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ORIGINAL ARTICLE

Comparing and contrasting Tongan youth and service users' interpretations of mental distress

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ABSTRACT

Background: In Aotearoa New Zealand (NZ), Pacific people have a higher prevalence of mental illness compared with the general population. Tongan people have high rates of mental illness and tend to not use mental health services. The risk for mental illnesses also differs between those born in Tonga and those born in NZ.

Aim: This study presented the views of New Zealand-dwelling Tongan youth and mental health service users regarding the meaning of mental distress.

Methods: A Tongan cultural framework "*talanoa*" was used to inform the approach to the research. The youth *talanoa* group had seven participants and the service users *talanoa* group had twelve participants. Braun and Clarke's thematic analysis was used to analyse the data.

Results: Tongan youth and service users constructed mental distress from biopsychosocial perspectives and challenged traditional Tongan perspectives around being possessed by spirits, cursed and disruptions to social and spiritual relationships.

Conclusions: The youth and service users construct mental distress from a biopsychosocial angle and there is a need for further information about Tongan perspectives of mental distress. This suggests that a biopsychosocial perspective is needed to ensure engagement by Tongan youth and service users in promoting mental health and alleviating distress.

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Tongan; mental health; distress; service users; youth; cultural beliefs

Background

Mental distress is a term used to describe the conditions from which mental health disorders and illnesses arise. Among Pacific populations, definitions of mental distress vary from Eurocentric definitions that focus on medical duality to Pacific definitions that incorporate the mind, body and spirit (Health Research Council, 2004). Within Pacific paradigms of mental distress, treatment and diagnosis depend on the social and spiritual contexts experienced by Pacific people (Leckie & Hughes, 2017). Pacific cultures provide insight into the ways mental distress and illness are perceived within the Pacific worldview. For example, in Samoan contexts, "*mai valea*" refers to serious mental illness and means mad, insane or stupid, whereas "*ma'i popole*" incorporates tendencies for other emotional states such as being worried, sick or depressed (Leckie & Hughes, 2017). In the Tongan context, early 19th century terms for mental illness, such as "*fakasesele*" (interpreted as acting in a silly or eccentric manner) and "*vale*" (meaning foolish, silly or incapable) reflect perspectives of mental distress based on the Tongan worldview (Churchward, 1959; Leckie & Hughes, 2017). Tongan people interpret health as maintaining healthy relationships, both socially and spiritually (Bloomfield, 2002). It is believed that disruptions to these relationships anger/unsettle deceased "spirits" which manifest as physical and/or mental illness in Tongan people (Parsons & Parsons, 1984). Consequently, the terms "*fakasesele*" and "*vale*" provide a base from which Pacific conceptualisations of mental distress are shaped and understood.

In Aotearoa New Zealand (NZ), Pacific populations are highly represented in those with poor mental health outcomes. There are higher psychological distress and depressive symptoms with Pacific people compared with other population groups (Ataera-Minster & Trowland, 2018). Pacific youth are more likely to experience mental disorders compared with older Pacific people (Fa'alili-Fidow et al., 2016) and in addition, are more likely to report a suicide attempt when compared with NZ European youth. This group are also less likely to access health services when needed. Engagement with health services and overall understanding of mental health and illness appears to be lacking among Pacific youth populations and their families (Fa'alili-Fidow et al., 2016).

Methods

This study was a discreet phase of a larger study (Vaka, 2014), which examined the constructions of mental distress

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among Tongan people in NZ. The larger study recruited seven groups: men, community leaders, youth, service users, families with mental distress, families without mental illness and women. The cultural framework "*talanoa*" (Vaka et al., 2016) was used to capture the Tongan worldview on mental distress through in-depth conversations with Tongan people. This article reports on the discussions with two groups: youth and mental health service users as they were the two groups from the larger study who highlighted the biopsychosocial constructions of mental distress. The biopsychosocial model is a comprehensive approach that incorporates the biomedical, psychological, personal, social and environmental causes and explanations for mental illness. This model takes a holistic and comprehensive approach to understanding the social and psychological factors that inform the biological outcomes, while illuminating the barriers and enablers to a person's mental health (Sperry, 2008). Ethical approval including confidentiality, and right of refusal to participate in the study, was granted by the Massey University Human Ethics Committee; Ethical Approval Number MUHECN 09/043.

Participants were recruited using purposive sampling. An intermediary person (IP) was engaged to advertise the study, approach potential participants, invite them to participate and provide cultural support as required. The offering and provision of cultural support is integral to utilising a "*talanoa*" framework.

Approach

Before the commencement of any data collection, opportunities to have any questions answered about the project by participants were provided. Following this, consent was gained and a consent form signed. The IP arranged the youth *talanoa* group though a Tongan youth activity agency. There were seven participants for the *talanoa*. More than half of this group were born and grew up in NZ, meaning English was their primary language of communication. The definition of youth varies in Tongan culture and this was reflected in this study. The ages of participants in the youth leaders group ranged from eighteen and just over 35 years. There were 12 participants in the service users' group (seven men and five women), aged from 20 through to 50. The majority of this group were born in NZ, although some had migrated to New Zealand at a very young age, rather than migrating to NZ as an adult (aged $\geq$18 years). The *talanoa* were conducted in both English and Tongan.

Analysis

Thematic analysis was performed following the guideline used by Braun and Clarke (Braun & Clarke, 2006; Clarke & Braun, 2017). The youth and service users aligned with the biopsychosocial perspectives of mental distress presented as four themes, "challenging Tongan beliefs," "contribution of stress to the onset of mental distress," "role of alcohol and drugs" and "influence of medical language and explanations of illnesses." The use of dual perspectives, that of youth and service users, provided insights into Tongan belief systems and individual life circumstances that influenced mental distress.

Rigour

The quality of the research is determined through rigour and the trustworthiness of findings (Saumure & Given, 2012). It is important to ensure there are culturally appropriate ways to ensure rigour when working with indigenous or ethnic minority populations (Wright et al., 2016). This project used *talanoa*, which was available in both the Tongan and English languages. There were also frequent checks throughout the *talanoa* to ensure that the findings were true and accurate. The researcher is Tongan but details were also checked with a Tongan advisor at the end of the study to reinforce rigour.

Findings

This article focused on youth and service users, who were strongly aligned with biopsychosocial constructions of mental distress. The biopsychosocial constructions identified four themes from this analysis: 1) challenging Tongan beliefs; 2) the perception of the contribution of stress to the onset of mental distress; 3) the role of alcohol and drugs; and 4) the influence of medical language and explanation of illness. These themes will be presented from youth and services users' perspectives. The following two sections provide the background context from the youths and service users perspective. This provides the foundation from which to present the findings, which starts with the first theme, challenging Tongan beliefs.

Youth

The key messages culminating from the youth group were associated with: mental illness leading to unstable social relationships; the onset of mental distress starting when relationship break down, which leads to social fragmentation, stress, feeling hopeless and worthless; and mental illness is clearly identified as psychiatric diagnoses. Key messages from the youth group focused on relationships, especially love relationships, (e.g. girlfriend and boyfriend), and viewing mental illness as a chemical imbalance requiring medical treatment to control symptoms. In addition, there were some spiritual interpretations related to the Christian faith, and these challenged the traditional Tongan constructions of mental illness. This was the group that most strongly connected mental illness with the biopsychosocial constructions.

Service users

Key messages emerging from the service users' group was that mental illness was mainly perceived as being caused by social and environmental problems. This group also drew on both western and biomedical paradigms (*tufunga*

faka-paiōsaikosōsiolo) to explain these processes, and used labels such as schizophrenia and bipolar affective disorder. There were also discussions about people's experiences and their associated journey with mental illness as individuals, families and communities, including how they were perceived by others. Older service users acknowledged the *tufunga faka-Tonga* (Tongan constructions), but reported they were more accepting of the *tufunga faka-paiōsaikosōsiolo* (biopsychosocial constructions of mental distress) in terms of using mental health services and receiving treatment for better outcomes. The remainder of the findings section presents the four themes that culminated from the data analytic process.

Challenging Tongan beliefs

Nina, a participant in the service users group discussed the shame and stigma that the *tufunga faka-Tonga* (Tongan constructions) perpetuate, and emphasised the Tongan construction as being "bad." She appeared very uncomfortable and laughed anxiously when sharing the Tongan terms *vale* and *fakasesele*. Nina explained that the hospital-based approach reduced her stigma and shame, which drew her towards the *tufunga faka-paiōsaikosōsiolo* (biopsychosocial constructions) over the *tufunga faka-Tonga* (Tongan constructions). For example:

> I think it [the hospital system] takes away the shame and the stigma, especially with us island people … because we make it into something that is meant to be shameful when it's not. That's when I think it perpetuates stigma and discrimination and especially like really bad (emphasising) words that island people will say about people that are living with mental health … I don't like to think of those words … like *vale* (crazy) … and *fakasesele* (idiot). *(Nina: Service users' group)*

Nina's position challenged the use of Tongan terms such as *vale* and *fakasesele* as having a negative impact and being detrimental to wellbeing by causing shame, stigma and discrimination. Participants, both youth and service users, reported that stigma and discrimination eased when they moved to NZ.

Another participant, Naioka, added she felt that a person can live with mental illness by having a positive attitude, and that any perspectives of mental illness were strongly influenced by social media. Naioka also referred to the NZ Government funded mental health campaign "Like Minds, Like Mine" (Mental Health Commission, 2013), with information broadcast on television about overcoming the discrimination and stigma associated with living with a mental illness.

> Yeah, I mean it's best to see a lot of stuff on TV like 'know me before you judge me' … and because we are, we can just hear them being, we judge, and if we see someone doing something, we just think 'crazy'. But it shows that you can live with mental illness … *(Naioka: Youth group)*

Naioka represented a general youth view and their interpretation of mental illness, which in NZ, is now more acceptable given the media coverage and campaigns that are aimed at making mental illness more accepted across all communities.

"Inoke," who was a youth leader, described mental illness as a circular object using a typical child's playing marble, and discussed how a perfect marble was compared with good health and a cracked marble represented having a health problem.

> If we use *matoli*, *matoli* for example, if there was a marble, round and smooth. Then we say it is perfect and it is good, and the marble that is cracked (*matoli*), there is something wrong with it, or chipped (*matilo*) so with *matoli*. It is clear that there is something wrong, and if we talk with someone like that, he will talk differently in his own ways, and if we do something, he will get up and do something totally different. *(Inoke: Youth group)*

This interpretation of mental illness likened to a chipped or cracked marble had a negative connotation, with some participants considering this an insensitive way of describing mental distress. A perfect marble was compared with a healthy person and any damage to that marble, chipped (*matilo*) or cracked (*matoli*), was referred to as mental illness. This analogy transfers the concept of mental illness relating to being a chipped (*matiti, matilo*) and cracked (*matoli, masoli*) marble to explaining the nature of the brain ("*atamai, uto*") and how an individual thinks and behaves. "*Atamai vaivai*" literally translates in English as "weak brain." This term is often used interchangeably with "*vaivai e 'atamai*" (weak brain) and "*atamai tuai*" (slow brain), which is also used to describe people who experience mental distress and illness.

Perception of the contribution of stress to the onset of mental distress

Stress was described in the youth *talanoa* as feelings of anxiety and excessive worry, which affected thinking and resulted in some behaving differently than usual. Stress was associated with the pressure of financial commitments in NZ that forced people to work long hours (and often multiple jobs) to provide for their families and fulfil their cultural and social obligations. Participants acknowledged that the demanding nature of such work combined with the financial constraints experienced by many Tongan people resulted in accumulated stress over time, which contributed to mental illness.

Toakase, a female youth leader, used an analogy to describe stress that compared the brain with an electric power supply, which was overloaded from the use of too many appliances for the supply of electricity. This overloading was seen to be due to high commitments and responsibilities which increases stress.

> It is like an overload in our brain. It is like a power supply where we apply different appliances to it. All of a sudden, there is a power outage and it turns off, as it is overloaded with all the things that are connected to it. This is the same when there is too much thinking in our brain. Our brain turns off suddenly and we have mental illness. *(Toakase: Youth group)*

Environment and traumatic events were also identified by the youth group as factors that can lead to mental illness,

rather than associating mental illness with disease. The emphasis on stress was more of a psychosocial than a biomedical interpretation. Samantha argues that the environment is a contributing factor to mental illness.

> Well, like me, mental illness to me is not a disease, uh, there is a lot of debate, like you know naming mental illness as a disease. I don't think it's a disease. You develop mental illness from your environment, like traumatic experiences and that's not medically proven. *(Samantha: Youth group)*

Nina (service users' group) shared her experiences, and stated that external environmental pressures, such a past history of traumatic relationships, violence and sexual abuse, was seen to be strongly linked with mental distress and mental illness.

> I didn't know at the time but I was depressed when I was a young child, but I didn't know what it was at the time and I don't know about all you people, but you know Dad used to beat Mum up, used to beat us children up. I've been sexually abused, so, to me, I am not surprised that I have depression and anxiety, because I think any person would've, had that if the same things happened to them. *(Nina: Service users' group)*

Stress and trauma were therefore seen by both the youth and service users' groups to be associated with a range of causes, such as relationship breakups, cultural obligations, pressure to succeed, financial demands and other factors.

Role of alcohol and drugs

The third theme under the biopsychosocial constructions related to drug and alcohol use and misuse, both of which are more widely available and accessible in the NZ context than in Tonga. Drugs and alcohol were reported by both the youth and services users' groups to be strongly linked with mental illness, both in terms of contributing to the development of mental illness and sustaining the symptoms associated with experiencing mental distress. Although drugs and alcohol were regarded as more accessible in NZ than in Tonga, the *talanoa* groups showed that participants were also aware of their use in Tonga. All participants discussed the impact of drugs such as marijuana, 'magic' mushrooms and alcohol on mental health. Nina mentioned that we are surrounded by chemicals, and these chemicals influence people in many ways, contributing to people being mentally unwell.

> We are living in a chemical generation as well, and there are lots of drugs and alcohol, so it's like the end before the triggers. Did they become unwell because they took the drugs, or were they unwell before they took the drugs and alcohol? *(Nina: Service users' group)*

Nina also suggested that mental illness was associated with a chemical imbalance, which contributes to a diagnosis of depression. The use of the label "depression" was significant as it indicated that this participant had accommodated the biopsychosocial constructions of mental distress, and further shared her diagnosis of depression rather than using the Tongan construction of mental distress.

The other participants from the larger study, who participated in other *talanoa* groups, state how alcohol is more accessible and affordable and young people are accessing it.

> Beer and higher alcohol content drinks are cheap and also contribute to people smoking, and becoming lost from their personal goals eh, … no hope for good goals … end up getting married young, brain is not fully developed to make a family, and lead to violence and divorce, abusing the children and causing mental illness. *(Lemeki families group—larger study)*

"Emosi" supported Lemeki with accessibility of illicit drugs and alcohol and highlighted how young people take alcohol and drugs.

> The youth are drinking, 14 and 15 years old, those things create conflicts, and there are some that can handle it, and there are some that leave school, some that go and smoke … sniff, drink … and remember these children, their brains are not fully developed … to these changes, and there is a possibility that they can become ill. *(Emosi families group—larger study)*

The use of drugs and alcohol was discussed as contributing to mental distress and illness. This was seen to be due to easier accessibility of these substances in NZ compared with Tonga, and as Nina highlighted, alcohol and drugs are part of younger people's socialising. Alcohol and drugs were identified as associated with mental illness by contributing to the breakdown of social relationships, as well as being related to an increase in domestic violence.

Influence of medical language and explanations of illness

This theme focused on using medical terminology to explain mental illness, such as "depression" and "obsessive compulsive disorder." Samantha, a youth participant, understood the biomedical model of mental illness and related this to behavioural symptoms rather than interpreting them through Tongan constructs, and used terms like obsessive compulsive disorder (OCD).

> There are mental people that read constantly, but reading is not a bad thing. There are people who have OCD and they become obsessed with cleaning, you know, that's a part of a mental illness but it's not *vale* in some Tongan contexts, because cleaning is not a bad thing. *(Samantha: Youth group)*

Similarly, another participant said,

> Mental illness is a chemical imbalance in the person's brain, which affects their mind. It will affect the whole person's being, physical, mental and spiritual. My diagnosis is depression and anxiety, so, what I know of depression is [that it is] a chemical imbalance and I take an anti-depressant to balance the chemical that is missing and causes me to have depression. *(Nina: Service users' group)*

The youth group linked mental illness directly to physical illness, which was visible using diabetes mellitus as an example that is common in the Tongan community, to which other participants could relate. In this scenario, diabetes mellitus was a physical illness associated with consuming foods high in glucose, along with a lack of exercise. These were then related to stress and how they contributed to the onset of mental illness.

> I believe that it is like any illness that happens to our body, for example, diabetes mellitus. It happens when we eat a lot, and eat food that contains sugar and we have no exercise. I believe that something like this happens to our brain, when there is too much pressure on our brain, too much work, with no rest. *(Inoke: Youth group)*

Tevita showed how his symptoms formulated a medical diagnosis and provided a platform for treatment which was successful. This contributed to Tevita constructing mental illness from a biomedical perspective.

> I was very paranoid, ah, couldn't sleep at night, didn't have faith, didn't have medication and I did get referred to mental health services. They said what I am experiencing was psychosis, so it's actually, I was good, you know, I was successful, you know. *(Tevita: Service users' group)*

One youth participant alluded to the fact that mental illness responds well to treatment and therefore should be regarded as an illness. She emphasised that medical treatment works effectively and therefore, mental illness was considered a disease because it is best managed by medicine. The references to the utilisation of Western medicine and use of the word 'disease' aligned this participant with *tufunga faka-paiōsaikosōsiolo* (biopsychosocial constructions).

> I don't see it as a disease but the fact that you need medicine and the fact that you need to get treated medically, that's how you see it as disease. *(Samantha: Youth group)*

Nina alluded to how the use of medical terminology would empower or disempower youth in relation to mental illness, and the importance of using more positive terms, such as health and illness.

> Well, personally I have, the thing is with words, it affects people and how they think … I think mental illness is very individual, even though we have the same diagnosis but only my sister knows what she lives with and only I know what I live with … I'd rather use the word 'mental health' because immediately you are looking forward, you are trying to deal with what you have rather than an illness … at the end of the day, we are all human beings, we all want quality of life, we all want love, a house, clothing, food, so it's rather what connects us that makes us all the same, than what is different. *(Nina: Service users' group)*

The use of the term "mental health" was seen by these participants to highlight hope and a movement towards wellness.

Discussion

The findings from this research showed several discrepancies between youth and service users views related to Tongan interpretations of mental health and distress. The youth and service users' groups discussed mental distress in relation to biomedical, psychological, social and environmental problems, which aligns with the biopsychosocial construction of mental distress. These were reflected in the use of terms such as schizophrenia and bipolar affective disorder.

The way of life in Tonga sometimes conflicted with living in NZ, and these conflicts could be the cause of Tongan people living in NZ experiencing stress. Participants recognised that not all people who experience stress develop mental illness, but acknowledged stress as a contributing factor that negatively impacts on mental wellbeing culminating in distress.

The youth and service users' groups challenged some of the Tongan interpretations, and strongly connected mental distress to the biopsychosocial constructions of mental distress. However, it is important to teach young Pacific people more about Tongan interpretations of mental distress, as it will contribute to strengthening their identities and has the potential to promote resilience (Ataera-Minster & Trowland, 2018). Oakley-Browne et al. (2006) highlighted how the Pacific population are largely youthful, and those who were born in NZ tend to have more risks for developing mental illness when compared with Pacific people born in the Pacific islands who then migrate to NZ.

There were also *talanoa* discussions about their experiences and journey with mental illness as individuals, families and communities, including how they were perceived. The Tongan constructions of mental distress were challenged, with both groups of participants explaining that these interpretations were not always true and accordingly any spiritual strategies were not seen as being effective (Vaka, 2014). Stigma and discrimination were perceived to be a major factor associated with such Tongan constructions (Mā Hina, 2002; Puloka, 1999).

This negating of traditional cultural beliefs by these two *talanoa* groups may be further influenced by the situation in which Tongan families encourage children to attend and be successful at school, meaning Tongan children are often under pressure to do well academically (Latu, 2009). As in other areas of Tongan society, within a family a child is not regarded as an "individual," but carries the family name and reputation with them on their journey, which also applies to their academic journey. Doing well at school is identified as a particular aspect of success, and a major reason for Tongans to move to NZ so their children can access a better education, and therefore, provide a better future for their family. An individual's failure, in the case of mental distress for both the youth and service users, is interpreted as a failure for the family, relatives, village and community. Conversely, if there is success, then it is regarded as success of the family, relatives, village and community. However, pressures associated with the fear of failure mount up as stories of failure tend to travel further than success stories.

As with all studies there are limitations. A key challenge in this research related to working with two languages, Tongan and English. Translations of Tongan data to English for dissemination can affect the accuracy of Tongan concepts. However, in this study (Vaka, 2014) a process of translation and back translation occurred which mitigated any issue associated with loss of meaning.

Conclusions

Tongan youth and service uses from the perspective of biopsychosocial constructions of illness and challenged the Tongan interpretations of mental distress, which had the

potential to compromise their own identity and ability to be resilient. It is important to maintain cultural connectedness to strengthen identity and resiliency, and important for Tongan youth and service users to learn how to incorporate Tongan interpretations of mental distress into their perspectives when seeking health care to boost resilience and secure identities with Tongan contexts in New Zealand. It is equally important for the Tongan community, as a whole, to understand the specific perspectives of their youth and service users so they are able to work together to improve Tongan mental health. The mental health system also needs to change, as the current system does not address Tongan and Pacific mental health effectively (Government Inquiry into Mental Health and Addiction, 2018).

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