as high for females than males between the ages of 13-20 years. Campisi et al. (2020) also analyzed a global school-based student health survey from 90 countries looking into suicidal behaviors among adolescents. The results highlighted the prevalence of suicidal ideation for females was higher at 51.5% when compared to males. The high rate of suicide ideation amongst females warrants further understanding of how it may increase a female's vulnerability to suicide.

It is imperative to note that by discussing suicidal ideation, there is a notion to explore the aetiology that could potentially reduce an individuals' vulnerability to suicide. Many studies continue to focus on the risk factors that lead to suicide but do not talk enough about the things that can protect individuals from suicidal ideations. This is significant given the goal and focus is to reduce or prevent suicide ideations. Given this, it is impossible to examine or discuss protective factors for suicidal ideation without also addressing the risk factors for suicide. The assumption that these factors are the same for every person should never be made. The risk factors remain consistent both globally and in NZ which includes internal psychopathology (depression or anxiety) and social and demographic factors.

Internal Psychopathology, Social and Demographic Factors (Global Context)

In a population-based study conducted across 82 countries, Biswas et al. (2020) identified that in almost all countries suicidal ideation (female 13.08% vs. male 10.13%) and internal psychopathologies such as anxiety and depression were always highest amongst females (female 9.2% vs. male 7.35%). Anxiety and depression according to Biswas et al. (202) increased a person's probability of suicidal ideation. The aforementioned theory, however, challenged by Arria et al. (2010) multivariate analysis, found that while internal psychopathology is considered a risk factor for suicidal ideation, 60% of people who experienced suicidal ideation did not exhibit or express any depressive symptoms. This reaffirms that mental health should not be the only factor to assess a person's risk of suicidal ideation as other factors also need to be considered. These may include, but are not limited to, social and demographic factors (The Royal Australian & New Zealand College of Psychiatrists, 2020).

Social and demographic factors are collectively associated with suicidal ideation including employment, education, gender, and lack of social networks, there is a substantial amount of literature displaying this (Clinical Advisory Services Aotearoa, 2017; Tintori et al.,

2023). Wang and Wu (2021) explain that youth from a socioeconomically disadvantaged background will experience the unequal levels of suicidal ideation in comparison to their peers who are financially privileged. This can be due to many contributing factors such as poverty, distress from being financially disadvantaged, and inability to seek support (Wang & Wu, 2021). Bantjes et al. (2016) challenged the above theory in which socio-economic variables, such as poverty and income inequality can also be considered protective against suicide for the reason that affluence leads people to accept they are only reliant on themselves which engender feelings of social disintegration and anomie (Liang & Su, 2022). This is particularly evident in the suicide statistics of influential celebrities worldwide, although they may have the wealth, they are silently struggling within (Misra & Srivastava, 2021).

In conclusion, it cannot be claimed that the direct or indirect association of the factors identified causes suicidal ideation alone. Suicide is complex and more work is necessary to best understand the proximal factors that contribute to youth suicidal ideation. A larger body of research targeted at the improvement of protective factors may lead to reduced suicidality.

Section 2.2 Risk Factors for Pacific youth suicide ideation in NZ

Internal psychopathology - Mental Distress and Depression

When reviewing the literature on risk factors of suicide in Pacific youth in NZ the common themes included mental distress in the form of depression, social and demographic factors, and being female. Depression, according to Lay-Yee et al., (2018) is a growing global concern and was the predominant cause of disability internationally in 2015. According to the Mental Health Foundation (2023), 23% of young people revealed having depressive symptoms with 6.2% thinking about and attempting suicide. Menzies, Gluckman and Poulton (2020) highlighted the preliminary findings from the Youth19 survey where the increase rates of depression was higher among females at 29% as opposed to males at 17%. This exceeded twice the rates from 2012, with 17% of females that experienced depression compared to 9% of males (Menzies, Gluckman & Poulton, 2020). The overall rate of psychological depression for young people surveyed rose from 13% in 2012 to 23% in 2019. Moreover, depression among youth occurred more frequently in highly deprived areas in NZ (30%) compared to 17% in low-deprivation areas (Menzies, Gluckman & Poulton, 2020). The marked increase in psychological depression for youth may be in response to the ongoing challenges currently faced by young New Zealanders. Youth dealing with depressive symptoms commonly felt a lack of support from mental health services or an inability to access services leaving them feeling helpless and alone (Best Practice Advocacy Centre bpac NZ, 2010). Additionally, the absence of social support from loved ones was also determinate of one becoming depressed (Lay-Yee et al. 2018). It is

evident from the statistical findings that female youth were consistently having higher rates of depression symptomatology in comparison to male youth.

Alongside depression, historic distress, and trauma of losing a loved one to suicide or abuse is another predictor or determinant of suicide ideation (Lopez-Castroman et al., 2013). Traumatic historical experiences such as emotional, physical, and sexual abuse may lead to subsequent suicidal thoughts and attempts (Lopez-Castroman et al., 2013). This is evident in youth who have disclosed being survivors of abuse, describing the impact it has on their lives including ongoing psychological and emotional distress, employment, losing education prospects, and navigating or developing relationships (Malatest International, 2023). Because of this, young people often become cynical about life, possibly leading to depression, suicidal ideation or even planning attempts (Malatest International, 2023).

Socio-Demographic factors

Several NZ studies scrutinize the correlation between suicide ideation and suicide in young people and a series of measures of socioeconomic and educational disadvantage have arose (Gluckman, 2017). Beautrais (2003) features a conceptual model of youth suicidal behavior which assumes factors that contribute to suicidal ideation which include social and demographic factors. This resonates with studies conducted overseas reiterating how one's social and demographic factors including gender, age, and education status contribute to suicide ideation and attempts (Gossage et al., 2023). As with studies conducted overseas, social, and demographic factors are some of the leading contributing risk factors of suicide in NZ among Pacific youth (Gossage et al., 2023). Holman & Williams (n.d.) explore the beliefs young New Zealanders have about youth suicide. Participants strongly believed financial and employment instability was associated with increased vulnerability to suicide ideation or suicide (Holman & Williams. n.d.). Pacific adolescents according to Clark et al. (2011) were worried about things such as household food security or the inability to be able to provide or assist financially (Clark et al., 2011). Moreover, financial constraints meant there was added pressure or expectations on Pacific youth to seek employment to be able to provide (Clark et al., 2011).

Rates of suicidal behavior were elevated amongst young people with poor educational qualifications and from families with low socioeconomic status. Likely, the major route by which socioeconomic adversity leads to suicidal behavior is the linkages between future worries, meeting basic needs, employment instability and mental health (Gossage et al., 2023).

Section 2.3 Protective Factors of Suicidal Ideation for Pacific Youth in NZ

With a focus on reducing suicide ideation and suicide attempts among NZ's most vulnerable youth group, it is imperative that we understand the protective factors against suicide. Protective factors may improve and strengthen resilience even in the presence of adverse risk factors. Puna and Tiatia-Seath (2017) recognized that the most prominent protective factor against suicidality among Pacific youth in NZ is having positive relationships or connections with family. Suggestions to amplify this meant implementing programs that assist in helping parents develop parenting skills and promoting family education through mental health literacy (Clark et al., 2011).

The importance of family relationships is highlighted in several studies as a protective factor (Puna & Tiatia-Seath, 2017; Gossage et al., 2023). A study by Yang et al. (2022) reiterates that high levels of parent-adolescent conflict could increase the risk of adolescent depression and suicidal ideation. However, family closeness, cohesion, and familial support reduced adolescent suicidal ideation (Yang et al., 2022). Clark et al. (2011) also highlighted that family connection and functional relationships act as a compensatory mechanism to reduce the risk of suicide ideation and attempts. Moreover, Holman and Williams (n.d.) identify the significant role families play when youth seek support due to mental distress. Families were often always preferred over seeking professional help from a mental health worker or service (Puna & Tiatia-Seath, 2017).

However, further exploration into other protective measures in the Pacific community is needed. The investigation of different perspectives of those who have coped well in times of distress or the experiences of those around them may give insight into protective factors that could contribute to their well-being (Shamsaei, Yaghmaei & Haghigi, 2020). Arguably, the onset of suicide ideation cannot be determined solely by focusing on one risk factor. It is a complex issue, rather than focusing on risk factors that have been explored and identified by various sources already, there is a need for studies that shift to focus on protective factors, rarely researched. This type of research may provide a life-positive approach to a topic that can only be cautiously discussed.

Section 2.4 Pacific Youth Mental Health in Aotearoa NZ

As with suicide ideation among Pacific youth, it is also important to briefly highlight Pacific youth mental health. Pacific youth represent the group with the highest rates of mental health concerns and suicidal ideation and attempts in NZ (Stubbing, Simon-Kumar & Gluckman, 2023; Tiatia-Seath, 2014). According to the latest figures from the Mental Health Foundation, anxiety and depression were highest in Pasifika people, 75% compared to 56% for non-Pasifika people (Te Hiringa Mahara – Mental Health and Wellbeing Commission, 2024). Kapeli,

Manuela and Sibley (202) conveyed that the stigma surrounding mental health issues is high among Pacific peoples due to a lack of awareness and education on mental health literacy, as well as cultural and religious beliefs. These can further act as a barrier for Pacific youth and their willingness to seek the support they require. According to the Te Kaveinga report – Mental Health and Wellbeing of Pacific peoples, the high rates of mental illness (some undiagnosed or underreported) are often due to many who do not seek help due to cultural differences in mental health beliefs, an inability to relate or connect with health providers or uninformed as to where they can get help (Ataera-Minster & Trowland, 2018).

Moreover, a lack of access to education greatly influences employment status causing pressure and distress amongst young Pacific peoples. Tiatia-Seath, Lay-Yee, and Randow (2017) highlight this in that, 26% of Pacific youth experience depressive symptoms compared to 14% of Māori, 12% of Europeans and 12.8% of Asians. Pacific youth are also less likely to access available mental health services (Tiatia-Seath, Lay-Yee & Randow, 2017). Teevale et al. (2016) explains that suicide is rarely discussed amongst Pacific people due to discrimination and the stigma associated with suicide. The cultural and religious perspectives surrounding suicide or mental illness is explained as a *mala* (Samoan for curse). It acts as a barrier for Pacific youth to openly speak up (Kapeli, Manuela & Sibley, 2020). These factors are discussed in more depth below.

Section 2.5 Cultural & Religious Perspective of Pacific People Regarding Mental Illness

Malo (2000) shares that people in the Pacific Islands had spiritual faith long before Christianity and that some of the earlier beliefs are still adopted in the Pacific today. These historical beliefs perceive mental illness or rather it's symptoms as possession of the body by an *Aitu* (Samoan for demon) punished for a past sin committed either by the individual or either their family (Tamasese et al., 2005). There is always a stigma with mental health and discrimination amongst Pacific people as mental health disorders continued to be perceived as a curse (Vaka, 2016). For instance, a study by Vaka (2016) highlights how Tongan men born in Tonga were most likely to define or refer to mental disorders as a curse (Suaalii-Sauni et al., 2009). Furthermore, the Pacific people have reverberated the importance of acknowledging and honouring *tapu* (sacred) by preserving a reverential relationship with *Atua* (God), the land environment, and the people (Suaalii-Sauni et al., 2009). Anything that disobeys or violates the *tapu* potentially results in mental unwellness; this in *Fa'asamoa* (Samoan way) is considered a *mala* which can affect them holistically.

Consequently, even though this is still a strong belief; it is rarely discussed due to the sacred nature of the topic and the desire to not be in contempt of cultural traditions and beliefs

held by those in the older generations (Teariki & Leau, 2023). Ministry of Health (2008) notes Pacific cultures commonly believe that ancestral spirits maintain a spiritual and physical connection with current generations. The attributions for becoming mentally unwell could vary from possession by spirits, aetiology of an injury, breaches of the sacred bonds between people and intergenerational curses (Ataera-Minster & Trowland, 2018). For Pacific people, the use of traditional therapies or healers is a common practice to ameliorate these causes (Ataera-Minster & Trowland, 2018). For this reason, the older generational belief was that spiritual healing is very sacred and strict and thus, traditional healing and rituals such as herbal remedies prepared traditionally, or incantations and prayers by a traditional healer were the only way to restore harmony (LeVa, 2010).

Seeking a Christian Minister was also imperative (Ataera-Minster & Trowland, 2018). Moreover, Christianity is mainly discussed when looking at mental health stigma and related beliefs in Pacific communities (Kapeli, Manuela & Sibley, 2020). This overlooks other separate denominations for Pacific people that could have different outlooks and beliefs. It must not be assumed that this is a fluid belief for all Pacific people (Kapeli, Manuela & Sibley, 2020). Additionally, Fountain and Troughton (2019) have demonstrated that different Pacific cultures will have slightly different views of spirituality, thus the limitation around the cultural and religious perspectives of Pacific people needs further research from an ethnic-specific point of view (Fountain & Troughton, 2019).

Section 2.6 Pacific Female Youth Suicide Ideation in Aotearoa NZ

We have previously examined the research on suicide ideation from a global, NZ, and Pacific perspective. Teevale et al. (2016) further explains that being a young woman between the ages of 15 and 24 years provides a higher risk of suicide attempts among Pacific adolescents. The Youth2000 (2012) study highlighted that 20% of Pacific secondary school students reported suffering depressive symptoms that were serious and in need of professional assistance such as counselling or peer support (Fleming et al., 2013; Sutcliffe et al., 2022). A significantly higher proportion of these students were female.

The 2012 NZ Adolescent Youth Health Survey found that more than one in four Pacific students (n=159) also experienced suicide ideation. Gossage et al. (2023) explored suicidality in Pacific adolescents in NZ utilizing a network analysis. The results of his findings showed 64% of Pacific female reported having suicidal ideation. This further highlights the need for better understanding of suicide ideation among Pacific peoples. While the studies above suggest suicide ideation is an issue for young Pacific women, there is still a lack of research on suicide ideation and services available to address needs. More Pacific-focused research on young

Pacific women with suicidal ideation is needed to grow an evidence base, that will help create future preventative initiatives and support the growing Pacific community in NZ (Tiatia-Seath, Lay-Yee & Randow, 2017).

Section 2.7 Healthcare Providers Supporting Young Pacific Women in Aotearoa NZ

Within NZ, Pacific people despite experiencing higher rates of mental health concerns and suicidal ideation, are less likely to access mental health services (Tiatia-Seath, 2014). As highlighted in the Te Kaveinga report by Ataera-Minster and Trowland (2018), Pacific people would firstly seek help by approaching a friend or family member (52%), before going to a healthcare provider, more specifically a doctor (21%). A study conducted in 2022 by Every-Palmer, Grant and Thabrew (2022) reiterated what is well known: young people do not tend to ask for help. The study explored the views of Psychiatrists regarding mental health services in NZ and whether they believed support services were appropriate to support the growing youth population (Palmer, Grant & Thabrew, 2022). Psychiatrists were given the opportunity to provide recommendations for improving services.

It is worth noting that there is a shortage of Psychiatrists in NZ with a majority working in private sectors signifying restricted access for vulnerable groups due to affordability (Health and Disability Commissioner HDC, 2018). The Royal Australian & NZ College of Psychiatrists RANZCP (2019) report that the current estimated number of psychiatrist specific to youth mental health is 1.0 Full-time equivalent (FTE) per 100,000 population. This falls short of the recommended amount of 2.0 FTE psychiatrists per 100,000 population (RANZCP, 2019). Further, to specifically cater for the high at-risk young Pacific female group, there is no data on how many Pacific registered psychiatrists are employed in NZ. Every-Palmer, Grant and Thabrew (2022) explain that while there was an increase in youth accessing primary mental health services within the past five years, there was also a major concern on the prolonged wait to see a mental health specialist. Moreover, another study by Every-Palmer et al. (2024) highlighted that psychiatrist believed that the mental health services and system in place needed further improvement and changes to cater to NZ youth and the complexity of people's needs. Furthermore, due to resourcing constraints, 88% of participants asserted mental health services are not fit for purpose as service users could not access mental health care support within a timely manner (Every-Palmer et al., 2024; Controller and Auditor-General, 2024). Again, this raised further concerns by the healthcare providers surveyed.

Recommendations identified included an increase in the workforce with a focus on critical care and recruitment of trained specialists from overseas and retention and support of existing staff. Although Every-Palmer et al. (2024) study gained participation from four Pacific

clinical practitioners out of 65 recruited, the focus of the study was not Pacific-centered which does not provide much insight into why Pacific youth have higher rates of not accessing mental health services, or clinical specialists when compared to other ethnic groups.

Fa'alogo-Lilo and Cartwright (2021) reports, the lack of engagement from Pacific youth is due to mistrust and lack of knowledge of services. Additionally, Pacific youth are concerned about providers who were non-Pacific, lacking understanding of their collectivist cultural and spiritual beliefs and values (Fa'alogo & Cartwright, 2021). Pasifika-centered initiatives and Pacific healthcare providers' perspectives may provide an extensive understanding of suicide ideation amongst Pacific youth, especially young Pacific women, who are the most at risk.

Section 2.8 Current Pacific Suicide Prevention Initiatives in Place

It is important to recognize current suicide prevention initiatives that continue to be instrumental in addressing suicide in NZ. This section looks to highlight these initiatives and briefly outline some programs that are specifically tailored to help Pasifika people.

The World Health Organization (WHO) reiterates that with opportune and constructive evidence-based initiatives, suicide and attempts are preventable (WHO, 2024). Faleafa et al. (2021) identifies several community based-suicide prevention initiatives led by and for Pacific Island communities in NZ. As the lead provider of Pacific mental health and suicide services in Aotearoa, LeVa is well-recognized for its delivery of Pacific suicide prevention programs. These include but are not limited to FLO: Pasifika for Life, LifeKeepers, and Auntie Dee, programs which are briefly discussed below.

FLO: Pasifika for Life

FLO: Pasifika for Life is the first national suicide prevention programme for Pasifika people in NZ. Proposed and delivered by LeVa (a not-for-profit national organization), Flo: Pasifika for Life is a programme dedicated to educating Pacific families and communities in suicide prevention (Faleafa et al., 2021). Through empowerment and engagement, the essence of FLO provides supportive ways to enable Pasifika families and communities to respond safely and effectively when and if a suicide occurs with the primary objective towards Pasifika suicide prevention (LeVa, 2024). Developed 10 years ago with the consultation of more than 400 Pasifika community leaders, FLO: Pasifika for Life is founded on the Pacific values of love, reciprocity, and respect and grounded by the following five tactics (connect, strong families, talk, cultural identity, and spirituality) that enable families and communities to flourish (LeVa, 2024). The FLO programme has reached over 14,000 Pasifika people between 2019 and 2020

with 100% endorsement by those who had engaged with the programme. FLO has inspired and educated Pacific people on the importance of communicating well, having a strong cultural identity, connecting with others, strengthening *aiga* (family), and discovering hope and courage through spirituality (LeVa, 2024).

FLO: Pasifika for Life provided knowledge and confidence surrounding how to speak about suicide (Fortune, Sharma & Papalii, 2023). FLO aims to increase *Talanoa* (conversation/talk) about suicide among the Pasifika community with hopes that it would eradicate the common myth that ‘talking about suicide increases the risk’. FLO has strongly highlighted the belief that talking about suicide increases help-seeking behaviour crucial to suicide prevention (Faleafa et al., 2021).

LifeKeepers

LifeKeepers is the National suicide prevention training programme designed for NZ communities by LeVa (LifeKeepers, 2024). LifeKeepers offer individuals with the skills and knowledge to recognize and support people at risk of suicide. The programme provides strategies for how to converse and ask about suicide, respond with confidence, and help to navigate and engage different services that could provide the support specific to what they need. To highlight the efficacy of the programme for Pacific communities, Fortune, Sharma & Papalii (2023) analysed the service between August 2017 – August 2022, and had 13,622 participated in the study. They found that people who participated in the LifeKeepers programme reported generally high satisfaction with the delivery and engagement of the programme. LeVa was able to collect information from those who had engaged with the programme to ascertain whether they were able to utilize the skills they had learnt from LifeKeepers (Fortune, Sharma & Papalii, 2023). Overall, 1144 clients reported intervening with a suicidal individual and 994 had connected someone for external support (i.e. suicide prevention services or mental healthcare providers) (Fortune, Sharma & Papalii, 2023).

Aunty Dee

Aunty Dee offers a virtual, free online tool for individuals needing support navigating stressful life experiences. Utilizing a systematic approach to decision-making, Aunty Dee is based on structured problem-solving centred on the ideologies of Cognitive Behavioural Therapy (CBT) which has proven to reduce depressive symptoms in individuals. However, it is imperative to highlight that Aunty Dee does not create content or generate answers; it is provided to assist one in considering and exploring their problems in a structured way. According to Fortune, Sharma & Papalii (2023), more than 70,000 webpage hits have been recorded for Aunty Dee. The level

of hits proves the popularity of the online webpage for users as it advocates a more accessible avenues specifically for youth who are more active with technology and online use (Fortune, Sharma & Papalii, 2023).

Current initiatives continue to pave the way forward for upcoming and new interventions that will look to carry on addressing the global concern of suicide and the impact it has on Pasifika people (Tiatia-Seath, 2014).

Section 2.9 Summary of Current Literature

Suicide ideation is a growing concern worldwide, this is largely affecting young people who are most at risk and represent a high proportion of suicide mortality. Although literature briefly discusses suicide ideation as being a significant contributing factor to suicide, it is not clear how ideation could be minimized or reduced to prevent individuals from escalating the ideas into attempts. This could be explored through the views and perceptions of those at the forefront providing treatment and care for vulnerable youth, particularly females. The literature reviewed revealed a lack of literature regarding suicidal ideation among Pacific groups. There is also limited research by Pacific researchers, into Pacific mental health. This study will help to bridge this gap and hopefully motivate further studies in the area of suicide and particularly to identify strategies to help reduce suicide and suicide ideation rates in the high risk, Pacific youth population in NZ.

Chapter 3: Methodology and Research Process

“Our stories are within us. You’ll find them encoded in genealogies, embedded in our hearts, imprinted in our minds. They migrate with the tongues that tell them.” - (Barford. 2006).

Introduction

This research aimed to explore the perspectives of health care providers, to better understand Pacific female youth perspectives and experiences of suicide ideation. Talanoa is the selected methodology that will be utilized for this research. The proposed methodology will assist in gaining a deeper understanding of suicide ideation. As a culturally appropriate contemporary approach, Talanoa was used to evaluate suicide ideation. The aim is to contribute to conversations that will assist with understanding suicide ideation among young Pacific women in Aotearoa NZ. A key focus of the study was to learn from Pasifika providers by creating a space to allow them to share their experiences and perspectives, with the hope to contribute to more efficacious policies for suicide prevention in New Zealand. This chapter will be divided into two parts, part one will discuss and outline the Talanoa methodology and design used for this research. The second part will articulate how the research process was carried out.

3.1 Positionality as a Pasifika Samoan Researcher

The ability to be reflexive significantly impacts the process of research, selecting the appropriate methodology and analyzing data (Robinson & Wilson, 2022). To be reflexive according to literature, is to acknowledge your role in the research and be able to examine and make sense of your emotions, position, and motives (Ide & Beddoe, 2023). It is about making sense of who you are, your beliefs and your contribution to the research, recognizing your strengths, expertise, and your professional knowledge and skills including lived experiences. This is a critical type of reflection about your stance as a researcher and how this has been considered in the research. Furthermore, it is essential for accuracy in any qualitative research (Robinson & Wilson, 2022). Reflexivity means being observant of the cultural, social, political, and ideological origins of one’s outlook and influence and the perspectives of the participants (Ide & Beddoe, 2023)

My decision to pursue research about Pacific youth suicide stems from my work within the Public Health sector. As a previous sexual health educator working within secondary schools across the Auckland region, I was confronted by young students, mainly female, aged between 13 and 18 admitting to suicide ideation and attempts. I also see vast differences in the

disclosures between Pacific female students and non-Pacific female students. The majority of Pacific female students openly spoke about suicidal thoughts and self-harming due to previous and ongoing distress caused by abuse. Non-Pacific students rarely expressed any concerns or struggles with mental distress. Determined to hear the voices of young Pacific women, their experiences, and perspectives on suicide ideation, I felt it was significant for the research to bring value to the individuals in addition to being something of great worth and meaning.

As a health and disability advocate, I see and hear an overwhelming plea for support from many individuals concerning mental health distress, depression, and suicide. It was not always youth or Pacific female, but it added to my drive to research a topic that remains misunderstood, frowned upon, and silenced. In my line of work, I support and advocate for individuals who have concerns about their care and treatment provided by health and disability services. One of the most common themes evident since working as an advocate are the concerns about mental health services and the lack or inaccessibility to these services. These concerns have increased nationwide, leading to a rise in suicide ideation disclosures and mental distress (Harmer et al., 2024). However, these outcomes are not always identified in statistical data because individual disclosures are confidential and sometimes unreported (Stewart, 2001). Furthermore, with the youth suicide rates in NZ being one of the highest worldwide in the developed world despite being a small nation of 5 million (UNICEF, 2020). The poor suicide rates in NZ have also motivated me to explore this further with a specific focus on my people, Pasifika.

I was born in Samoa Mootua National Hospital in Apia. I hail from the villages of Fasito'totai and Vaitele Uta situated in Samoa's mainland of Upolu. My parents are from the villages of Fasito'totai, Vaitele Uta, Falefa, and Sasiga (Savaii). I attended Manumalo Baptist School and St Mary Primary School in my first schooling years before relocating to New Zealand. I am reminded of my identity, my upbringing, my family, and my values. Moving to a foreign country at the age of 5, the merging of two very distinct cultures, and adopting an unknown language and lifestyle were challenging. I was fortunate to still have a supportive *aiga* (family) around me to help me navigate and settle into what would become my home for the next 24 years. I was raised in South Auckland and attended the Samoan Methodist church. The Fa'asamoa culture is very much maintained within the Samoan Methodist church by emphasizing the importance of understanding and showcasing traditional practices (i.e. *fa'aloaloga* – respect and reverence in the form of gifts) and conversing formally and informally in the *Gagana* (Samoan language). I am a proud Samoan as my language, my culture, and the values remain embedded in me.

“If one member suffers, all suffer together; if one member is honored, all rejoice together”. – 1 Corinthians 12:26

There are 73% of Pacific people who are Christians (Pasefika Proud, 2016). It is vital to know how religion plays a crucial role in shaping their social and spiritual lives. It is oftentimes the core from which a community revolves and can influence the worldviews, values, beliefs, and traditions (Tiatia-Seath, 2014). As a devout Christian myself and growing up in the church with my grandparents being ministers, the above biblical quote emphasizes the belief that one person’s pain is everyone else’s pain. In the context of my research, I strongly believe that yes, suicide is complex, but it should never be seen as an individual problem alone as we need to be reminded that it’s not your problem, it’s not their problem, it’s our problem. The pain, struggles, the challenges felt by Pacific young women are also the pain, the struggles, and challenges, some of which I feel alongside them. So, for this reason, I wanted to understand how we as a community could best support our young Pacific women dealing with suicide ideation, depression, and anything else that would compromise their mental well-being.

As a Samoan Pacific woman, I too was once a youth who had experienced some if not most of the challenges Pacific youth continue to face now. I understand and can acknowledge these challenges continue to exist. As a Samoan woman working within healthcare, I am able to identify concerns in the health sector and advocate on behalf of others, the challenges become more apparent amongst vulnerable communities. This highlights the need to allow providers the opportunity to voice their own experiences and perspectives through their engagement with young Pacific women to help provide solutions whether big or small. Moreover, this research has provided an opportunity for collaboration with hopes of preventing an ever-growing issue impacting and affecting the lives of not only our young Pacific women but the NZ youth population in general.

It is imperative to explain how my life as a Samoan woman might extend or prepare me for a broader Pacific understanding of suicide ideation and suicide. This is a topic and area that I have always been passionate about because of the lived experiences of others I have engaged with and supported (i.e. work and family experience). I believe my identity as a Pacific woman helps me to feel connected and empathize with other Pacific women because of the commonly shared principles that underpin our Pacific worldviews. This would enable me to acknowledge and recognize (somewhat relate) their distress and experiences. Regardless, the shared philosophies are not intended to convey similitude but rather shared understanding within Pacific cultural diversity which assists one Pacific woman to understand another. Furthermore,

my identity as a Samoan woman and my practical and personal experience prepares me for meaningful engagement with my own Pacific communities, specifically with attempts to unpack suicide and suicide ideation affecting Pacific youth in NZ. As a Samoan woman, I feel privileged to utilize my experience to research such a complex and deep topic that concerns and impacts Pacific people. Providing a tangible way to reciprocate and contribute a small piece of my knowledge and efforts to my Pacific people.

I owe this work and my ability to conduct such important research to myself, and my Pasifika sisters and to the many Pasifika academics and scholars who have strived and succeeded in constructing Pacific methodologies that incorporate cultural values and beliefs. They have pioneered methods for future Pacific researchers to use that shifts away from the Eurocentric methods of research to a more Pasifika-centered research methodology. These culturally relevant methodologies will highlight and speak to the importance of sighting research through the lens of those concerned. The use of culturally relevant methodology in research can safeguard specific Pasifika worldviews and provide an opportunity for culturally sensitive interpretations.

3.2 Part One: Research Design

3.2.1 Pasifika Worldviews

“When Indigenous people become the researchers and not merely the researched, the activity of research is transformed. Questions are framed differently, priorities are ranked differently, problems are defined differently, people participate on different terms”. (as cited in Smith, 1996, p. 59).

The term “Pasifika or Pasefika” is an umbrella term that identifies the Pacific diaspora in Aotearoa who hail from Polynesia, Micronesia, and Melanesia (Teariki & Leau, 2023). It is also a term that acknowledges all individuals whose descendants connect them to a Pacific culture and ethnic groups or who self-identify as being a part of at least one or more Pacific ethnic groups (Kapeli, Manuela & Sibley, 2020). The use of the word Pasifika should not simply imply that those belonging to or identifying as a Pasifika comprise a homogenous group, this includes suggesting that their beliefs and behaviors are interchangeable throughout cultures and ethnic groups (Kapeli, Manuela & Sibley, 2020). However, it can be stated that many Pasifika groups share a similar worldview that is holistic whereby there are interrelationships between people, nature, living, and non-living things which must always be considered and acknowledged (Teariki & Leau, 2023). It is these worldviews that shape and influence the acquisition of Pacific knowledge (Teariki & Leau, 2023). There is a reiteration of the importance for research

and researchers in acknowledging Pacific knowledge as valid and valued but also utilizing it to inspire research methodology designs to amplify positive outcomes (Ponton, 2018).

Pacific research methodologies continue to be developed as more Pacific people enter the research space. Naepi (2024) explains Pacific research methodologies denote Indigenous studies as “an act of decolonial resistance” acknowledging the truth of Pacific ontologies and epistemologies, supporting research that is accurately reflective of the stance of Pasifika people. Pasifika methodologies were introduced to cater to the demand for research that enriches the lives of Pacific peoples (Flavell & Cunningham, 2022). The use of these methodologies reflects the desire to respond to the multiculturalism and circumstances in which Pacific people are positioned, defying a Western lens that has framed and stereotyped Pasifika in challenging ways including governing institutional spaces and ostracizing their perspectives (Fowler, 2023). Pacific methodologies allow Pacific people to critique, articulate, and define the Pacific from a Pacific notion and to acknowledge their worldviews in their thinking (Ponton, 2018).

Some examples of these include but are not limited to the original Kakala framework by Professor Konai Helu Thaman, the Tivaevae model introduced by Teremoana Maua-Hodges proposing a holistic approach to a Cook Islands sustainable education, Vanua a Fijian research framework created by Professor Unaisi Nabobo-Baba suggesting the interrelations inclusive of Fijian culture, knowledge, chiefs, systems, relationships, values, spiritualities and land, Talanoa credited to Dr Sitiveni Halapua and Dr Timote Vaoleti, and the Samoan philosophical paradigm - Fa’afaletui focusing on connectedness, collectivity, and collaboration. (Naepi, 2024) Pacific people have a particular philosophy of life that is molded by their culture, religion, family, and environment (Teariki & Leau, 2023). This is something only Pacific people can understand and explain, thus should never be assumed, and justified by outsiders or researchers (Almao & Ioane, 2023).

3.2.2 Talanoa Methodology

“Fofola e fala ka e Talanoa e kainga (Laying out the mat so families can dialogue)” – (Havea, Alefaio-Tugia & Hodgetts, 2021).

Talanoa (talk or discussion in Tongan, Fijian and Samoan language) is a Pasifika term refers to the way of talking that invites people together to share different opinions without expectations for agreement. Those taking part in the Talanoa decide the rules focusing on inclusion, reconciliation, and respect for each other (Robinson & Robinson, 2005). As with many Westernized practices, Talanoa is a traditional Pasifika way of having discussions or conversing between two or more people about their past, concerns, realities, and aspirations (Vaoleti, 2006). The philosophy of Talanoa is based on an open style of deliberation, centered on respect, flexibility, confidentiality, fairness, and openness. Protocols and formalities are just as

significant as the Talanoa itself (Robinson & Robinson, 2005). Despite the term Talanoa having different meanings across nations, it is a term familiar to many Pasifika people and a concept that derives from customary knowledge sharing rooted within communities (Cammock, Conn & Nayar, 2021).

To briefly explain the term Talanoa, we must acknowledge its meaning as separate entity and as a whole. 'Tala' means to tell someone or a group, to inform, relate, speak, or instruct (Cammock, Conn & Nayar, 2021). While 'noa' refers to without thought or exertion, ordinary, speaking about nothing in particular, purely imaginary or void. Talanoa then means to converse about nothing in particular on one level, but it is also about being free and having no set boundaries to the conversation (Cammock, Conn & Nayar, 2021). Vaioleti (2006) explains although there is little significance or meaning to what the word may imply, Talanoa extends beyond just conversing but looks to remove the gap between the researcher and participants and builds upon rapport through communicating face-to-face. It is here where the rapport created can foster rich research conversation (Cammock, Conn & Nayar, 2021). This is fundamentally important for Pasifika people for whom relationality is ideal and ethically imperative specifically when the sharing of ideas, experiences, and perspectives, it is to be done truthfully and honestly (Vaioleti, 2015).

3.2.3 Talanoa and Qualitative Research

With consideration of other Pasifika research methodologies, I have utilized the Talanoa methodology for my study. Talanoa can be referred to as a qualitative research methodology underpinned by Pacific values and cultural practices. In most cases, Talanoa takes on the form as informal or formal dialogue that incorporates qualitative research techniques. Tenny, Janelle, Brannan, and Brannan (2022) explain the objective of qualitative research is to explore and stipulate deeper understanding and insights into real-world problems. Qualitative research differs from quantitative research which involves collecting numerical data by utilizing two methods of data collection such as questionnaires and experimental methods. This is constructed on the belief that the numbers will define a single reality (Tenny, Janelle, Brannan & Brannan, 2022). Given that the study is focused on suicide ideation, a complex issue, methods were needed that extended beyond statistical or numerical data. Suicide ideation cannot be simply understood through statistical tests as it is influenced by many factors that include social, cultural, political, and gender values, that cannot be explained nor determined by numbers (Tenny, Janelle, Brannan & Brannan, 2022).

Considering previous studies conducted, Pacific suicide in NZ has often been dependent on quantitative research methods where prevention or treatment is largely reliant on statistics rather than focusing collectively on the causes behind those statistics (Tiatia-Seath, Lay-Yee &

Randow, 2017). To objectively understand experiences or critique circumstances rather than calculating them, the qualitative approach was used for this study because it ensured the research achieved a deeper depiction of Pasifika Mental Health workers' perspectives of suicidal ideation amongst Pacific young women in NZ. This method values the engagement of Pasifika providers by utilizing their voices through Talanoa.

As a Pacific methodology, Talanoa can be likened to narrative interviews which are open, informal conversations that allow interaction between people to share their feelings, thoughts, and stories (Vaiotei, 2006). It involves deep, interpersonal relationships and emotional sharing between the researcher and participant (Cammock, Conn & Nayar, 2021). As a Pacific woman, I am captivated by people's subjectivity and having an empathetic approach to appreciate their personal experiences. This is why Talanoa was the appropriate method to use to investigate why suicide ideation is highest in young Pacific women.

3.2.4 Talanoa Considerations

Talanoa methodology signifies a reciprocal partnership approach based on maintaining and creating a strong rapport with the participants involved so there are positive outcomes for all (Otonuku, 2011). The Talanoa between the researcher and participant is a two-way communication approach where the process is dynamic and flexible. In this study, this approach acknowledges the expertise that exists within our Pasifika healthcare workers that is rarely acknowledged or sought after. According to Vaiotei (2006), Talanoa done individually enables participants to disclose information only when they feel the time is right and context appropriate. Therefore, within this research, Talanoa was carried out one-on-one with participants to maintain the values and principles most familiar to Pasifika people. It is important to remember that even if the setting may change, the spirit of the Talanoa remains.

The questions asked during the Talanoa were open-ended which helps to attain detailed and descriptive information that can be used to answer the research questions (Marsters, 2023). It is to also guarantee there is minimal influence of the researcher over the participant's responses by ensuring their responses are based on their knowledge, understanding, and experiences (Vaiotei, 2006). Talanoa discussions are conducted within a set of Pacific cultural protocols (respect and love). While conducting research that is focused on Pacific people, the research ethics protocols must stem from Pacific world views and protect the virtue of participants as Pacific cultural beings (Vaiotei, 2006). The Talanoa methodology aims to understand and utilize participants' own lived experiences without being influenced by the researcher's opinion or expectations (Masters, 2023).

This methodology will help to inform how issues are raised and ensure that topics and questions asked are relevant to the recruited participants. In this way, Talanoa can be utilized to ensure their voices and experiences are recorded (Cammock, Conn & Nayar, 2021). The following Talanoa methods is designed to allow the participants (mental health workers) to speak to their experiences, perspectives, and understanding.

3.3 Part 2: Research Process

3.3.1 Participant Sample

The study participants were recruited through purposive sampling techniques which was used to select a specific group of individuals for inclusion (Palinkas et al., 2015). This type of sampling is also referred to as selective sampling and is often utilized in qualitative research and refers to participants being selected “on purpose” as opposed to random selection (Palinkas et al., 2015). With a specific objective and purpose in this research, the participants were selected based on the attributes or characteristics that would be beneficial for the study. For this reason, inclusion and exclusion criteria were first considered, discussed, reviewed, and finalized. The inclusion criteria were Pasifika Mental Health workers within the Auckland region unless contactable by video call. In order to be included in the study they needed to have experience with working with young Pasifika women (aged between 16-24 years) within the field of Mental health and suicide prevention, self-identify as Pasifika and reside in Auckland. The criteria used to exclude people from the study included Pacific mental health workers who have not engaged with young Pacific women within the suicide prevention space and don’t identify as being Pasifika.

3.3.2 Recruitment

Recruitment began by contacting different Pasifika providers across Auckland with a specific focus on suicide prevention services, mental health providers, counsellors, youth support services and respite care including general practice. The initial process began with sending out the research advertisement to the management teams of several Pacific mental health providers in the Auckland region. The advertisement was also distributed to their staff and placed on their notification board. Other invites were made through networks known through work including reaching out to families and friends working within the field to extend their reach out to their workplaces. In the first couple of weeks of sending out invitations, a few had responded, and the appropriate documents (consent form and participation information sheet) were sent out to confirm participation before the Talanoa could be carried out. Challenges were faced due to the position and roles of the participants as clinical workers working full-time, limited availability due to work schedule and rostered shifts, travelling overseas and additional and external roles

they carried that required working at different locations. This was further exacerbated by the ongoing responsibilities they had seen with the demand of healthcare providers dealing with the global pandemic COVID-19.

Participation was only confirmed if the consent forms were signed, and the participation information form was read and understood (refer to Appendices pp. 95-101). Participants were further followed up and my contact information was again provided to reassure them to contact me if they had any further queries or concerns. Contact with the majority of the participants included messaging and emails.

3.3.3 Data Collection

Overall, the study recruited seven participants for Talanoa sessions. Talanoa commenced in August 2023 and ended in November 2023. The Talanoa was conducted one-on-one and was determined by the availability, time, and location of each participant. The first Talanoa was conducted via Teams as the participant resided and worked outside of Auckland and therefore agreed to conduct the Talanoa via Teams. Before each Talanoa, informal introductions began followed by the request to start with a *lotu* (prayer), if the participant felt comfortable with this. The *lotu* was shared either by the participant or researcher in their preferred Pasifika language. Again, this would close the Talanoa including any closing remarks and checking in questions to ensure the Talanoa ended comfortably and safely for the participants. Table 1 below presents participant details and characteristics.

Table 1: Participants Details

Participant	Ethnicity	Position/Role	Location Based
A	Tongan	Counsellor	Hamilton
B	Cook Island	Health Improvement Practitioner	South Auckland
C	Samoan	Health Improvement Practitioner	South Auckland
D	Samoan	Doctor	South & Central Auckland
E	Māori, Samoan & Niuean	Senior Social Worker	South Auckland
F	Samoan	Registered Nurse and Clinical Cultural Liaison	South Auckland
G	Samoan	Social Worker	South Auckland

The second Talanoa took place at Participant B's home later in the evening. The Pasifika protocols were incorporated based on the preference of the participant. There were some external factors to consider for this Talanoa including, informing my supervisor of the Talanoa (due to location and time), family members present within her home and a work colleague whom she agreed to have present with her during the Talanoa. However, the space was private and those within the home at the time remained absent from the Talanoa space except her work colleague who remained on her phone throughout.

The following three Talanoa's were conducted at the participant's workplace, this was considered due to their availability and schedules, also considering, that some had more roles than one and would not always be based at one location throughout the week. The third participant, unfortunately, became unwell with COVID-19 and then had to take leave immediately thereafter, this meant the Talanoa was postponed for another month. The average time of each Talanoa was 60-minutes with some going as long as two hours and three minutes (which was conducted over two separate days). Talanoa research requires the researcher to be fluid and flexible to the setting and context of the research and participants (Cammock, Conn & Nayar, 2021). This requires the researcher to evolve and modify the research process accordingly (Cammock, Conn & Nayar, 2021). Due to this, I had to be mindful that whatever opportunity I was given to have the Talanoa I would need to be proactive and adjust my availability and time to fit theirs. If not, I would not have gained the wealth of information from the Talanoa with the Pasifika health workers within the timeframe provided.

The final two Talanoa were conducted at my work office, this was on a weekend when both participants declined to use their home space (due to losing confidentiality and privacy within their homes) and it was a last-minute change. Due to non-operational hours during the weekend, the office space was empty, quiet, and a safe space for the Talanoa to take place.

At the end of every Talanoa, *Me'a'ofa* (gift) was given to each participant (in the form of a \$80 Voucher) as a sign of gratitude and a token of appreciation for their time, wisdom, and knowledge shared. Participants were very appreciative of this as it was not expected. This is an integral part of many Pasifika cultures. As the Ministry for Pacific Peoples (2020) explains "gifting is understood and practiced as a reciprocal gesture...it is bestowed upon a recipient who has neither stipulated that it be given nor has any expectation of receiving it". As the researcher, I felt privileged and humbled to be able to give back a small gesture for the time created for me and my research. This was lastly followed by a follow-up message or email to each participant again, thanking them for their time. I acknowledge this to be the Pasifika way of respect and humility which underpins the research approach.

Before each Talanoa began, I made certain that participants were happy for me to record the conversations. This was also noted in the participant information sheet and consent forms which participants signed before each Talanoa. All Talanoa was recorded using a voice recorder on my phone as well as my laptop. The Talanoa was further transcribed verbatim by me, and then re-sent to each participant to review and approve before the data was analyzed.

All but one participant was happy to consent for their Talanoa to be used without revision. The participant who was not, wanted to make minor modifications to their transcripts before being analyzed. This involved the removal of any identifiable mental health services mentioned by the participant during their Talanoa. Once transcriptions were approved and returned, data analysis began.

3.3.4 Thematic Analysis

Thematic analysis is widely used as an effective qualitative research tool that supports enhanced rigor in qualitative data analysis, providing consistency (Hindley, 2020). As a way to analyze data for this study, thematic analysis inspires a deep contextual understanding of lived realities, including the beliefs, experiences, and perspectives of individuals (Hindley, 2020). The thematic analysis used in this study adopted a reflexive approach to ensure that all the ideological origins of the perspectives and voices of participants were studied (Braun & Clarke, 2022). Furthermore, the thematic analysis offered more nuanced understanding of the context that participants found themselves (Braun & Clarke, 2022).

Examples of a few studies that have utilized thematic analysis within a Talanoa methodology include Akbar et al. (2022) which explored how Māori and Pacific communities residing in Queensland conceptualize and perceive food security. Fehoko, Bellringer and Fairhair-Dunlop (2022) also employed thematic analysis to analyze the data derived from participants Talanoa regarding gambling harm prevention and reduction in NZ. Both studies show how beneficial thematic analysis is in summarizing key features of the views shared in Talanoa, as well as providing a well-structured approach to considering and maintaining participant perspectives (Fehoko, Bellringer & Fairbairn-Dunlop, 2022; Akbar et al., 2022). Consistent with the Talanoa methodology used, thematic analysis identifies and categorizes people's views, knowledge, opinions, values, or experiences (Health Quality & Safety Commission NZ, 2021).

Data analysis began during the Talanoa (data collection stage) by transcribing the data following each Talanoa. As mentioned, all Talanoa were recorded and transcribed verbatim.

Talanoa transcripts were analyzed using a thematic analysis framework that adopts a six-phase guide by Braun & Clarke (2022). The purpose is to examine the collected data, identify patterns and find common or repeated ideas and themes. These six phases are as follows:

1. Become familiar with the transcribed data, revisiting, and rereading through what was said in the Talanoa. You will also consider the codes that emerge from the data and how these apply to the study.
2. Generating initial codes. This stage refers to identifying common codes that have emerged from the data by highlighting sections of the data to describe their content and the ideology or explanation behind each code. This can either be a subsection of statements, phrases, or sentences.
3. Creating themes identifies the patterns amongst the codes generated. At times codes that are considered too vague or irrelevant as they may not appear as often in the data can be discarded. It is significant to create potential themes that would be beneficial for the research.
4. Reviewing themes refers to looking at how the themes generated support the data and the overarching theoretical perspective.
5. Defining themes by ensuring they have been reviewed and revised. Each theme will need to be distinct and if similar, it is considered to merge the themes as each one will need to have enough data to support them. If there is minimal data to support the theme, this will be removed from the findings. It is imperative to now begin formulating how each theme can create a narrative for explanation specific to the research aim.
6. Lastly, writing to communicate the validity of the data that was analyzed. This also requires using direct quotes from the data to support and clarify the points being narrated. Moreover, data analysis extends beyond describing the data collected but needs to also include the researcher's interpretive analysis to support the claims presented.

Field notes were also taken immediately following the Talanoa as opposed to during to ensure there was full focus and attention on the participant and the stories being shared. This is considered critical to understanding and familiarizing oneself with the data collected (Step 1). Each transcript was analyzed and coded according to specific perspectives and experiences of the Pasifika health workers (Step 2-3). This was further guided by sub-questions asked during the Talanoa which saw similar themes emerge (step 3-4). The analysis process also identified the meaning associated with the shared experiences and selected narratives coded to each of them (step 5).

3.3.5 Ethical Consideration

Before the commencement of any fieldwork and interviews with potential participants, ethical approval had to be sought from the Auckland University of Technology Ethics Committee (AUTEK). Given the sensitive nature of my study and the discussions that would potentially see the mention of suicidal ideation, distress, and mental health, it was imperative to go through the rigorous ethics process. This also included providing the necessary consent forms, a participant information sheet outlining the purpose of the study, what was expected, their rights as participants and finally an outline of questions that would be asked during the Talanoa (See Appendices pp. 95-101). Participants were reassured their participation was voluntary, and confidential and should they wish to withdraw from the study at any time, they would not be at any disadvantage.

Conclusion

The chapter presents the Talanoa methodology, and Pasifika worldview that underpins the approach. As a Pasifika woman myself, my positionality as an insider researcher allowed me to be in a position where I could understand the values, converse in the same language as some of the participants, and carefully produce culturally appropriate research. I believed this to be significant in the way the topic, aim and research questions were framed. Moreover, utilizing a Pasifika methodology to obtain data ensured authenticity and natural conversations between the researcher and participants. The following chapter will present the findings from the Talanoa.

Chapter 4: Findings

Introduction

The study aimed to explore the perspectives of healthcare workers who work with Pacific female youth experiencing suicide ideation.

The analysis identified the following themes from the Talanoa, please see Table 2 below. The themes provide insight into the views that health professionals had regarding the experiences Pacific female youth had with suicide ideation. This included the identification of strategies that could work towards supporting Pacific female youth in the future. Four overarching themes were identified which are presented in Table 2 below.

Table 2: Themes and subthemes

Themes	Subthemes
1. Challenges defining suicide ideation	<ul style="list-style-type: none">• Thoughts or ideas associated with taking one's life
2 Relationship between parents and young Pacific women.	<ul style="list-style-type: none">• Openness between parents & young Pacific women• Young Pacific women's fear of disappointing parents• Cultural conflict leading to loss of identity & feeling disconnected from parents
3 Lack of trust in health services and family support	<ul style="list-style-type: none">• Friends replace family and support services.• Stigmatized attitude from trusted people (healthcare professionals) impacts trust
4 Building resilience through positive connection with oneself and others	<ul style="list-style-type: none">• Self-awareness and its connection to identity.• Developing resilience through self-care for young Pacific women• Building resilience through positive connection and relationship

Introducing Pacific Mental Health Workers: (Participants)

A brief introduction of each participant will be presented in Table 3 to contextualize the research. Each participant will be referred to as Participant A, B, C, D, E, F, and G to conceal their identities and respect their confidentiality as healthcare workers.

Table 3: Participants Characteristics

Participant	Occupation	Years of work experience/background within Health/suicide space	Clinical/Practice setting	Ethnicity
A	Social Worker	15 years	Community Health service	Tongan
B	Health Improvement Practitioner	Background Registered Nurse (years undisclosed)	Primary Health Organization and GP Practice	Cook Island
C	Health Improvement Practitioner	Registered Nurse (26 years)	GP Practice	Samoan
D	Doctor	20+ years	GP Practice	Samoan
E	Social Worker Practice Supervisor	10 years	GP Practice	Māori, Samoan and Niuean
F	Registered Nurse and Clinical Cultural Liaison	Years of experience (undisclosed)	Hospital	Samoan
G	Social Worker (New graduate 2023)	1 year	Hospital	Samoan

The majority of the participants worked across various GP practices in South Auckland, the District Health Board (DHB) and Pasifika organizations. As highlighted in Table 3, participants included in the study had years of experience working within the mental health clinical setting, with just one who was a recent social worker graduate. The seven participants included one counsellor, two Health Improvement Practitioners, two social workers, one Registered Nurse, and one Doctor. Participants had diverse ethnic backgrounds with the majority of participants

identifying as Samoans, and one participant from a mixed ethnic background of Māori, Samoan and Niuean. The remaining two participants identified as Tongan and Cook Islander, respectively. In addition to this, all participants worked within a clinical setting with four working within a GP practice (medical center), two based in the hospital, one participant working in a community health service, and the last participant currently employed with a primary health organization and a GP practice. It is important to note that most of the participants also had other external roles outside of their clinical positions.

The following sections discuss the themes in detail. Portions of the individual Talanoa with each Pacific mental health worker have been presented verbatim, so that participants' views are expressed as accurately as possible.

4.1 Theme 1: Challenges Defining Suicide Ideation

Participants shared how difficult defining suicide ideation was as a term. They felt it could not be easily interpreted or fully understood by young Pasifika people as their perspectives of suicide ideation have been shaped by cultural beliefs and lack of awareness.

“If we talk about mental health, it's a foreign concept to Pacific people ... In terms of the foreign concept, we don't fully understand about mental health ... it's kind of a derogative word to use in terms of our people, we call it in Tonga fakasesele (stupid or foolish person) even the word fakasesele it's really bad like you know, it's not a nice word to use” – (Participant A).

“Suicide ideation is perhaps unknown challenging behaviour for a lot of our young people out there ... Suicide is sometimes seen as a way out for a lot of our young people and sometimes they don't know what suicide ideation is, sometimes they don't know what suicide thoughts are, sometimes they don't even know what suicide is but, the behaviours indicate its suicide” - (Participant F)

The above interpretations and definitions of suicide ideation prove the complexity of suicide and the need for it to not be generalized across the population. The narratives highlight that there is no universally accepted definition for the term suicide ideation, or how it could lead to suicide. Participant A explains it is perhaps based on a person's understanding of suicide ideation while Participant F explains suicide ideation is not well-understood by young people, but that their behaviour indicates they are at risk of suicide.

4.1.1 Thoughts or ideas associated with taking one's life

Given the complexity in defining suicide ideation, participants accepted that it can be defined as 'thoughts or a process of having ideas, or ruminations about the possibility of completing suicide'. This same definition was shared by many of the participants who reported suicide

ideation to be thoughts, ideas, or emotions that a young Pacific woman would have about wanting to end their life. This could also be expressed through actions, or attempts made to end their life.

“Just my kind of on-the-top-of-my-head version is any person who has thoughts or ideas around wanting to end their life” - (Participant B)

“Suicide ideation is any kind of thoughts, any kind of actions or attempted actions.” (Participant D)

“My perspective of suicide ideation is like thoughts or emotions that young people in general kind of go through, that may be challenging to them or the challenges that they have negative thoughts towards themselves or towards others that can be a risk to them” - (Participant G)

The definition shared by another participant was dependent on what she was hearing or observing with the young Pasifika women she had engaged with.

“How do I define it, depending on what is happening for the person because it could be defined differently. For me, I would actually get it from them because defining suicidal ideation is someone doing harm to themselves either physically or mentally....it depends on the severity as well so it depends entirely on the presentation of the person, and I think that’s how I would define it” - (Participant C).

It is imperative to understand how each participant views or defines suicide ideation because this helps to understand their experiences and perspectives.

4.2 Theme 2: Relationship between Parents and young Pacific women

The Talanoa identified that a parent’s relationship with their child (whether positive or negative) can greatly influence a child’s mental and emotional development, including overall well-being. Conversations between the participants and the many young Pacific women they have engaged with discussed the importance of their parents in their lives and the relationship they shared with them. The relationship between parents and young Pacific women was considered to be the foremost protective factor for any young Pacific women experiencing suicidal ideation. They say the nurturing and loving relationship between a young Pasifika woman, and a parent equates to feeling mentally well.

I guess the protective factor around that could be the [parents] as some of them have said “I don’t want to cause that much pain to my parents.... If we love our parents, we love. You know those contributing things help us feel good” - (Participant B).

Participant C shared her perspective on the importance of a nurturing relationship between a parent and a young Pacific woman.

“Parenting, it’s also just allowing them to know that they value that they are young women... It’s that relationship from an early age around... even from when they were born.... if you start from there for the relationships of parents and their children and

how important that is ..., how important that nurturing time [is] you know and how much time you spend with your child” (Participant C).

She explains that positive relationships between parents and young Pacific women can start from a young age, acknowledging that a good relationship is built by sharing time and strengthening their bond together. She believed this would further contribute to keeping young Pacific women feeling mentally healthy because the relationship was positive.

4.2.1 Openness between parents and young Pacific women

The relationship between parents and young Pacific women can be determined by how transparent and open a young Pacific woman are when they are feeling most vulnerable. From the Talanoa, there was a reoccurring emphasis on the importance of openness between parents and young Pacific women when they felt distressed, mentally unwell, or ideating about suicide. Participants discussed what they had heard from young Pacific women in regard to openness and communicating with their parents when they needed emotional support. They understood that being honest with parents is important for having a good relationship, which helps them feel safe when sharing their feelings. Young Pacific women requires strong support from those around them to talk openly, and parents play a key role in building these connections. This was a constant response from participants reiterating how parents were relied on to be that provision of support and hope for young Pacific women. However, it is interesting to note that young Pacific women identified that despite their desire to open up to their parents, they could not.

Participant A highlighted a general assumption that females are seen as more affectionate and caring, therefore, they should have a closer relationship with their parents. This would suggest that young Pasifika women supposedly communicate and open up to their parents more. However, participant A learnt from his own experience when engaging with young Pacific women that this was not always the case.

“We should consider very seriously young ones especially females, the support from their parents..... We often just rely on our parents.... But that’s not the person that the young women trust [opens up to], most/some [young Pacific women] I work with they don’t open up to their parents” – (Participant A).

A few participants mentioned that openness between parents and young Pacific women was complicated. The Talanoa discussed elements that shaped their view of this. Participant C shared her own experience of being a mother and understanding the impact and constraints of a relationship between parents and young Pacific women and how this could influence their ability to open up to their parents. She advocated strongly about having an open and honest relationship between parents and young Pacific women. She also, reiterated that it could begin from an early age. However, she still acknowledged the challenges many young Pacific women currently face which could prevent them opening up.

“Also, depends on the parenting as well but I firmly believe that our parenting will get better if we incorporate these things [teachings, values, etc.] earlier so it starts from when they are born and that relationship with the parents, mothers and fathers.....another big issue as well, parents that fight or they don’t get on or the parent that’s really strict and constricting and doesn’t allow them to breathe or go out and that’s happened to our Pacific girls that are in that predicament you know restricted to do anything but yeah it’s sad” – (Participant C).

Some participants shared similar notions regarding openness between parents and their daughters. A common argument was that openness was impeded by beliefs that have been acquired from traditional parenting imparted from previous generations. Parents were stricter and more conservative. A participant’s experience when speaking with young Pasifika women identified this very same pattern and teachings that would resonate with her parents whilst growing up. She noted that young Pacific women would not fully express their opinions or views to avoid being seen as disrespectful towards their parents.

“If you question anything, then they think you’re fiapoko (know it all) aw shame [and] shut me down” – (Participant C).

One participant expressed how disheartening it was to still see the same mentality, conservative and strict parents, as when she was a young Samoan woman. She felt this mentality hindered open communication between parents and young Pacific women. She gave an example of her 27-year-old Samoan relative getting disciplined and told to be quiet for simply speaking up, she was discouraged from sharing her thoughts because she was young, and it was not her place to say anything. There was an immediate assumption that she was disrespecting her parents and elders.

“You know where we are told aw yeah you know the eldest expect you be quiet, you don’t say anything or we shut them down you know we’ve all been through that; you know you’re just younger, don’t be cheeky, just be quiet “....” your parents [are] speaking “...” recently I mean that happened a few days ago at home. We kind of had something that happened and one of the nieces just shut down her daughter who’s about 27 and it was just that same typical island, aw you sit down you be quiet this doesn’t involve you “....” that’s what we’ve always done and that’s what we’ve learnt from before and I think that’s why a lot of our Pasifika women and our youth don’t want to speak up because they get shut down quickly you know so we got to stop doing that because it doesn’t help and that triggers them to think aw I’m not valued, I’m not good enough okay that’s it, suicide” – (Participant D).

Another participant reflected on her own experience of being a young Pasifika healthcare provider, as she was left feeling disparaged when trying to engage with parents of young Pasifika women due to her age. Her narrative reiterates the above point, highlighting how young Pacific women will be viewed and treated in most circumstances as minors by parents regardless of status or age. This resonated strongly with her role as a Pasifika clinician, she acknowledged the importance of traditional values such as respect and humility. She also suggested that perhaps some of these same values acted as a barrier for young Pasifika women

in being transparent with their parents. She further explains how this impacted the relationship and engagement between parents and young Pasifika women.

“So, even if it’s for them to sit down for a bit, to calm down in their room or their own space and it’s hard to do that with Pasifika [parents]... like when you walk away it’s them you know being fa’alii (angry or disobedient) ... A lot of it has to do with not only talking with the child but also talking with the parents, but it depends on how you know them and how they will take it because sometimes our parents are like you don’t know that” – (Participant G).

The same consistent theme was seen, open communication was largely dependent on the relationship between parents and young Pacific women. Traditional parenting was expressed by many of the participants to have influenced a young Pacific woman’s decision to speak openly about her mental distress and emotional well-being to her parents. They believed this to have stilted conversations which led to challenges in maintaining communication between parents and young Pacific women.

4.2.2 Young Pacific women’s fear of disappointing parents

One participant explained being conscious of the existing relationship between parent(s) and their young daughters, which alludes to a prominent expression in the Pasifika culture. The nurturing the relationship, to *teu le va* (take care of the relationship). She recognized the stature that saw parents being held with the highest regard by young Pasifika women and so with the same reverence, she ensured it was reflected in her clinical role and engagement with young Pasifika women and their parent(s). She explained the need to proceed with discretion when conversing with young Pasifika women and their parent(s) to ensure that it was done reverently. It is important to provide a safe space but set aside time to build the relationship at home or once they have left the space or room.

“When you have a parent there and you don’t want to disrupt the relationship between the parent and the mum or the young person especially our 16, 17, 18 [year old] you want to go and smooth the path, you know we call it le va (the relationship), teu le va or tausi le va (take care of the relationship) so we go you know apologies mum and dad I have to use the word suicide.... apologies on behalf of the young person... because I’m thinking more of the long term because this person has come with suicide and I’m scared that this young person is going to go home, what’s going to happen when she goes home pregnant, or she still has these suicide thoughts, mum and dad might give her growling so I apologize on her behalf” – (Participant F).

The Talanoa showcased the effort to take care of the relationship’ when it is challenged with the fear young Pacific women have of disappointing or displeasing their parents. The fear interferes with maintaining a relationship between parents and young Pacific women because of the pressure felt to meet the expectations of parents and the fear of disappointing them when they fail to do so. Participants in this study acknowledged that young Pacific women feared disappointing their parents. Participant E spoke to this explaining young Pacific women were

more open to communicating and being transparent with others (friends or peers) as opposed to their parents due to the fear of being a disappointment. This often caused a division between parents and young Pacific women where the ability to maintain a relationship was challenged.

The following narratives supports this:

“Because young people don’t want to disappoint their parents, they don’t know how to articulate whatever harm that’s happened to them or their emotions as well” – (Participant E).

The fear of displeasing or disappointing parent(s) meant a constant pressure to thrive and exceed their expectations. Failure to exceed expectations would cause the young females to lose confidence. Furthermore, the fear of disappointing parents meant that they couldn’t express or communicate their shortcomings. This was also another reason that impeded parents from discerning that their child was mentally unwell.

“Another thing is the pressure [for] the children and especially the teenagers in college with the pressure of what the parents want them to become not what they want to do, they want to do something different but how do I tell my parent? Also, the fact that when they’ve either failed and they don’t know how to communicate that too” – (Participant C).

Participants reiterated how the fear of disappointing parents can cause young Pacific women to become withdrawn because they feel criticized, and therefore, a sense of trust is lost.

Consequently, the relationship over time becomes dysfunctional, which stems from the parents lack or unwillingness to understand their children’s point of view. One participant is adamant that despite the challenges posed, she believed it could be improved.

“It will get better, but those relationships have to be open and honest communication” – (Participant C).

The Talanoa resonates with many young Pacific women experiencing suicidal ideation and the challenges of maintaining a relationship with their parents becomes further exacerbated due to their fear of disappointing their parents. This was repeatedly discussed during the different participants Talanoa’s.

4.2.3 Cultural conflict leading to loss of identity & feeling disconnected from parents

Young Pacific women perceived their culture as critical to feeling a sense of belonging and connecting to others, most importantly in connecting with their families. Culture has remained an integral part of the relationship dynamic between parents and young Pacific women. During the Talanoa participants identified cultural conflicts as a possible factor to impact a young Pacific woman’s mental health. They acknowledged how young Pacific women would talanoa about feeling confronted with navigating between two separate cultures (Western culture and Pasifika culture). Whilst intending to safeguard and fulfil their cultural and ethnic obligations

and roles as young Pacific women. This often leads to a conflicting relationship emerging from contradictory priorities, consequently, young Pacific women feel disconnected from their parents.

When asked what impedes a parent from discerning that their child was mentally unwell or was not coping and possibly dealing with suicidal ideation. One factor was cultural conflict leading to loss of identity and feeling disconnected. Young Pasifika women expressed the challenges of feeling conflicted between what they knew and were taught at home versus what they were learning and seeing outside of their homes. This would lead to misunderstanding and resentment between the parent(s) and their children. Consequently, a young Pasifika woman loses her confidence to converse openly with her parents, which affects their ability to recognize their child's mental wellbeing. Below are perspectives articulated in participants' narratives.

“You know letting them know they're not in trouble for sharing their feelings, that it's okay, it's kind of like a challenge on its own because you kind of contradicting everything that whoever has taught them, mainly parents or you know it's intergenerational kind of thing you're contradicting everything that they've been told not what to do” – (Participant E).

“I mean we live in a world that is influenced, we as Pasifika live in a influenced world where we are influenced by many things and I think part of the challenges of being Pasifika is that this world that we live in is not what we're probably taught at home, ... so we are always challenged by I would say the palagi (European) world, the modern world, the modern society and sometimes it contradicts our cultural values so then that's the challenge that they kind of face, so when they are at home their parents are like telling them what [their] values are and then they go outside [and their] world ..changessometimes it's hard for them to kind of open up, so they would dysregulate a lot and sometimes it's the communication they have towards their [parents] and so they would always say they would keep it in, it's hard for them to kind of open up” – (Participant G).

A participant shared that being torn between two cultures can cause an identity crisis as the Pacific youth struggle with the expectation or pressure to adapt to a western society. This can cause an internal disconnect further impacting how young Pacific women relate to their parents. Participant highlighted how young Pacific women felt disconnected during their transition from adolescence to early adulthood.

“There's been a number of them that [have] been disconnected, not sure who they are, not sure where they belong” – (Participant B).

A participant discussed the relationship between parents and young Pacific women could be strained by the pressures they faced with cultural conflicts and having to maintain their cultural identity.

“Sometimes it's just getting pressures from home ... They're getting in trouble with their [parents] because they're not doing what they used to do or sometimes they find it's trying to live in two worlds you know being a good Pasifika at home and doing all

your usual stuff....and then you try going to school and trying to juggle that...it's always hardest with the NZ born and the Island born and the clash of cultures” – (Participant D).

Additionally, navigating parental cultural expectations was common for young Pacific women because of the supposition that females have responsibilities to uphold more domestic roles. At times these could become overwhelming causing them distress and impacting their mental wellbeing.

But it's our Pacific [girls]... because of the responsibility that they have seen from a young age of where they are meant to be and the expectations of their [parents] especially bestowed upon our girls, that pressure because they are more developed earlier than our boys – (Participant C).

The impact of suicide ideation on young Pacific women can be determined by the relationship they have with their parents. Young Pacific women struggle namely with the clashing of cultures and trying to navigate between Western culture and their cultural obligations and morals. Due to this, it becomes difficult for young Pacific women to nurture relationships. The culture conflicts are challenges that can extend to their relationships with their parents. Each participant shared their views about how openness between parents and young Pacific women is predetermined by their relationship. They also spoke about the challenges young Pacific women face when there is the fear of disappointing their parents. Moreover, cultural and identity conflicts meant they could feel disconnected from themselves and their parents.

4.3 Theme 3: Lack of Trust in Health Services and Family Support

Another theme that permeated Talanoa session was the significance of trust. The participants in the study spoke openly about enhancing personal trust as a protective factor for young Pacific women's well-being. They felt the need to extend this approach of creating trust beyond the limits of the professional field. Those who are not mental health practitioners can also assist in strengthening trust to reduce suicide ideation for young Pacific women. Participants identified the important role that friends played in feeling supported and connected. One of the participants also recognized the challenges that confronted young Pacific women in trusting others.

When asked what was necessary to initiate or engage with young Pasifika women experiencing suicidal ideation, participants identified it was paramount to always establish trust first. Trust provided a safe environment, otherwise, young Pasifika women would not feel safe enough to disclose things.

“I also think that you need to build that trust because I think the most important thing for young ones is... [the] trust, and.... to talk to someone, I can trust and vice versa” – (Participant A).

“The perspective is to gain that trust so, for them, I would say they are trying to suss me out... because I felt like they weren’t forthcoming and that’s how I know their perspective of trying to build that trust” – (Participant C).

Additionally, participant E reiterated that trust also needed to be reciprocated, because she knew the importance of when someone extends their trust, it is a natural human instinct to respond in kind.

“There’s an impact on a young person and we have had like parents because they’ve built relationships...with me as their social worker that trust them... You’ve got to give it to get it, that’s the way it works with trust” – (Participant E).

Participant E acknowledges that young Pasifika women experiencing suicidal ideation are most vulnerable and may rely on others. She feels assured when she can authentically extend this trust to them as a healthcare provider anticipating it will be reciprocated so that both can benefit moving forward. This also speaks to the importance of trust for providers in their practice, thus ensuring they can connect with young Pacific women.

4.3.1 Friends replace family & support services

Friends were identified as important individuals that young Pacific women felt safe enough to trust and confide in aside from family or support services. Most of the participants noted that the support of friends was sought in the first instance as opposed to anyone else. Participants were asked why this was, and the response was they felt more connected. Their friends could relate to them through shared experiences and friends were usually more liberal and understanding.

“[Friends provide] No-judgment, they don’t judge me, or their other reason sometimes is because they are going through a similar thing in their life.... I can trust them with my information” – (Participant B).

Furthermore, participants talked about friends being a key protective factor for young Pacific women and felt they could openly speak to them instead of family, parents, or support services. Participant shares that according to young women, friends are:

“[Their protective factors.....are the closest friends to them [the] same theme [that] comes up, they are one of their most protective factors... they feel like every time I have issues, I can openly talk to this [friend] including if I feel suicidal and stuff, I don’t pick up the phone and call crisis team or you [health professional], I talk to this [friend]” – (Participant A).

“[Their protective factors start with] friends, younger siblings, [and then] parents” – (Participant B).

From the Talanoa, friends were also more available when young Pacific women felt distressed.

“They are available because sometimes parents are not there. An adult person is not there in their life, so that’s one of the main reasons they reach the [friends instead] of reaching the adult” – (Participant B).

Friends became their safe space in the absence of parents. When discussing suicidal ideation and when young Pacific women needed to disclose these thoughts and ideas to someone they trusted, friends came first. Highlighting the significant influence that friends can have because they were sought first.

“I have asked a lot of young [Pacific women] if you Had some of these suicidal thoughts who would you talk to? The first person that they would talk to, the majority of them would say to me, I would speak to my friends” – (Participant B).

“They’re more likely to reach out to their friends than they would to a practitioner or professional” – (Participant E).

The Talanoa highlighted the prominent role of friends in the lives of young Pacific women. The data attained implies that young Pacific women would primarily confide in a friend because they felt reassured by the trust evident in their friendship. Eventually, friends at times replaced the role of families and support. They trusted and relied on friends more than anyone else.

4.3.2 Stigmatized Attitude from Trusted People (Health Professionals) Impacts Trust

From the Talanoa, participants identified the association between stigmatized attitudes and trust for young Pacific women. Participants drew on the perspectives and experiences of young Pacific women which recognized factors that shaped their concept of trust. Participants shared what they were hearing from young Pasifika women about their perspective of trust and how it exerted an impact on their interpersonal relationships. The narratives below highlight that people’s thoughts and feelings can affect this, which leads young women to repress their emotions, furthermore, increasing their vulnerability to ideate about suicide.

One participant conversed about the stigma-intensified feeling of shame for young Pacific women. They were too *madua* (ashamed) to tell others about utilizing services.

“You know people feel like [they’re] too whakama (shy) if I say to my friends oh, I am going to mental health services you know so we are brought up with that” – (Participant A).

This very same attitude is stressed by one participant where the impact of stigma on young Pacific women experiencing suicidal ideation restricts them from pursuing support when they need it. From the Talanoa, participants reiterated that families still held a negative disposition towards young Pacific women who would share their emotional distress. There is still the shared stance “to just get over it”, invalidating their emotions. Because of this, trust in the family is significantly impaired and important issues are kept hidden.

“Some of these young people in their family structure or with people they have trusted, there is quite an attitude that you know still exists around it, get over it or it’s not that bad or you change the way that you are feeling or don’t worry about it and go and do this, so it’s almost replaced with something else and I think those attitudes still exist and I think it’s not unique to just one ethnic group you know, but yes, I still think they do exist very much so and so for some of our young people, if those are the attitudes of the trusted adults that surround them, often it is very difficult for them to share their feelings cause it’s very difficult to open up because of these attitudes that sit within some of these families or communities” – (Participant B).

Emotional invalidation, as defined by Litner and Carrico (2021), involves dismissing or rejecting someone’s thoughts, feelings, or behaviors. Emotional invalidation impacts the trust of young Pacific women when what they have shared or disclosed is not sincerely considered by those closest to them, presumably their family or parents. Participant C narrates this.

“They would feel they’ve told a significant person even their mum, but she won’t believe her and just carry on even when she brings this up mum would just ignore it, she would change the subject “...” The saddest thing about it in this situation is who else do you tell if the person that’s meant to believe you doesn’t, they are being told aua le koe fai se kala (don’t lie and say anything anymore) “....” the big barrier is when the parents have very little insight as to the effects of what could happen when it’s too late “...” that’s made them increase the risk of them taking their lives [because of] this whole trauma so that’s why there’s suicide or attempts” – (Participant C).

Consequently, Participant G discussed from her experience she recognized the association that the negative attitude of stigma from others will impact a young Pacific woman’s ability to trust often leading them to feel emotionally distressed and emotionally dysregulated.

“I’ve worked with a few of our young Pasifika females a lot of it is I’d say distress, so emotional distress, sometimes it’s hard for them to kind of open up, so they would dysregulate a lot and sometimes it’s the communication they have towards their family, people they trust and so, they would always say they would keep it in” – (Participant G).

Two participants advocate the importance of changing these negative attitudes, which not only impact trust but also increases their vulnerability to identifying suicide ideation.

“I think it’s just validating what they have to say, you know in that Talanoa “...” because we are trying to make it as real as possible, dismissing what they have to say or feel causes so much more harm to our young [Pacific] women” – (Participant E).

“We are just going to have to change the way we think and a lot of it is sort of around that judgmental kind of thinking and all the condemnation we have for our youth, we’ve got to stop that “....” Cause it’s not helping them” – (Participant D)

Participant C shared a similar perspective and confidently asserted that mental health literacy can start by reducing or shifting the stigma and attitudes which are discouraging seeking help or open communication with trusted parties.

“So, education is important here so that’s why [mental] health literacy is important ... It will help parents or families understand why they [young Pacific women] feel that way and do the things they do” – (Participant C).

In contrast, staying connected or having a confidant to rely on, having someone to trust could help reduce mental distress for young Pacific women.

“You need trust, it helps you to stay connected” - (Participant D).

From the Talanoa, the stigma towards young Pasifika women experiencing suicidal ideation from people they trusted was a common subject reverberated by the participants. This overlooks their vulnerability; hence participants observed young Pacific women who will choose to keep their emotions repressed and become socially withdrawn.

4.4 Theme 4: Building resilience through positive connection with oneself and others

Resilience was a recurring theme that alluded to a strength-based approach perceived by participants to be fundamental in improving mental health in the face of suicidal ideation. Participants were asked to identify how young Pasifika women were navigating through the challenges they were confronted with. Resilience was explored throughout the Talanoa as a coping mechanism. The participants spoke about the perspectives of young Pacific women experiencing suicidal ideation, restating what they depended on to cope with the challenges they were confronted with. The Talanoa discussed resilience as a dynamic process that referred to an individual’s continuous adaptation to challenges while maintaining their mental well-being when under high levels of suicide risk or ideation. This was also suggested as a foundation for suicide prevention proposed to strengthen young Pacific women’s ability to cope. The coping mechanisms for young Pacific women centered on having self-awareness, self-care, and positive relationships.

When asked what resilience meant, one participant provided the following definition:

“I think we have to acknowledge what resilience ... is ... [it’s] someone’s ability to pick themselves up and keep on keeping on” – (Participant B).

To approach the theme of resilience, the following factors of self-awareness, self-care, and positive relationships were recognized. These were explored in the Talanoa, especially as a protective factor. Protective factors need to be better studied and encouraged in young Pasifika women.

4.4.1 Self-awareness and its connection to identity

Having a clear perception of who you are was identified to be one of the pillars associated with resilience. The following sentiments elucidate the significance of increasing self-awareness, vital to building resilience because it advises a person to be conscious of their emotions, thoughts, and reactions.

“So, acknowledging that young people have resilience, you know whatever form that comes in it comes in the form of understanding who I am in terms of identity” – (Participant B).

Participant C discusses the meaning of validating one’s identity. She uses her identity as a Pasifika provider in the space of suicide prevention and explains the significance of being authentic. Embodying self-awareness to empower young Pasifika women to uphold their identity. She acknowledged the various challenges of life and recounted feeling overwhelmed or pressured. However, she hoped that by practicing self-awareness herself, she too could reflect on the positive aspect of this to young Pacific women she sees and share the strategy with them.

“I bring into the space my identity who I am, what I am or what I believe is positive cause the world out there or what they have to face at home isn’t always positive also just to give them those ideas about maintaining happiness maintaining color rather than being in a dark space” – (Participant C).

Certain participants shared similar perspectives around self-awareness, and the importance of identity which was rooted in their values. Participants restated how connecting and acknowledging personal values could inspire the authenticity of individuals.

“They are grounded in who they are ... They have a really good idea of who they are in terms of their identity and their beliefs and values” – (Participant B).

“If you want to live and be happy... [look at] your beliefs, the values that you have” – (Participant C).

“Their resilience can come from the foundation of the family, and that’s what I do as well is [I] look at the values that the family [or she] has [and] strengthen [and] help her with the values that she has” – (Participant F).

“I always share, or I would ask some of the young people around what their core values are, just reminding them of what their values and their beliefs are” - (Participant G).

It is fair to still note that suicide ideation for young Pacific women came with negative perceptions of themselves.

“They’re already telling themselves they could never get there and all that self-doubt” – (Participant E).

However, through their line of work and engagement with young Pacific women, participants spoke highly of the personal strengths young Pacific women had, they were perceptive and

articulate. Participants helped young Pacific women to acknowledge and capitalize on their strengths which positively influenced their identity and mental status.

“I always have to use analogy just to emphasize you guys [young Pacific women] have got the strength to use, you don’t know until I have to spell it out” – (Participant C)

Participant C recognized the strengths of young Pacific women and encouraged them to utilize their strengths to get rid of the self-doubt they had. Despite the challenges young Pacific women faced because of mental distress, their ability to still recognize resolutions highlighted their self-awareness. Participants believed this to be a significant concept for increasing resilience and a key coping mechanism for young Pacific women.

“What’s always rewarding is when they’ve been able to come up with their own solutions ... the resource that I gave her...the brief intervention and now [she] has no episodes which is great and that’s a win and that’s why I say celebrate that, it’s you” – (Participant C).

“A lot of our women are quite resilient, a lot of them probably talk a lot more than our Pasifika male ... They [Pasifika women] are very strong, they’re more vocal” – (Participant D).

“Our kids [Pacific young women] have so much resilience, it’s embedded in us as Pacific people” – (Participant E).

“So, listen and then use her strengths or use her values to “....” [to] come up with an intervention. If it’s too overwhelming for her then yes, I would step in and help problem-solve whatever she is going through, but they [young Pacific women] are very resilient and usually come up with their solutions that help them overcome the distress, so I encourage and remind them of their strengths” – (Participant F).

When participants were asked how they would encourage the strengths of young Pacific women, a shared concept was to provide them with the opportunity or resources that would amplify their strengths. That these strengths would assist in coping during times of distress. One participant discussed how self-awareness was being conscious that change could only start from the young Pacific women. She believed the choices and decisions of young Pacific women were driven by their values and experiences and only they could determine what would best support them.

“If young people are given the tools...they could be agents of change, it starts with them. I think that’s where prevention should be” - (Participant E).

4.4.2 Developing Resilience through Self-care for Young Pacific Women

The Talanoa with individual participants underlined the prominence of having coping skills and regularly utilizing these as an integral part of practicing self-care. Participants openly discussed how they would encourage or promote support mechanisms for the young Pacific women they

engaged with. These support mechanisms were designed to help them feel reassured, supported and not alone.

One participant reiterated that perhaps self-care was about being responsible for your own emotions. She recognized that coping mechanisms through self-care meant a young Pacific woman was able to identify her feelings and manage them by doing things she enjoyed such as spending time with family or friends.

“We promote like support mechanisms; it starts with you ...you are responsible for you. it’s about providing the individual resources or the skills to deal with the types of emotions that they go through [as well] as accessing support like spiritual and pastoral support, we try and promote that so young people know that they always got like a Korowai (support) behind them, that they’re not alone...when they do have these thoughts or unwanted tenants...they can try and manage it themselves [through self-care], and if they can’t manage it themselves [they have us practitioners for support]”
– (Participant E).

The narrative of two participants supports the above response, that supporting young Pacific women to acknowledge their strengths was a coping mechanism in itself, as the only person who could sincerely fathom the root cause behind their every situation is themselves.

“Reiterating to them they got to pace themselves, to heal in their own time and that’s emphasizing.... [to them] to go and do what will make you feel better [because] I won’t have all the answers, but they will recognize what makes them feel better, what they like, their interests” – (Participant C).

“It’s about calming, it’s about looking at themselves because you know some of our support people, they mean well, but sometimes they can go overboard, [or] overbearing and there’s no way [that young Pacific woman] is going to say anything”
– (Participant F).

Participants were asked to provide examples of some coping mechanisms through self-care, and what this looked like through their Talanoa with young Pacific women. The below sentiments clarified what these coping strategies were.

“Providing them stuff like... a gratitude journal or sometimes it is box breathing or breathing exercises, it’s being in the moment, having some simple tools that you can get them in terms of coping ...when you feel... like you’re losing control, you stop, and you pause” – (Participant D).

“Teach them...how to destress, so just some basic de-stress management. It doesn’t have to be major therapy stuff” – (Participant F).

Participant C disclosed her passion for journaling which was her form of self-care. She mentioned that it helped her to cope during a difficult time in her life. She happily shares this with young Pacific women as an example of self-care.

“I journal...my own journey and... I give examples to people, and I say look this is what [helped] me to get through, I talk about it because [it helped me to know] that I am not alone” – (Participant C).

Furthermore, the importance of being aware and self-educated sees the potential of reducing or preventing suicidal ideation or behaviors. Individuals would benefit from understanding their feelings and how to best manage these emotions.

“If we help them to learn about what is well-being ...but also understand what are my emotions, why I feel the way that I feel and what can do when I feel this way and actually when I feel this certain way that’s okay, that type of feeling is alright, but it’s when we get to a point when the emotions either become overwhelming or quite distressing what can I do, where can I get help and I think if we can teach some of our young Pacific women that, then I think the benefits to them Also, for their future, for their own families, is so valuable that we could make changes to what our suicide rates can look like” – (Participant B).

“I guess now I say we have to educate our own selves how to reach out for help” – (Participant F).

The above narrative proves that self-care comes in many forms for young Pacific women. Reiterating self-care such as journalling, box breathing, and education are all forms of coping mechanisms recognized as fundamental aspects in the Talanoa. The tools used to enhance resilience through self-care for young Pacific women could support them later when they are most vulnerable.

4.4.3 Building Resilience through Positive Connections and Relationships

A common concept for increasing resilience was staying connected with others, where young Pacific women felt their vulnerability was embraced and could positively lean on others for support. One participant discussed the negative impacts of feeling disconnected, which was a major concern she heard from young Pacific women. The feeling of being disconnected could affect their overall mental well-being.

“Often, we find a lot of women who have mental health [distress] feel isolated ...knowing they’re in depression You isolate, you stop reaching out, you stop connecting, you just basically go into your shell, your cave and you stay there and that’s where all your thoughts and everything in your mind ...you are just thinking about it” – (Participant D).

Therefore, the importance of staying connected to things they value reduces the negative feelings. It reduces the time that they have to think about their thoughts and gives them opportunity to seek the appropriate support. Connections assist in preventing them from becoming more emotionally distressed or ideating about suicide.

“But when you stay connected then it’s almost like a way that you can have some help and also to [have] people you know kind of keep an eye on you ... The main thing is

staying connected even if it's just I or two people that you can rely on” – (Participant D).

I try to use what their interest are for example ... some people I go with them to the gym. I just go and stand there, and they do their gym ... So, try to find what their interests [are] and then you work alongside them ... I just be there for them, and I find it that they find it very helpful – (Participant A).

For one participant, the significance of remaining connected went beyond assisting young Pacific women in finding other sources of support. His narrative above describes how he would assume the responsibility of preserving that bond by merely being there. He thought that simply being present fostered an increase in their confidence, affirming their feelings and enhancing their resilience through connection.

From the Talanoa, it is also important to acknowledge the importance of establishing a connection with healthcare services which empower young Pacific woman's resilience. The inability to create rapport could leave a young Pacific woman feeling more vulnerable. These negative experiences may, in turn, intensify the likelihood that one would ideate about suicide.

“The barrier is also that clinicians probably didn't understand, or the young person didn't [connect]. I've had a young group that I said, what about the counsellor, nah she doesn't get me, a very common comment for our young people” – (Participant C).

Another major outlook on finding connections with health services for young Pacific women was shaped by their perspectives on accessing services. They felt there was a lack of familiarity with the services available to them.

“Some of them say, I don't know about it [the service] they don't know it exists” – (Participant B).

“I think on the whole a lot of them don't know or [are] not aware of what's available” – (Participant D).

Participant D also shared her perspective on connecting a young Pacific woman to a service meant, that services needed to be flexible to accommodate those experiencing suicidal ideation. Her narrative below highlights this.

“But often I find our Pasifika [young women] don't engage in it you know one, it's because they can't get a hold of them, two they might be in school or at work or something so, it's really hard to access so... services got to be flexible” - (Participant D).

Furthermore, participants' perceptions of establishing positive connections with health services were largely shaped by the stance of young Pacific women who have accessed services and provided feedback to complement their experiences. Participants discussed similar sentiments

detailed below suggesting services were dominated by the mainstream approach. These were discussed as being unfit for ethnic minorities, which meant they disengaged from the services.

“[Young Pacific women] feel like the mainstream is not appropriate for them to address the ethnic minorities, some people feel like if I go to ... mainstream services there’s no Pacific Islander there to understand where I come from and my language and village and stuff” - (Participant A).

“If I could speak to the ones that have experienced the services of mainstream and they haven’t had that first encounter with cultural support it’s often no engagement, no trust. The challenge would be difficult to engage” – (Participant C).

“So sometimes the services are not culturally appropriate. We need Pasifika in this space” – (Participant F)

Despite the similarities amongst the perspectives of some participants identifying cultural competency within a service strongly impacts the degree of building positive connections with Pacific youth. It was highlighted that services needed to improve the engagement and access to services. One participant disagreed.

“I think the other thing to remember is not everybody is going to want to access a Pacific provider, a Pacific counsellor we’ve got to be mindful until you offer them the choice you know sometimes they say aw I don’t want to go to a Pacific person cause they know my family or we go to church or they will go and tell ... somebody that I’ve come to see you ... so that again is another barrier for seeking services” - (Participant D).

From the Talanoa, it is evident that connection is multifaceted because it would look different for all, it was not just about accessibility, availability, lack of familiarity, flexibility, or cultural competency, but perhaps most obviously, connection is also related to the idea of understanding. Participant E’s idea of connection supported this hypothesis as she strongly believed understanding formed the basis of trust, leading to deeper connections for young Pacific women and the services they access.

“I’m sure if you ask a young person at the end [of the workshop] what did you learn about suicide prevention? Aw I just really like connecting...what did connecting look like, there’s nothing in terms of the Kaupapa (principle) specifically around suicide prevention it’s more just engaging with other young people than it is about the learnings [and understanding] of what was taught in that space” – (Participant E).

Although participant E talks about the importance of connecting with services and creating this space for young Pacific women to safely connect as it was something enjoyable. She also argued that finding connection extended beyond just relating to others, and that it needed to include the learnings that a service could provide. She believed this would ensure that not only would young Pacific woman feel connected through finding relations, but also through being educated on what was taught in the prevention space which would assist them to utilize these

teachings when they needed it most. She believed this was a significant aspect of finding a connection in the health service.

It is evident that from the Talanoa, connecting to others was identified to be a significant attribute in creating positive relationships for young Pacific women and assisting in building their resilience.

Summary of Key Findings

To summarize, the overall findings suggest that the impact of suicide ideation on young Pacific women is extensive and complex. The hallmark of the relationship between parents and young Pacific women is readily observable to be the most important connection that a young Pacific woman needs for mental health. Moreover, the importance of trust for a young Pacific woman highlights her capacity to share and connect with others given, that the negative attitudes that stigmatize mental illnesses or suicide are diminished. A young woman's resilience is largely dependent on coping mechanisms through self-care and self-awareness. Furthermore, resilience can be strengthened when a young Pacific woman is able to connect with others around her. This reassures a young Pacific woman's trust and a sense of belonging so that she does not feel alone in her thoughts. Finally, to ensure young Pacific women feel mentally healthy and safe, participants reiterated the significance of education. These findings emphasized the notion that if young Pacific women do not feel safe enough to seek help, then services have failed them. The Talanoa echoes the important role that everyone plays in the lives of young Pacific women experiencing suicidal ideation. This advocates for a change in how we operate to address suicidality, and to be intentional with everything we do.

Chapter 5: Discussions

Introduction

This thesis aimed to explore the experiences and perspectives of mental health workers through their engagement with young Pacific women. Furthermore, the research proposed to gain insight into what suicide ideation means for young Pacific women and how to support them when experiencing suicidal ideation. Although studies suggest that suicide ideation is an increasing concern amongst young Pasifika women, there is currently no research exclusive to young Pacific women and their experiences of suicide ideation drawn from the perspectives of mental health workers. The objectives of this research were to explore Pacific mental health workers perspectives on how services can keep young Pacific women feeling mentally healthy and safe. Through this research we identified opportunities and challenges they faced because of suicidal ideation.

5.1 Definition of suicide ideation

Suicide ideation is defined by Harmer, Lee, Rizvi & Saadabadi (2024) as the process of “thinking about or formulating plans for suicide”. Suicide ideation occurs on a spectrum based on severity, starting with a general desire to die in the absence of any specific plan, method, intention, or action. This can proceed to active suicide ideation, which includes a complete plan and a resolute goal to act on the ideas (Harmer, Lee, Rizvi & Saadabadi, 2024). Within the current study, participants referred to suicide ideation as the thoughts, ideas, or emotions that a young Pacific woman had regarding the intent to want to end their life. Participants perceived that ideation of suicide extended to include their actions and/or attempts made. In line with the definition from Harmer, Lee, Rizvi & Saadabadi (2024), a participant noted that suicide ideation was best defined by the young Pacific woman experiencing this, through the severity of what they were feeling whether mentally or physically. This meant that the ideation exists on a spectrum of intensity as it is relatively infrequent and should not be generalized for all young Pacific women because it varies in person, intensity, and duration (Harmer, Lee, Rizvi & Saadabadi, 2024).

Consistent with the definitions drawn from the literature, suicide ideation is multifaceted, and the characteristics and magnitude can fluctuate considerably (Jobes & Chalker, 2019). In this study, participants also noted how suicide ideation was challenging to define because of this complexity. The importance of defining suicidal ideation speaks to the need for clarity amongst mental health workers as they consider the need and assess the

complexity of suicide ideation as a risk factor for suicide attempts. It is important not to ignore the possibility of sudden increases in suicidal ideation for individuals even if they are at the lower risk end of the ideation spectrum. It is important to avoid presuming that the person can easily manage or control these thoughts (Klonsky, May & Saffer, 2016).

The inability to identify or recognize someone who is suffering or experiencing suicidal ideation can hinder the appropriate intervention or support needed. If suicide ideation is not recognized there is little that can be done to prevent these ideas from progressing to suicide. According to Jobes and Chalker (2019), this creates ongoing issues for clinicians, researchers, and educators (Jobes & Chalker, 2019).

5.2 Pacific Definitions of Suicide Ideation

For Pacific people, there was limited awareness of the term “ideation” when it came to suicide. Additionally, there is no known translation in a Pacific language for suicide ideation thus, defining the term for Pacific people is difficult. This leads to conflicting interpretations and understandings of suicide ideation due to various beliefs and perspectives associated with terms closely linked to suicide and mental health (Gossage et al., 2022).

As pointed out from the findings, when translated or simplified into a Pacific language for improved clarity for Pasifika people, the translation can create a negative connotation (Ministry of Health, 2008). For example, the person experiencing suicidal ideation or mental distress can be considered *'fakasesele'* which in Tongan translates to ‘stupid or foolishness’. Moreover, an informal phrase or a familiar casual term used to refer to someone who has a mental health illness or is mentally distressed in Samoan is *'vale'* or *'ulu leaga'* which translates to ‘dumb or crazy head’ (LeVa, 2010.). This remains a very controversial and prevalent issue for Pacific people due to their beliefs and values. This creates hostile attention because you are deemed stupid or foolish for experiencing mental distress (Ataera-Minster & Trowland, 2018).

From the perspective of participants, defining suicide ideation for young Pacific women was complicated and needed to be approached in a respectable and culturally appropriate manner. Young Pacific women perceive suicide ideation holistically and thus, other factors must be considered when it is defined. As discussed by Kapeli, Manuela and Sibley (2020), the perceptions of Pacific people in regard to suicide ideation are defined and largely shaped by and rooted in their *va* (relationships), culture, spirituality, and traditions. The data drawn from the Talanoa highlights how suicide ideation became less of a negative topic when relationships with parents were better. Trust between young Pacific women and their parents and others around them would allow for safe discussions without judgement. Kapeli, Manuela and Sibley (2020)

highlighted that Pacific people viewed the body as a gift from God, holy, untouchable and *'tapu'* and therefore, should not be subjected to such treatments. As a result, mental health or suicide is generally perceived as unacceptable behavior that goes against their spiritual values and beliefs.

5.3 Keeping Pacific Young Women Feeling Mentally Healthy

Being mentally healthy is essential to lead fulfilling lives, recognizing one's full potential, and validating strength in the face of stress and adversity (World Health Organization, 2021). A person's mental well-being holds instrumental and intrinsic value integral to good holistic health (Fusar-Poli et al., 2020). As defined by the World Health Organization (2022) being mentally healthy refers to the state of mental well-being that facilitates individuals to manage the pressures of life, learn and work productively. Further, the ability to acknowledge their strengths and abilities, and contribute to their community (World Health Organization, 2022).

5.3.1 The Importance of Emotional Intelligence – Being Aware of One's Emotions.

Previous literature showcases several ways to support youth mental health and well-being which included enabling youth to identify, understand, and handle their emotions (Office of the Surgeon General, 2021; Fusar-Poli et al., 2020). As a common theme throughout the findings, being conscious and aware of one's feelings and emotions was perceived by the participants, as a significant way to keep young Pacific women feeling mentally healthy. A study by Hemming, Pratt, Shaw, and Haddock (2020), defines emotional intelligence as the ability to understand and manage emotions. This research reiterated how young Pacific women could benefit from recognizing their emotions, then learn how to best manage them. Participants recognized that emotions are influential and drive every action and decision we consider and make. The findings suggested educating youth about their emotions and how to manage them more purposefully and calmly, equipping them with the life skills and strategies to use in challenging situations (Office of the Surgeon General, 2021). The study refers to young Pacific women's awareness of what being mentally healthy meant when recognizing emotions. Emotional intelligence or mental health included self-evaluations of their emotions such as understanding why they felt a certain way, what they could do when they felt these emotions, where to seek support when they felt overwhelmed or distressed. While still being able to accept that vulnerability did not signify weakness and reiterating that it is okay not to be okay (Heming, Pratt, Shaw & Haddock, 2020).

5.3.2 The importance of Self-Education

Moreover, the research findings recognize affirming education that advocates healthy development for young Pacific women (Sopoaga et al., 2018) and include addressing the holistic well-being needs of youth (Ioane, 2017; Gossage et al., 2023). Being mentally healthy extends beyond the emotional and psychological aspects, but considers physical, social, and spiritual wellbeing (Ioane, 2017). Participants strongly believed that for a young Pacific woman to feel mentally healthy, education needed to start with oneself. Teaching young Pacific women to respect themselves, recognize their strengths, and acknowledge their weaknesses, which can, in turn give opportunities to learn and grow, and navigate through life's challenges (Hemming, Pratt, Shaw, and Haddock 2020). Furthermore, a cross-sectional study conducted by Korkmaz et al. (2020) also suggests that educating oneself to be able to express oneself and one's feelings directly, equates to having positive self-perception and purpose in life. Several pieces of literature highlight the association between emotional intelligence, being aware of your emotions and lowering the risk of suicidal ideation (Quintana-Orts et al., 2020; Korkmaz et al., 2020; Bonet, Palma & Santos, 2020).

The participants strongly believed that if young Pacific women were aware of when things weren't right, or if they were feeling down, then perhaps if they were given the tools needed to empower them, these tools could be agents of change. Participants asserted that it started with them and that is where prevention should focus. Participants' advice was consistent with research on the subject. Being able to effectively utilize strategies to modulate and regulate feelings can maintain better mental health (Quintana-Orts et al., 2020). This is further supported by Bonet, Palma, and Santos's (2020) study that examined emotional intelligence across a sample of adolescents in residential care to explore its impact on suicide risk in Spain. Sixteen group sessions were held every week to develop and teach emotional skills, the results showed a significant decrease in suicide risk, mental distress, and suicidal ideation. Therefore, it is plausible that being conscious and educated about one's emotions may reduce or prevent the emergence of suicide ideation (Quintana-Orts et al., 2020). This would be a significant skill to educate and encourage young Pacific women experiencing suicidal ideation about as evident in the research findings.

Unfortunately, research in this area remains scarce not only in New Zealand where it has not been explored, but also worldwide. Current NZ data shows more young people are struggling with depressive symptoms than previously, more specifically suicidal ideation and self-harm (Ryan, 2024). Furthermore, this same data recognizes that fewer young people rate their mental well-being and health as 'good' (Ryan, 2024). The findings from these studies suggest that a similar approach may be beneficial in a country where youth suicide rates

continue to grow alarmingly, but especially in high-risk groups such as young Pacific women. As reiterated in the literature, educating youth on emotional intelligence is a beneficial tool that could prevent the emerging factors entailing suicide ideation among adolescents (Korkmaz et al., 2020).

5.3.3 The importance of open communication

Participants further shared an essential response from the findings underlining the importance of communication as a key factor keeping young Pacific women feeling mentally healthy. The research observed that the principles of being able to speak freely, and having conversations, encouraged young Pacific women to first recognize they were feeling upset, and help others notice a change in personality whether minor or major. The value of talking and keeping conversations open is fundamental to being educated and conscious of one's emotions (Korkmaz et al., 2020). It is important to note that in the study, if a young woman was unable to recognize their emotions or feelings, they would more likely talanoa with others about how they were feeling compared to males. This is similar to research showing that young Pacific women were more vocal as opposed to their male counterparts by McLeod et al. (2018).

Participants highlighted the importance of giving young Pacific women a voice, to be able to share how they are feeling and to ascertain the appropriate support whether it was through family, friends, or healthcare services. Suicide irrespective of mental health is often fought silently and the transformative experience 'to talanoa' is meant to promote open dialogue among young Pacific women. Ideally, talanoa can evolve into a sanctuary where dialogues were not just conversations, but lifelines (Ioane, 2017). This is noted as prominent in maintaining respectful relationships and extends far beyond a concept to support young Pacific women to not only manage their emotions but to empower the feeling of being mentally healthy (Kapeli, Manuela & Sibley, 2020).

In Pacific families, it is customary to avoid direct discussion between parents and children as a gesture of respect. This practice has been passed down through generations (Faleafa et al., 2021). Withholding direct communication demonstrates respect for older individuals while simultaneously highlighting the position of power (Faleafa et al., 2021). Despite traditional beliefs, communication barriers between Pacific parents and their children have decreased overtime. Open and frequent communication is essential to prevent family conflict (Faleafa et al., 2021). Inadequate communication between parents and young Pacific women has been linked to mental health issues and suicide among Pacific youth in NZ (Faleafa, et al., 2021). The study by Faleafa et al. (2021) showed the importance of communication between parents and the youth. Healthy and successful families in the international literature

could be linked to healthy communication, and expression of affection and appreciation (Faleafa et al., 2021).

5.4 Supporting Young Pacific Women Experiencing Suicidal Ideation Through Positive Relationships

The results also recognized the importance of having positive relationships through trust and openness between young Pacific women and those around them including their families, parents, friends, and service providers. The results showed that another key preventative measure was having positive relationships, which translated to good mental health and creation of safe environments for young Pacific women. This was also recognized as the best way to support young Pacific women experiencing suicidal ideation. The relationship between parents and young Pacific women can be determined by how transparent and open a young Pacific woman is when she is feeling most vulnerable. From the Talanoa, there was a reoccurring emphasis on the importance of openness between parents and young Pacific women when they felt distressed, mentally unwell, or ideating about suicide.

The narratives from the participants highlighted the most significant relationship for young Pacific women was with their parents. Parents were recognized as a significant contribution to the development of an individual, playing an inimitable role in young Pacific women's lives and their growth (Zhang et al., 2023). The Talanoa identified that a parent's relationship with their child, whether positive or negative could greatly influence a child's mental and emotional development, and overall well-being. This can be compared to Boyd, Quinn, Jones, and Beer (2021) research conducted in the USA where Black youth with less parental support were 68% more likely to report suicidal ideation. They did not feel safe enough to disclose their ideations or distress thus, resulting in higher rates of suicide attempts. Boyd, Quinn, Jones, and Beer (2021) explained prior research had indicated that positive parent-child relationships were important factors for predicting anxiety and depression among Black youth, and if the relationship was positive, youth would feel more supported and safer. The safe and supportive environment correlated with lower suicidal ideation and attempts (Boyd, Quinn, Jones & Beer, 2021).

The results highlighted that the healthy relationship between parents and young Pacific women can begin from an early age. Nurturing healthy relationship from a young age with parents allows youth to continue to feel understood, content, and secure as they mature. Moreover, they will be able to utilize this relationship as a secure base which they can always return to for comfort and confidence (Scardera et al., 2020).

5.4.1 Positive relationships

The significance of having a positive relationship causes health providers to examine the existing relationship between young Pacific women and those around them. This alludes to the prominent expression rich in the Pasifika culture of nurturing or taking care of the relationship *teu le va* (Alrini et al., 2010). The data reiterates how mental health workers perceived the importance of ensuring they were not overstepping or disrupting the relationship particularly when communicating with young Pacific women and their parents. Participants strongly asserted it was imperative to '*teu*' to tread carefully and care for '*le va*' (spaces), relationships, acknowledging the sensitive topic of suicide ideation, and respecting the cultural values and beliefs of those involved. As highlighted by (Alrini et al., 2010), they recognize that before providing interventions, rapport and trust must be built first. This was the foundation for establishing and encouraging an ongoing relationship in addition, to ensuring young Pacific women felt valued and their experiences and feelings validated. It also fosters awareness not only for parents and their families but the wider community.

Encouraging positive relationships between parents and young Pacific women was identified as including parents in initiatives or interventions that could potentially see a reduction in suicide ideation impacting young Pacific women (Hooven et al., 2012). The findings recognized this could facilitate understanding and trust between young Pacific women and their parents (or others around them), thus reassuring them to feel safe. Furthermore, the inclusion of parents in interventions would strengthen their understanding of how-to best support young Pacific women when experiencing suicidal ideation and keeping them safe (Hooven et al., 2012). Although research on utilizing or including parents in suicide ideation interventions in New Zealand is inadequate, this again gives context to what research is needed for better insight into this area (Faleafa et al., 2021).

5.4.2 Barriers to Achieving Positive Relationships.

Participants perceived positive relationships as told by young Pacific women as the ability to safely open up and communicate their distress or ideations to those around them. Open communication was largely dependent on the relationship between parents, families, friends, and young Pacific women. Open communication refers to the subjective availability of assistance and care in relationships between young Pacific women characterized by support received from those around them (Scardera et al., 2020). Despite the importance of open communication, from the Talanoa, it was evident that open communication was a huge barrier for young Pacific women. The results suggested that open communication between parents and young Pacific women was the foremost protective factor for any young Pacific women

experiencing suicidal ideation. They recognized the fundamental aspect of being open with parents was associated with having a positive relationship. The ability to feel comfortable with their parents in a vulnerable state, to be able to rely on support were also signs of positive relationships. This reiterated that parents were relied on to be that provision of support and hope for young Pacific women.

Stigma and shame

However, as the findings suggested, despite a young Pacific woman's desire to open up to parents, in practice they found they could not. A major barrier to communication was attributed to traditional parenting beliefs imparted from previous generations, which sometimes made young Pacific women feel devalued and overlooked because their opinions did not matter (Ministry for Pacific Peoples, 2022). They would '*get shut down quickly*' if they respectfully voiced their thoughts during conversations that could indirectly impact them. Women did not have a say, simply because they were young and had to be respectful towards their elders regardless of whether their opinions held value to the conversations. Participants acknowledged the importance of traditional values but suggested that perhaps encouraging different ways of communicating when concerning mental health. Young Pacific women need to feel safe and empower and yet not wanting to be disrespectful has created a barrier for young Pacific women to be open.

Family and parents were identified in the findings as the most difficult people to communicate with when young Pacific women were feeling vulnerable. According to Ravulo, Winterstein and Shannon (2021), there is a rich sense of stigma, judgement, and embarrassment associated with disclosing mental health distress. There was a potential that familial support wouldn't be extended to those reaching out for help, which was a reality for many young Pacific women. The stigmatized attitudes of trusted people as per the results greatly hindered a young Pacific woman's ability to openly talk about her mental well-being and could cause more hidden struggles with suicide ideation. This perception keeps the issue from being validated or resolved in a meaningful way, thus, severely limiting the desirability of someone who is emotionally distressed to talk or open up (Ravulo, Winterstein & Shannon, 2021). Unfortunately, this remains a very significant issue among Pacific people (Kapeli, Manuela & Sibley, 2020). According to the report published by Te Pou o Te Whakaaro Nui (2010), many Pacific mental health service users revealed in an interview that they find it challenging to explain their mental distress or illness to family members, which causes a significant hindrance to their recovery.

There remains a strong sensibility that communicating assists in preventing suicide (Zortea et al., 2020). Our findings recommended that these conversations needed to be well-

received to avoid the feeling of shame. This interrelates with the importance of educating and being aware of the emotions connected to suicide ideation. Ravulo, Winterstein and Said (2021) explained the imperative response to mental health within Pacific communities starts with raising awareness. Utilizing the Talanoa approach to openly communicate about mental well-being and concerns and striving to ultimately detach the stigma associated with having a mental illness, is essential. This belief spoke to the facts of keeping young Pacific women feeling mentally healthy. Unfortunately, there is still minimal research dedicated to acknowledging the need to empower young Pacific women to talanoa if they feel mentally unwell. Moreover, there is no research specifically discussing suicidal ideation and communication as a preventative concept as it is not well understood nor fully accepted, particularly for Pasifika communities (Meredith, 2023). Recommendations are to educate not only young Pacific women, but their families, parents, and villages to better understand the impact of mental well-being more specifically suicidal ideation on the Pacific people. As participants have pointed out repeatedly, young Pacific women can use talanoa as a tool for creating a safe environment and a space to discuss where to go for help. This is what the mental health and suicide workers believed could keep young Pacific women feeling mentally healthy.

Fear of not meeting expectations

Further, another barrier to open communication was the fear of displeasing parents or being a 'disappointment', the lack of trust, and the judgement and unavailability of parents. Wasserman et al. (2021) explained that the increase in suicidal ideation among young people was strongly associated with perfectionism among adolescents. The need to be perfect could impact the relationship between connection to parents and friends and suicide ideation. Wasserman et al. (2021) identified that young people felt pressured into exceed their parent's expectations, fearing the disappointment that would follow if they did not meet these expectations. This finding aligns with the literature by Stubbing, Simon-Kumar and Gluckman (2023) which documented Pacific youth who discussed the stress and pressure of family and parent expectations to access higher education with hopes of securing and gaining a well-paid and stable employment to support their families. Pacific youth recognized the hardships their parents endured to provide for them and, thus, felt compelled to work diligently to meet these expectations and reciprocate those sacrifices.

The data findings also underlined the importance of familial connections for young Pacific women, for them to feel safe. Participants explained that the unavailability of parents to confide in about their problems or worries was also a barrier to having a positive relationship. Stubbing, Simon-Kumar & Gluckman (2023) explain this was associated with an increased risk

of suicide in Pacific youth, contrariwise, having a supportive family member proactively monitoring an individual, had a protective effect on Pacific youth suicide ideations.

5.5 Keeping Young Pacific Women Safe.

While being mentally healthy was considered critical for young Pacific women experiencing suicidal ideation, the aspect of keeping them safe was also an essential part of the discussion. This research observed three key approaches that participants considered would ensure the safety of young Pacific women should they experience suicidal ideation.

5.5.1 Improvements of Mental Health and Suicide Services

There has been extensive attention directed at services such as primary healthcare and prevention services, their availability and accessibility particularly for vulnerable consumers and in this context, young Pacific women. As highlighted from the findings, several elements persuaded young Pacific women to engage with healthcare services. Through their line of work within the suicide prevention space, the Pasifika healthcare workers acknowledged that services needed to be flexible, culturally appropriate, and able to develop trust. This was paramount for young Pacific women to utilize and engage with the services fully. This research acknowledges the value of current services and initiatives aimed at supporting and preventing youth suicide across New Zealand. Without the consistent efforts of these services, those affected by suicide will remain neglected and devalued. Utilizing the voices of healthcare providers themselves has helped to drive the findings of this study.

5.5.2 The Importance of Trust Between Healthcare Providers and Services for Young Pacific Women

To ensure a young Pacific woman with suicidal ideation felt safe, the findings stressed it was vital in the very first instance for her to build trust with the health care provider. Building trust with healthcare providers is important for participation in healthcare (Neville et al., 2022). The trust was largely dependent on the service and healthcare provider being understanding, proactive, and culturally responsive, creating an environment to be vulnerable. Participants expressed that during their initial Talanoa with a young Pacific woman, they were often not forthcoming because of their perspective of trying to build trust and ascertain the intentions of the providers (The Royal Australian & New Zealand College of Psychiatrists, 2022). Young Pacific women often expressed their desire for a Pacific provider who would incorporate culturally sensitive strategies. This would enhance the quality of the therapeutic relationship by establishing rapport during the initial greetings and conveying a genuine interest in them. The

findings from the data emphasized that healthcare providers from a Pacific ethnic background could easily facilitate connection and increase trust with young Pacific women as they felt they could more freely express how they were feeling. Young Pacific women strongly implied that they were more inclined to engage with services if the healthcare clinicians were culturally empathetic and acknowledged Pasifika values, as they could relate to them more on a personal and cultural level. Young Pacific women felt a sense of connectedness if providers were Pasifika. This echoes the common conception that *“they wouldn't get me...there's no Pacific Islander there to understand where I come from and my language and village and stuff”*. Moreover, the results identified that the trust between Pacific healthcare providers and young Pacific women was further strengthened by their communication style which was more appropriate to the linguistic and cultural needs of young Pacific women. Neville et al. (2022) explained sharing cultural traditions and values with practitioners from the same ethnic background was significant.

The importance of this is a reminder that young Pacific women have identified that when they do feel vulnerable or ideate about suicide, their safety is reassured if healthcare services are engaging and trustworthy (Stubbing, Simon-Kumar & Gluckman, 2023).

5.5.3 Culturally Appropriate Services

The most prominent advice to encourage the use of mental health services for young Pacific females was to ensure healthcare service was culturally appropriate for them. The participants of the Talanoa observed that young Pacific women were not accessing or utilizing services much because they perceived services were still being dominated by a mainstream approach, unfitting for ethnic minority groups. This reiterated what previous studies had identified and the need for more Pasifika in this space (Ali, Staniforth & Adamson, 2021).

It is imperative to note that Pacific youth in NZ still largely account for those not accessing mental health services stressing the vast gap in mental health access (Ali, Staniforth & Adamson, 2021). Consistent with the findings from this research, Chiang, Paynter, Edllin and Exeter (2021) reflected on the lived experience of service users in New Zealand who had identified the need to enhance the capacity of mental health services to ensure they are culturally appropriate and holistic. This is further reiterated by Auva'a-Alatimu, Alefaio-Tugia and, Ioane (2024) restating that the inadequacy of providing culturally appropriate health services and the absence of integrating Pasifika ideology concepts into mental health are consequential barriers to accessing these services for young Pacific women. Moreover, Stubbing, Simon-Kumar and Gluckman (2023), advocated for mental health programmes to reinforce culturally appropriate vocational support specific to Pacific youth as identified from

those who have engaged with services. When used successfully Pacific youth felt understood and validated and were more likely to feel mentally well and be less at risk of suicide.

On the other hand, some participants felt that not all young Pacific women would want to access a Pacific provider. Some young Pacific women disclosed that they would not access a Pacific provider worried that they were connected somehow to their community and that others would find out about them accessing their services. From the Talanoa, this was identified as a potential barrier to accessing services. The importance of upskilling and empowering healthcare clinicians working with Pacific people to be culturally safe and understand the dynamics of suicide from an ethnic-specific lens, was recognized as key. Thus, enabling a more culturally capable healthcare workforce, particularly in this field of suicide prevention will support the Pasifika people (Neville et al., 2022). The Primary Care of Pacific People: A Pacific and Health Systems Approach by the Ministry of Health (2013) reiterated this point, desiring to deliver culturally safe services and employing tactics that would increase Pasifika access.

5.5.4 Adaptable and flexible services

The findings from this study also resonated with what is deemed a youth-friendly service by the World Health Organization which proposed the following principles to align with their definition. A youth-friendly service should be accessible, available, safe, non-stigmatizing, collaborative, integrated holistic care, sustainable and adaptable and fitting to diverse communities (Stubbing & Gibson, 2021). This is largely valuable for young Pacific women reiterating the need for services to be adaptable and understanding for them to feel safe. Stubbing and Gibson (2021) explains services needed to incorporate more color, be brighter with unconventional furnishings and be more representative of youth culture reflective of one of the participant's sentiments around bringing her identity into the space for young Pacific women. It was to provide them with ideas about maintaining happiness and color rather than being in a dark space. This strengthens the connection and intimacy between young Pacific women and the healthcare providers forming an environment reflective of understanding and trust. The unique experiences of us all can bring colour to an otherwise dark world. Empowering young people to be themselves and to feel safe is what will determine whether they continue with the service or disengage.

In addition, young Pacific women suggested services be more flexible, as noted in the findings. For instance, young Pacific women were less likely to engage with services because they could not get a hold of them, or their schedules could not accommodate the limited availability of services. This finding aligns with the identified gap in mental health access for young people documented by Martin (2023), which identified that 28.5% of young people in

NZ could not get an appointment or the service was inaccessible to them. A further 15.8% were not eligible for mental health services. Most alarmingly was the age group that was experiencing depressive symptoms more than others, 12-year-olds. This stresses the importance of services being more adaptable to an evolving generation as mental health concerns become more evident and indiscriminate across age groups. Research by Hamley et al. (2022) encourages mental health services to articulate a flexible and proactive approach so that services will continue to support the well-being of individuals in constrained situations. Although Hamley et al. (2022) literature is focused on improving the well-being of Rangatahi (youth/young people), it also correlates with the findings drawn from the Talanoa. Hamley et al. (2022) asserted to meet the needs of youth and families, services should be encouraged to be flexible and responsive, building therapeutic rapport. This is an equally important element of building relationships to ensure young people, and their families feel safe.

Furthermore, participants strongly believed the flexibility of services also needed to be apparent in school. The NZ survey of the health and well-being of high school students reported that Pacific students were significantly more likely than non-Pacific students to have poorer mental health and show an increased number of self-harming behaviors and attitudes (Te Kaveinga – Mental Health and Wellbeing of Pacific Peoples, 2018). Moreover, Teevale et al. (2016) showcased Pacific youth have a threefold higher risk of suicide attempts compared with the general population. Additionally, 11.6% of high school students (aged 12-17) reported attempting suicide, with young Pacific women having the highest rates of both suicide attempts and suicide ideation. Due to the high rates of suicide attempts and ideation among Pacific young women, this study suggests targeted trials for new ways of support need to be prioritized for this high-risk group to ensure their safety.

A young Pacific woman's environment which mainly includes her home, or school continues to be a critical space for intervening. It can also be considered a protective factor to keep her safe when experiencing suicidal ideation (Ministry of Education, 2019). From the findings, mental health workers identified the need for home and school to be a safe and supportive environment. Where young people spend the majority of their time could be opportunities for disclosing suicide ideation, but only if they are safe spaces. According to the findings, if disclosures had not transpired with a health service, it would have occurred within a school setting either with a counsellor or a friend (Stubbing and Gibson 2021). The Te Kaveinga – Mental Health and Wellbeing of Pacific Peoples (2018) report showed that school counsellors were one of the top three sources that 24% of Pacific people would speak to when feeling mentally distressed. The findings showed young Pacific women felt they could not safely disclose their ideations to their school counsellors and often relied on their friends instead. Common reasons included a lack of trust, misunderstanding, unavailability, and cultural

awareness. The strength of the evidence for services to be adaptable and culturally appropriate as per the findings and referenced literature, continues to demonstrate the demand to identify ways to enhance youth mental health, predominantly young Pacific females.

One common proposed ideology for services to be more accommodating through the lens of the participants was for mental health and suicide workers to work in partnership with schools. This can include providing the most effective interventions for the promotion of mental health and well-being in youth. For instance, participants identified the need to develop more women's groups in schools that could educate them on topics that would equip them when experiencing suicidal ideation. Tiatia-Seath (2014), suggested initiatives such as face-to-face seminars in schools could be incorporated into suicide prevention strategies for Pasifika people as initiatives needed to integrate a cultural approach rather than a clinical approach. Neville et al. (2022) emphasized how maximizing face-to-face engagement enhanced the quality of relationships between young Pacific women and healthcare providers and services.

5.6 Recognizing the Resilience of Young Pacific Women.

Resilience was a recurring theme that alluded to a strength-based approach perceived by the participants to be fundamental in the face of suicidal ideation. The participants spoke about the perspectives of young Pacific women experiencing suicidal ideation restating what they depended on to cope with the challenges they were confronted with. The Talanoa discussed resilience as a dynamic process which referred to an individual's continuous adaptation to challenges while maintaining their mental well-being, even when under high levels of distress. The development of resilience was also suggested as a foundation for suicide prevention proposed to strengthen young Pacific women's ability to cope.

The findings drawn from the data recognized the resilience of young Pacific women when experiencing suicidal ideations. Participants strongly applauded the strengths of young Pacific women during the Talanoa's because despite experiencing distress, they still managed to navigate past the challenges they faced and with help could learn and maintain resilience.

5.6.1 Cultural Resilience

This study showed that resilience was enhanced if a young Pacific woman remained grounded by her identity and remained guided by her values. Participants understood resilience could be nurtured when strengths were highlighted, acknowledging strength could positively influence their mental status. Some of these strengths included speaking confidently, cultural connectedness, and the ability to self-identify appropriate solutions for themselves. The concept of resilience according to Clark et al. (2011) is founded on the theory that individuals can

bounce back when faced with adversity if certain resources and protective factors are present to utilize. The Ministry for Pacific Peoples (2022) reiterated that young Pacific people when supported, could develop independence, confidence, and resilience to stand against the trials of life. This study highlights connectedness to cultural identity was assured to strengthen a young Pacific woman's resilience. Thomsen et al. (2023) emphasizes the interplay between one's identity and resilience is profound, as a person's identity can provide them strength and motivation when things get tough. Ministry for Pacific Peoples (2022) highlights connectedness to cultural identity can be achieved through enhancing cultural resilience by incorporating opportunities to learn ethnic history and advocate for cultural spaces to practice cultural skills.

From their engagement with young Pacific women, the healthcare participants relayed culture as a critical foundation for young Pacific women to feel a sense of belonging and connectedness to others. It is what shapes their identities and remains an integral part of the relationship dynamic with others around them, but furthermore contributes to their ability to maintain resilient. Ministry for Pacific Peoples (2022) explains cultural connectedness was a significant factor linked to improved well-being, reduced depressive symptoms, and lower rates of suicide. Across the literature, this is referred to as cultural resilience, where one can maintain their cultural beliefs and values in a foreign environment. The findings from this study are a reminder that those who are confident in their identity, and who feel safe and secure in both western and non-western cultural settings, are more likely to feel resilient. Furthermore, the importance of cultural identity and its association with increasing or maintaining one's resiliency strengthens a young Pacific woman's confidence in her personal and cultural stance (Ministry for Pacific Peoples, 2022). She would feel better equipped to navigate different challenges and would be aware of how she could use her skills and knowledge for her benefit (Ministry for Pacific Peoples, 2022).

The data drawn from the participants Talanoa's strongly resonates with what is written in literature, which shows that young Pacific woman can struggle to navigate between the Western and Pacific worlds (Ministry for Pacific Peoples, 2022). This is highlighted in the narratives of participants where young Pacific women can feel conflicted with what she is being taught at home versus what she is taught outside of home. Torn between two cultures can generate a struggle with maintaining one's identity because the expectation to adapt to the Western society that we live in. This can create an internal disconnect from their own cultural values, further impacting familial relationships. Zheng et al. (2023) noted that strong familial relationships between youth and their families or parents make them more resilient to adversity because of the ability to remain connected and reassured of the support available.

In line with the findings, the Ministry for Pacific Peoples (2022) share the perspectives of Pacific women who have identified the importance of culture in molding their sense of belonging and resiliency. Resiliency was about their values, maintaining and fostering relationships which contributed to the uniqueness of young Pacific women. Participants continued to acknowledge the resilience of young Pacific women. Despite cultural barriers discussed, culture is also often a source of strength and identity, a source of resilience, knowing where you belong. Cultural resilience can pave the way for Pacific youth to continue to feel supported even when services fail to meet expectations.

Strengths and Limitations of the Study

As with any research, to uphold the credibility of this study, the limitations and strengths have been acknowledged and recognized for future recommendations.

It is imperative to acknowledge the significance of conducting Talanoa face-to-face, but in certain circumstances where distance was a factor, participants opted for video calls. Participant A agreed to use Microsoft Teams, which still allowed the facilitation of a two-way conversation so that rapport was maintained throughout the Talanoa. As a result, the discussions flowed smoothly, and the participant felt comfortable sharing their experiences and perceptions openly.

Moreover, given most of the participants were of Samoan ethnicity, there was a sense of relation and connection made initially being a Samoan-born person myself, and was a strength in itself by allowing me to incorporate and share similar cultural values. As a Pasifika researcher, the ability to easily create rapport with the participants allowed us to feel a sense of connection and comfort during the Talanoa. This also enabled participants to speak comfortably and freely. This was further reassured by the constant references made to Samoan experiences, sayings, and metaphors relevant to the research.

Despite having a large sample of Samoan participants in this study, it is important to recognize other Pasifika mental health workers who took part. It is imperative to reiterate that Pasifika is a term that encapsulates many diverse cultures, traditions, history, and identities (Faleafa, 2020). Acknowledging the diversity among the participants showcases different perspectives and ideas (Shea et al., 2022). However, having only a few participants from other Pasifika backgrounds was a limitation because the research needed a broader representation of Pasifika people. For future recommendations, it is essential to include a diverse group of participants that can reflect the diversity of Pasifika people to better understand the needs of this population.

It should not be assumed that all Pacific mental health workers have the same experiences with young Pacific women they have supported experiencing suicidal ideation. This is especially important when researching a complex and sensitive topic. Nevertheless, the priority was to ensure participants felt comfortable and that the discussions were meaningful. Therefore, it was crucial that the core values significant to Pacific people like reciprocity, respect, love, and spirituality (Faleafa, 2020), guided the research questions, methods, and Talanoa.

Furthermore, the findings could have been strengthened by including more male participants in the sample. Despite the research focusing on young Pacific women, exploring the experiences of Pacific male mental health workers is also significant as it can aid to develop further understanding including their engagement with young Pacific women. With only one male out of six female healthcare providers, this research was limited in exploring the perspectives and experiences of other Pasifika male mental healthcare workers in Auckland. It is important to note that there were minimal responses from any other Pasifika male workers as there is a shortage of Pacific male workers (including non-Pacific male healthcare workers in general) within this workforce (The New Zealand Medical Workforce, 2023; Te Whatu Ora/Health New Zealand, 2021; Guy, Hughes & Ferris-Day, 2022). Furthermore, due to the specifics of the research identifying the need for a Talanoa with mental health workers who have had experience in supporting and engaging with young Pacific women, there is a notion that young Pacific women would primarily engage with Pasifika female providers (Davis, Suaalii-Sauni, Lay-Yee & Pearson, 2005).

Another limitation was the sample size of seven participants, despite the intention to Talanoa with eight participants, only seven were able to commit within the timeframe and two were excluded due to work commitments. Other Talanoa had to be postponed and rescheduled due to time constraints and participant's inability to Talanoa within the expected timeframe due to auditing occurring at their workplaces. This delayed many opportunities to start the data collection phase sooner than anticipated, furthermore postponing the research.

Additionally, the reach of the study was very limited to healthcare providers only within South Auckland (with one participant from Hamilton who has had extensive experience working in Auckland). This meant the study did not represent the broader parts of Auckland and more so, Aotearoa New Zealand. Thus, the study cannot entirely speak for other Pasifika healthcare providers outside of South Auckland as their perspectives and experiences may differ.

Conclusion

In conclusion, suicide ideation is a growing concern worldwide and is largely affecting young people who are most vulnerable. It is apparent from the results of this research that there is a need for more research in the area of suicidal ideation. Particularly in New Zealand, youth are affected by suicide, and more so, young Pacific women who have been identified as the most vulnerable.

The findings demonstrated that the relationship between parents and young Pacific women experiencing suicidal ideation was most prominent and that there was an emphasis on ensuring the relationship was strong and positive. For instance, healthy relationships with parents meant young Pacific women felt reassured that they could speak up about their emotions and receive the support they needed when feeling emotionally distressed or challenged. In the Pacific culture, where the familial relationship is prominent, the need to foster and maintain positive relationships were of particular importance. This asserts open communication, and the need for prevention initiatives to include and work collaboratively with parents to cultivate a positive relationship not only within homes but also within the clinical and health care service spaces.

While the *aiga* and community approach is valuable, this study reiterates the role of parents as a key element in developing inclusive strategies that include but are not limited to encouraging dialogue and understanding ways to support young Pacific women ideating about suicide. Parents have much to add for the benefit of their children. This study showed that parents could lead and enlighten young Pacific women with valuable knowledge that will be beneficial when they face challenges. Parental intervention should be included as a special measure given, they are seen as the foremost protective factor for many young Pacific women, reducing adverse effects that their children may be facing (Yang et al., 2022).

Despite the challenges they face, which are many, compounded with expectations and everyday pressures leading to mental distress or suicidal ideations, the findings reiterate the importance of supporting young Pacific women's resilience through her identity. Given that adolescence is a critical period in identity development, a young Pacific woman who is aware and responsive to her emotions is more likely to see life in a positive way (Stubbing, Simon-Kumar & Gluckman, 2023). Participants from the study believed there is a need to strengthen the resilience of young Pacific women by tapping into their values and encouraging self-care and self-awareness through education within homes, schools, and communities. This is strongly linked to feeling mentally well since it fosters emotions of connectedness towards others and themselves (Tautolo, Faletau, Iusitini & Patterson, 2020).

In conclusion, the study highlights the need for services and mental health workers to be flexible, culturally fitting, and trustworthy. Young Pacific women have resilience and can assist to identify what works for them. Suicide ideation is a growing concern worldwide, this is largely affecting young people who are most vulnerable and represent high statistics of suicide mortality (Matthieu et al., 2021). As a result, more Pacific-focused research around suicide ideation for young Pacific women is needed to grow to create a strong knowledge base to support future prevention programs and meet the needs of the growing Pacific population in NZ.

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Appendix I

Consent Form:



Consent Form

For use when interviews are involved.

Project title: Pasifika Mental Health/Suicide workers perspectives of Suicide Ideation amongst Pacific young women in Aotearoa New Zealand.

Project Supervisor/s: Dr Radilaite Cammock and Dr Sione Vaka

Researcher: Narita Uelese

- I have read and understood the information provided about this research project in the Information Sheet dated 11 July 2023.
- I have had an opportunity to ask questions and to have them answered.
- I understand that notes will be taken during the interviews and that they will also be audio-taped and transcribed.
- I understand that taking part in this study is voluntary (my choice) and that I may withdraw from the study at any time without being disadvantaged in any way.
- I understand that if I withdraw from the study then I will be offered the choice between having any data that is identifiable as belonging to me removed or allowing it to continue to be used. However, once the findings have been produced, removal of my data may not be possible.
- I agree to take part in this research.
- I wish to receive a summary of the research findings (please tick one): Yes No

Participants signature :

Participants name :

Participants Contact Details (if appropriate) :

.....
.....
.....
.....

Date :

Approved by the Auckland University of Technology Ethics Committee on 22 June 2023 AUTEK Reference number 23/4.

Note: The Participant should retain a copy of this form.

Appendix II

Participant Information Sheet:



Participant Information Sheet

Date Information Sheet Produced:

11 July 2023

Project Title

23/4: Pasifika Mental Health/Suicide workers perspectives of Suicide ideation amongst Pacific young women in Aotearoa New Zealand.

An Invitation

Talofa lava, my name is Narita Uelese, and I am currently undertaking a Master of Public Health at AUT University. As part of my thesis, I humbly invite you to participate in a voluntary research project. The purpose of my research is to Talanoa (one-on-one) and explore what suicide ideation means for young Pacific woman and discuss possible ways you believe NZ can best support our young Pacific sisters.

The research will investigate:

- What perspectives do Pacific female youth have around suicide ideation?
- What strategies can help towards supporting young Pacific women in Aotearoa NZ address suicide ideation?

You can withdraw at any time if you wish without any disadvantage. Your data will be kept confidential throughout the research and your privacy and cultural beliefs respected.

What is the purpose of this research?

Suicide in Aotearoa NZ is a public health concern accountable for 607 deaths in 2021. NZ has one of the highest youth suicide rates in the developed world. Specifically, suicide rates for Pacific population showed an increase from 7.2 to 9.6 in 2021.

The aim of this study is to gain further insight into the effectiveness of suicide prevention by asking Pacific Mental Health/suicide workers who work with Pacific young women in the suicide prevention space about the impact of suicide ideation on young Pacific women and what works for them. Conducting research with professionals within this field is vital to improving health and social care provision. By speaking with Pacific Mental Health/suicide professionals, we can gain an insight into the perspectives of service providers who have experience supporting young Pacific women experiencing suicidal ideation.

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

You have received this information sheet as you have been identified as a Pacific Mental Health/Suicide worker for the organisation/services that this research was advertised to. You have also indicated your interest and have met the below criteria:

- Have worked/engaged with young Pacific women (including trans-women) between 16-24 years of age.
- Resides in Auckland

How do I agree to participate in this research?

If you wish to participate in this research or have any questions regarding this research, please make direct contact with me using the information provided at the end of this form. You will also be required to complete a consent form prior to the research, and I will provide this for you.

Please kindly advise how you would like to receive this consent form (via email, via post).

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

What will happen in this research?

You will receive confirmation of your participation via email or phone, I will then send out a scheduled date, time, and location – all preferences made and selected by you based on your availability.

The Talanoa will be done individually on a day and time that is suitable to you. Talanoa will take place at AUT South Campus (640 Great South Road, Manukau City – room space to be confirmed and advised a week prior). However, if you would like to request another venue most convenient to you, this can be accommodated for. All location sites will be considered only if they are private and safe. All communication to confirm location for the Talanoa will be achieved through participant contact numbers and/or emails.

If for any reason you are unable to meet face-to-face, zoom will be made available to you, however, you will need to advise in advance regarding this option to ensure everything is prepared and ready for the Talanoa.

You will be interviewed by me; the Talanoa will run for approximately 60 minutes. It will be an open but informal conversation between us enabling you to share your stories, feelings, and thoughts in a safe space. The Talanoa will be confidential and recorded either via audio (or zoom with your consent). Talanoa will pave the way for deeper conversations around the key questions below.

- What are your thoughts about keeping Pacific young women mentally healthy?
- What keeps Pacific youth safe?
- What are some ways we can help Pacific young women be more resilient?
- What would be the best way to support young Pacific women experiencing suicidal thoughts?

In respect of your choice, you are in no way obligated to participate and may withdraw at any time without any disadvantage.

What are the discomforts and risks?

Suicide ideation will be discussed, including mental health and any personal and/or lived experience. Please be advised we will Talanoa about this at your own discretion. You have every right to withdraw at any time should you wish to without being negatively affected. All the data collected from you will be securely stored for six years and then destroyed.

Your participation will be treated with the utmost respect. The Talanoa will be carried out individually enabling you to disclose information only when you feel the time is right and the context appropriate. This research endeavours to maintain the values and principles most familiar to Pacific women by beginning and ending the Talanoa with a Lotu (prayer), promoting Tokoni (support) and upholding Vakarokoroko (respect) throughout this entire research.

How will these discomforts and risks be alleviated?

You will have the right to end the Talanoa when requested, withdraw from the research without being negatively affected, refrain from responding to any questions asked. Furthermore, your data will be kept confidential.

In the likelihood you find yourself distressed or uncomfortable during or after the interview, professional counselling with an identified mental health practitioner/counsellor of AUT will be made available to you

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

- drop into our centre at WB203 City Campus, email counselling@aut.ac.nz or call 921 9998.
- let the receptionist know that you are a research participant and provide the title of my research and my name and contact details as given in this Information Sheet.

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

Additional services you can engage with are listed below.

- Lifeline Aotearoa: Free helpline & text services provide 24/7, confidential support from highly trained staff and volunteers.
- Lifeline Helpline: 0800 543 354 or text 4357
- Suicide Crisis helpline: 0508 828 865
- Free call or text 1737 any time for support from a trained counsellor

- Youthline – 0800 376 633, free text 234 or email talk@youthline.co.nz or online chat
- Samaritans – 0800 726 666
- Healthline – 0800 611 116
- Depression Helpline – 0800 111 757 or free text 4202 (to speak with a trained counsellor about how you are feeling or to ask any questions)
- Sexuality or gender identity helpline (Outline Aotearoa) – 0800 688 5463 provides confidential telephone support and online chat between 6pm – 9pm every day.
- What's up – 0800 942 8787 (for 5 – 18-year-olds). Phone counselling is available daily from 11am – 11pm. Online chat is available from 11am – 10:30pm
- Safe to talk – 0800 044 334 or free text 4334 for help to do with sexual harm. Staffed by trained counsellors.

What are the benefits?

There is a need to know a lot more about unplanned and unexpected suicide and that's where researching this issue may be helpful for the purpose of suicide prevention. There is limited evidence in how individuals experience suicidal thoughts and what influences these behaviours. Although suicide is a public health concern, many people are still unable to talk openly about the topic. Research that helps to improve or benefit services and provide education to the community is going to be helpful.

The result of this research will gain insight into mental health conditions, lived experiences and service provision. The research aims to better support others in similar positions. The research will inform practitioners working in a range of settings engaging Pacific women in Aotearoa NZ experiencing suicidal thoughts. It will also provide further understanding and knowledge around suicide and Mental Health among Pacific communities.

As the researcher, I will gain a Master of Public Health qualification through the completion of this research. It will also provide further understanding and knowledge around suicide and mental health and going beyond the raw data to share real life stories that have a more personal impact on people.

How will my privacy be protected?

Your data will be kept confidential, unless you advise otherwise prior to the Talanoa and in your consent and participant information form.

What are the costs of participating in this research?

The only cost of your participation in this research will be approximately one hour of your time. Should you incur any travel cost, this will be reimbursed to you either with petrol vouchers or travel method costs i.e., bus fare.

What opportunity do I have to consider this invitation?

Upon receiving this participant information sheet, you are given two weeks to contact me (using my contact details below) to confirm your interest in participating in this research.

Will I receive feedback on the results of this research?

You will be provided with a copy of your individual transcripts. This is to ensure you have an opportunity to review what you said, advise if anything was noted incorrectly and, add more information if you wish to. You will also have access to the final thesis, and I will send/share a link with you. Alternatively, a summary Talanoa/fono can also be provided (after the research) if you wish.

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

Any concerns regarding the nature of this project should be notified in the first instance to the Project Supervisor, *Dr Radilaite Cammock*, email: Radilaite.cammock@aut.ac.nz, contact: 02102926871 or (09) 921 9999 ext. 7707

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

Whom do I contact for further information about this research?

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

Researcher Contact Details:

Ms Narita Uelese
 Email: pjm5255@aut.ac.nz
 Contact: 0210529411

Project Supervisor Contact Details:

Dr Radilaite Cammock

Email: Radilaite.cammock@aut.ac.nz

Mobile: 02102926871 or (09) 921 9999 ext. 7707

Approved by the Auckland University of Technology Ethics Committee on *22 June 2023*, AUTEC Reference number *23/4*.

Appendix III

Research Advertisement:

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***CALLING OUT TO OUR PASIFIKA MENTAL
HEALTH WORKERS!!!
PARTICIPANTS NEEDED
FOR RESEARCH IN SUICIDE PREVENTION***

*Talofa Lava, Malo E Lelei, Bula Vinaka, Fakaalofa
Lahi Atu, Kia Orana*

*Suicide ideation amongst Pacific young women in Aotearoa
New Zealand*

I am conducting a research project to Talanoa with Pacific Mental Health/Suicide workers who have experience in working closely with young Pacific women (aged 16-24-years) to discuss what suicide ideation (thoughts) means for our Pacifica sisters and explore ways to support them.

If you can answer yes to the following:

- You currently work as a Pacific Mental Health worker
- You reside in Auckland and able to travel flexibly and comfortably to interview site
- The one-on-one Talanoa will be conducted in English, but fluency in English is not required
- Have engaged with young Pacific women (including Trans-women) aged between 16-24 years

I would like to speak to you if:

If you would like to take part in a one on one Talanoa please get in contact.

**CONTACT FOR MORE
INFORMATION:**


Narita Uelese
0210529411
Pjm5255@aut.ac.nz

Dates & times for participating are flexible. Talanoa location will be advised once your participation is confirmed for the research. Vinaka Vaka Levu, Faafetai Lava.

Approved by the Auckland University of Technology Ethics Committee on 22 June 2023, AUTEK Reference number 23/4.

Appendix IV

Ethics Approval:



**Auckland University of Technology Ethics Committee
(AUTECH)**

22 June 2023
Radilaite Cammock
Faculty of Health and Environmental Sciences

Dear Radilaite

Re Ethics Application: **23/4 What does suicide ideation mean to young Pacific women and how can we support them in Aotearoa New Zealand**

Thank you for the clarity of your responses to AUTECH's conditions.

Your ethics application has been approved for three years until 22 June 2026.

Non-Standard Conditions of Approval

1. Please include in the Information Sheet that data will be stored for 6 years and then destroyed (the letter responding to conditions included this but not in the Information Sheet).

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

Standard Conditions of Approval

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

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

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

For any enquiries, please contact ethics@aut.ac.nz
(This is a computer-generated letter for which no signature is required)

**The AUTECH Secretariat
Auckland University of Technology Ethics Committee**

Cc: naritaulese@hotmail.com

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