Core elements of Pacific primary mental health and addiction service provision.

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Table of Contents

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This report is dedicated in memory of Matua Levaopolo Seupule Mupopo Siaosi Tiava'asu'e who passed away in April this year.
Matua Levao was instrumental in the establishment of a strong Pasifika mental health and addictions service within the Waitemata DHB and Chair of New Zealand's first DHB Pasifika Matua Council.
He has contributed in many ways to much of the research and guiding documents used to inform this report.

Executive Summary

Six core elements of Pacific primary mental health and addiction service provision

6. Connected
Working with services across the continuum of care with collaborations that enhance streamlined seamless services.

1. Pacific-led
Pacific models of care, with trusted relationships & strong connections embedded within Pacific communities.

5. Community-based
Easy access to flexible, mobile, support that is close to home, safe, culturally appropriate and welcoming.

2. Family-centred
Options for including family in the individual's recovery journey, as well as in service design, including youth-centred worldviews.

4. Clinical-Cultural Integration
Designing and delivering services at the interface of biopsychosocial as well as cultural and spiritual worldviews.

3. Holistic
Support includes healing and enhancing mental, physical, spiritual, cultural & environmental aspects for positive wellbeing.

* All six elements are inter-related and are underpinned by the centrality of relationships and Pacific core cultural values.
The elements are not exhaustive and are designed to be combined with other integrated frameworks, approaches and models of service delivery.

Context

The call to action from Pasifika

Each year around one in five New Zealanders experience mental illness or significant mental distress, and for Pacific people it's one in four. The adverse mental health status of Pacific people is well documented, with persistently higher rates of diagnosable mental illness[1], mental distress[2] and suicidal behaviour (particularly young people)[3, 1] compared to the general population, as well as low access to services and disparities in outcomes. This was evident in the Pacific voices heard in the government inquiry into mental health and addiction, who called for transformation of a system that was not working for them[4]. They also called for Pacific ways and worldviews to be reflected in mental health and addiction support services – to have access to this choice of service.

An unprecedented investment in Pacific primary mental health services

Investing in expanding the access to, and choice of, primary mental health and addiction support for Pacific peoples[1] is a direct outcome of the government's response to *He Ara Oranga Government Inquiry into Mental Health and Addiction.*[4]

The Ministry of Health has a broad programme of work focused on expanding all New Zealander's access to and choice of primary mental health and addiction services. The overarching goal is that anyone can access free mental health and addiction support when and where they need it.

There is targeted investment for Pacific primary mental health and addiction services. Primary mental health and addiction services are those that address the needs of people who are experiencing mild to moderate levels of distress. They provide a range of supports and services including evidence informed therapy, assessment and treatment services as well as talking therapies; self-management support and psycho-education; culturally specific interventions; peer support; and access to social supports.

This investment demonstrates a long-term commitment by the Ministry of Health to equity of access and outcomes for Pacific peoples living in Aotearoa New Zealand. The expectation is that new culturally appropriate services will, over time, expand the continuum of support, treatment and therapy available for Pacific people experiencing mild to moderate levels of mental distress and promote early intervention.

[1] 'Pacific peoples' is a collective term used in this report to describe the diverse cultures of people from Pacific Islands nations residing in New Zealand – from Samoa, Cook Islands, Tonga, Niue, Tokelau, Tuvalu, Fiji, Micronesia and Melanesia. The term does not imply homogeneity. Each nation has their own specific languages, beliefs, customs, values, and traditions.

About this report

The purpose of this report is to contribute to the suite of material that informs the Ministry of Health on their investments in primary mental health and addiction service provision for Pacific people in Aotearoa New Zealand.

Core elements to be considered in the design and delivery of Pacific primary mental health and addiction service provision are proposed. There is a paucity of research or documentation that provide guidance on the unique elements of Pacific mental health service delivery, and it is hoped that the framework presented here can add value to this gap in documented knowledge.

This report complements the summary report of themes gathered by the Ministry of Health 'Pacific Access and Choice' focus groups'[5]. In order to invest in new and culturally relevant primary mental health and addiction services tailored to meet the needs of Pacific people, the Ministry facilitated a series of 14 Pacific community focus groups from December 2019 to February 2020 in Auckland, Wellington, Christchurch and Napier. Key themes were identified that described what participants wanted to see reflected in primary mental health and addiction services were:

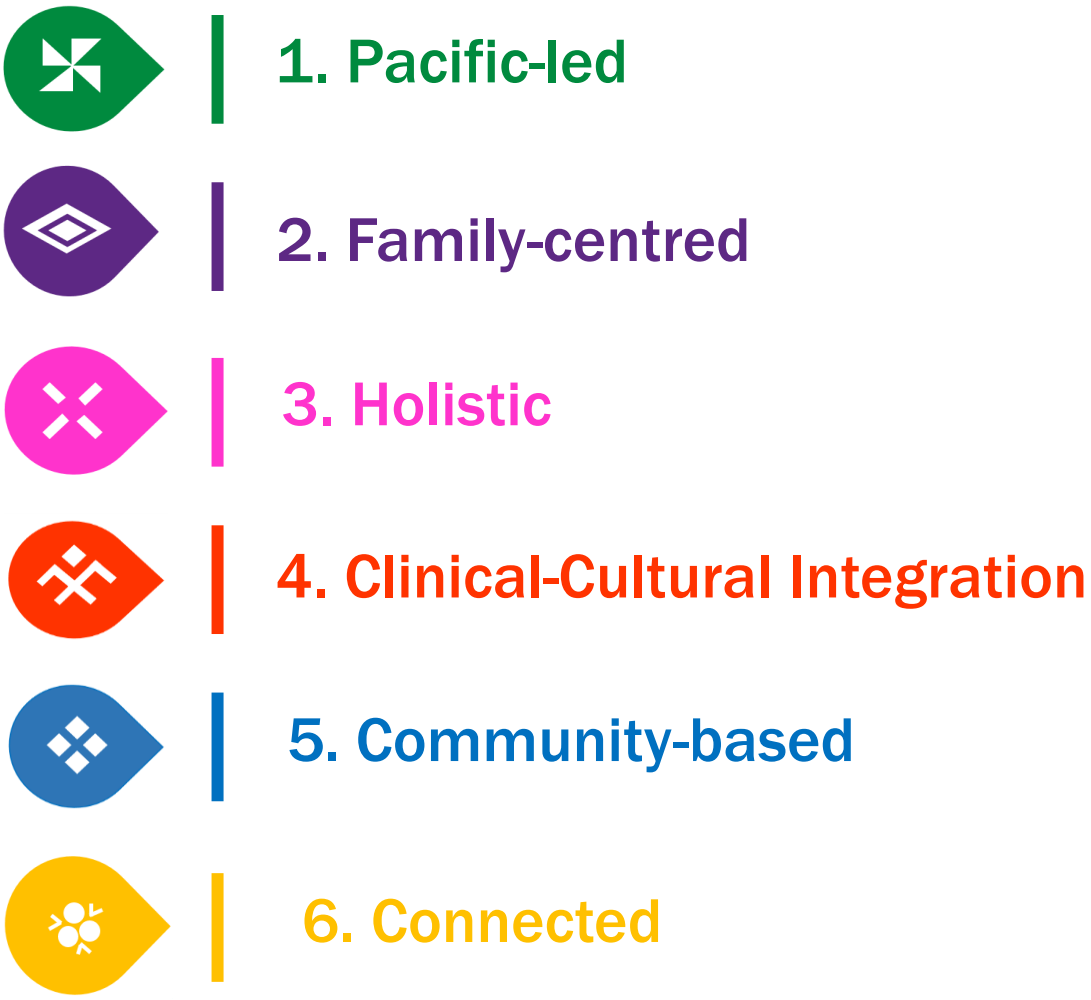
- Family Connections;
- Cultural Connections;
- Community Connections;
- Connecting with Youth;
- Service Connections;
- Increasing the Pacific Workforce; and
- Upskilling the Community Workforce.

The information presented in this report is the result of a triangulation of research relevant to Pacific mental health and addiction service delivery, guiding documents such as those provided by the Ministry of Health, Ministry of Pacific Peoples, *He Ara Oranga*, the Health and Disability Review, and key themes from the Pacific Access and Choice focus groups.

This report is not exhaustive of the subject matter and is not representative of all Pacific people's views of primary mental health and addiction services.

Six core elements of Pacific primary mental health and addiction service provision

The following six elements form the foundations of a framework for consideration when designing and delivering primary mental health and addiction services to Pacific people and their families. All six elements are inter-related and are underpinned by the centrality of relationships and Pacific core cultural values.



The six core elements align with '*He Ara Oranga'* guiding values of:

a. Aroha – love, compassion, empathy
b. Whānaungatanga – relationship, kinship, sense of connection
c. Kotahitanga – unity, togetherness, solidarity, collective action
d. Whakamana – respect for everyone's dignity and connections
e. Mahitahi – collaboration/cooperation
f. Tūmanako pai – hope, positivity

The core elements also align with the vision and principles of *Ola Manuia, Pacific Health and Wellbeing Action Plan 2020-2025*[6]. The plan has a specific focus area and associated actions on improving mental health and wellbeing outcomes for Pacific communities. The vision, that "Pacific families are thriving in Aotearoa New Zealand" is guided by the following principles:

a. Pacific Wellbeing – Mo'ui lelei (Tonga), Ola Manuia (Tuvalu)
b. Respectful Relationships – Va fealoa'i (Samoa)
c. Valuing Families – Magafaoa fakahele (Niue), Lomana na vuvale (Fiji)
d. High-Quality Care – Lelei katoa te tautua (Tokelau)

The six core elements are not exhaustive and are designed to be combined with other integrated frameworks, approaches and models of service delivery. This framework also requires robust critique and further development over time.

1. Pacific-led

E fōfō e le alamea
le alamea:

The solutions to
Pasifika healing can
be found within
Pasifika
communities.
(Samoan)

Pacific-led

Investing in Pacific-led mental health and addiction services, including ethnic-specific-led services, demonstrates a commitment to equity and reducing disparities in outcomes for Pacific people. Enhancing Pacific self-determination, self-efficacy and agency enables Pacific people and communities to lead solutions that protect and enhance the wellbeing of Pacific families and communities. Accordingly, Pacific-led services are expected to engage the people with lived experience of mental distress or addiction harm as partners in their own care, including their families.

Because Pacific-led services are fundamentally about Pacific people working with Pacific people, there is opportunity to enhance access to support for people in distress by utilising pre-existing connections within their own local Pacific communities. A service with strong and trusting relationships embedded in their communities can build on this social capital, enhance understanding of the realities that the Pacific families that they serve face, and thereby respond effectively to Pacific community needs.

A Pacific-led approach lends itself to integrating Pacific values and Pacific models of care into service design and delivery, along with an understanding of a diverse range of strengths-based approaches and cultural practices that meet the mental wellbeing needs of Pacific families. It also emphasizes growing the Pacific mental health and addiction workforce, which is a key enabler to increasing access rates and better mental health outcomes for Pacific people.[7]

Pacific models of care (including ethnic-specific models) are informed by Pacific models of health belief, which are based on Pacific values and worldviews. Whilst there is significant heterogeneity in health beliefs and service requirements[8], one of New Zealand's first examples of articulating Pacific models of mental health service delivery identified common Pacific values that are central to informing mental health service delivery models and are underpinned by relationships: *Tapu* (sacred bonds), *Alofa* (love and compassion), *Fa'aaloalo* (respect and deference), *Fa'amaualalo* (humility), *Tautua* (reciprocal service), and *Aiga* (family) (p.23).[9]

It is expected that Pacific-led approaches to service provision are able to address common barriers to access and successful outcomes for Pacific people with lived experience of mental distress, such as cost, transport, language[10], stigma, confidentiality, mental health literacy, cultural competency and cultural safety.

Pacific mental health service users and their families have also highlighted that service delivery that is uniquely Pacific includes: "Cultural assessments, holistic models of care, an inviting atmosphere using Pacific motifs and hospitality practices, use of Pacific languages and recognition of co-existing spiritualities."[11]

2. Family-centred

Fofola e fala kae talanoa e kāinga:

Roll out the mat so that the family can dialogue.

(Tongan)

Family-centred

For most Pacific peoples, āiga, kāinga, magafaoa, kōpū tangata, vuvale, fāmili, family is most valued and central to a resilient community and way of life[6]. Family is traditionally a core cultural value that transcends Pan-Pacific cultures.[12] Traditionally, family forms the fundamental basis for social organisation and can provide identity, status, honour, and prescribed roles[6].

Pacific households are often multi-generational with extended family living together[13]. Caring for family members is considered sacrosanct in many Pacific cultures and there are traditional beliefs that this duty of care brings blessings to the family[14]. Anyone providing mental wellbeing and addiction support to Pacific people should be cognisant that an individual exists in context of family, family history, and extended family.

As one of the cornerstones of Pacific wellbeing and identified as playing a critical role for Pacific people in recovery[15], services should be able to provide options for including family and extended family (where appropriate) to support their loved one's journey towards recovery, and the family's recovery.

Family members may also need support for their own mental health and addiction needs, and services should be equipped to offer support to family members without complicated referral processes or other barriers preventing access to support.

Services would also benefit to involve Pacific people with lived experience of mental distress and their families in the design and delivery of interventions.

A focus on children and young people

Most chronic mental health problems originate in child-hood and half of all Pacific people in Aotearoa New Zealand are under the age of 22. Acting early to recognise mental health or addiction issues can reduce the burden and distress for Pacific people and their families and enhance overall wellbeing across the lifespan.

Cultural identity and a sense of belonging is associated with positive mental wellbeing for Pacific young people[16]. It is important that traditional Pacific approaches to service delivery do not privilege only the Pacific-Island-born adults and are flexible and inclusive of inter- and intra-Pacific differences. Pacific cultural identity continues to evolve and lies on a spectrum from traditional to contemporary. Pacific young people's formation of cultural identity may manifest differently to Pacific-Island-born adults and it is equally important for their cultural identity to be considered and nurtured in the delivery of interventions.

Tailored services that meet the needs of Pacific young people in the context of their families will need to take in to account young people who identify with multiple ethnicities, how intergenerational communication can be more effective, and ensure that youth-centred Pacific worldviews are included at all levels of service design and delivery.

3. Holistic

Ka tupu te moko taro
me aravei i te vai ora:

Young taro shoots will
grow if they meet life-
giving water.
(Cook Islands)

Holistic

Traditionally Pacific cultures are inherently collective and relational with a holistic perspective of well-being where cognitive, emotional, spiritual, physical, environmental, and relational dimensions of the self are required to be in harmony for positive well-being. The conceptualisation of balanced relationships underpins many models of Pasifika well-being.[17] The concept of Va, used in many Pacific cultures to refer to the relational space between people and things, where the reciprocal flow of interpersonal exchange exists, has been used to characterise the relational and balanced nature of wellbeing for Pacific peoples[17]. Healing and recovery include restoring balance in these relationships, which can contribute to a sense of belonging, meaning and purpose, instilling hope, and a positive sense of self.

It follows then that wellbeing support for Pacific people reflects this holistic perspective. At a practical level, a multi-disciplinary primary mental health and addiction team may include medics, nurses, psychiatrists and clinical psychologists, social workers, support workers, and may also be linked with Matua, cultural experts, navigators, coordinators, supported employment experts, school guidance counsellors, community leaders, peer-support, church ministers and potentially other traditional healers. Spirituality, cultural identity and relationships with people and the environment are included in assessment, treatment and support services.

Pacific people's disproportionate representation in the social determinants that impact on mental wellbeing, such as education, unemployment, and inadequate housing[18], further emphasises the need for a holistic approach to healing and recovery. Social determinants, that include risk factors for mental wellbeing, also include exposure to violence and sexual harm, racism and discrimination, social participation and cultural connectedness.[19] It is clear that some of the major contributors to mental distress are outside of the healthcare system and that working together across social sectors is essential.

An holistic wellbeing approach to primary mental health and addiction service provision places mental health on equal par with physical health and is a unique opportunity to address this historic imbalance in providing mental wellbeing support and recovery. For services, this approach also promotes a deeper understanding of problems in the wider context that they come in, but also enables a strengths-based approach, identifying what makes people's lives go well.[20]

4. Clinical-Cultural Integration

Ta ki liku, ta ki fanga:

Adept on weather-beaten coast or on sheltered bay

(Tongan)

Clinical-Cultural Integration

A major challenge for the Pacific mental health and addiction workforce has been integrating Pacific values and cultural worldviews into the delivery of support services, which are historically designed based on contrasting worldviews in New Zealand.

The potential for Pacific-led primary mental health and addiction services gives rise to the opportunity to integrate Pacific cultural and spiritual values, protocols and practice, with clinical, biopsychosocial evidence-informed practice. To be able to draw from the best of both worlds, and to be effective at the interface of these worldviews and their practical application, is a highly innovative and cutting-edge approach to service delivery. It has potential to enhance quality of care at all levels, and in particular enhance access and choice for Pacific people with lived experience of mental illness, mental distress, and alcohol and drug harm.

Traditionally, Pacific cultures have often viewed the cause of mental distress in the spiritual realm, as a punishment or curse. Mental illness or 'spiritual possession' is a result of a current or past breach of a sacred covenant or tapu relationships with other people (living or dead), Gods, ancestors or the environment. Thus, mental illness was treated by spiritual healers or through methods to restore spiritual balance and is traditionally seen as shameful for the family[17]. In contemporary New Zealand, this shame has contributed to stigma around mental distress and a barrier to seeking or accepting formal or informal support.

These cultural and spiritual perspectives compared to clinical or biopsychosocial perspectives are not necessarily mutually exclusive. Over the last two decades Pacific clinicians and mental health and addiction workers, with shared values and beliefs as the families they serve, have brought their personal understanding of Pacific cultures, concepts, language and wellbeing to the workplace and practice every day. They have highlighted that Pacific cultural world views are not homogenous, both between Pacific cultures and within, and identified the value-add of having mental health teams with Pacific people that vary in their position on the spectrum of traditional to contemporary cultural knowledge and skills. Just like clinical decisions, cultural-clinical decisions occur after robust discussions amongst colleagues who possess both cultural and clinical knowledge.

Psychological interventions such as talking therapies, particularly with an emphasis on family and systems approaches, health- and mana-enhancing behaviour-change, and meaning-related processes, have been shown to be highly relevant to Pacific service users and their families[21]. As part of the recommendations to expand access and choice of mental health services, *He Ara Oranga* stated that "making [talking therapies] more widely available with suitable adaptation to different cultural and delivery contexts, should be a priority" (p112)[4].

Skilled Pacific psychologists, counsellors and other mental health and addiction workers have enabled the convergence of two worldviews in their practice to ensure cultural values are respected, services are culturally safe, and the mental health and addiction needs of Pacific people and their families are met.

5. Community-based

E felelei manu ae ma’au i o latou ofaga:

Birds migrate to environments where they survive and thrive.

(Samoan)

Community-based

Enhancing access and choice to primary mental health and addiction support includes delivering integrated services in community-based locations that are easily accessible, flexible, mobile, have potential to address barriers to access, and are familiar for Pacific families.

Being based at a flax-roots level does not negate or exclude the need for evidence-informed clinical interventions, particularly for those with more moderate forms of mental distress or alcohol and drug harm, or for those who may have experienced secondary services in the past. In fact, it may provide opportunities to utilise the specialist workforce (or clinicians in secondary mental healthcare settings) in more innovative ways to support community-based services.

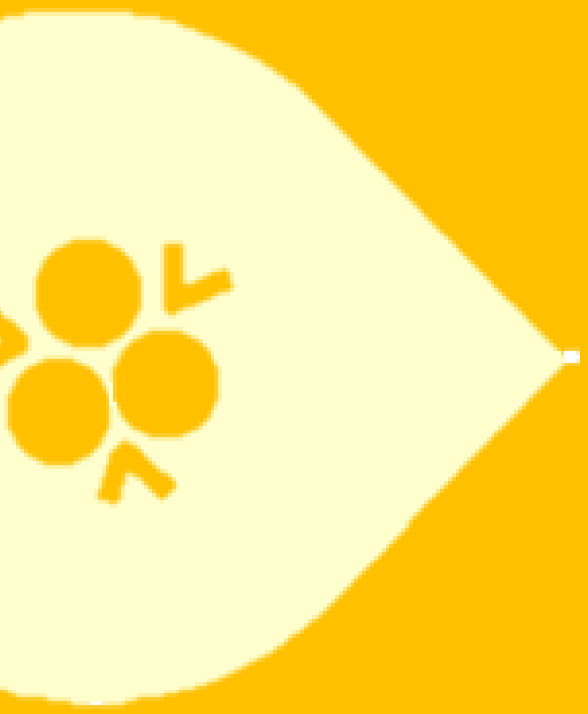
Primary mental health and addiction services may be the first formal point of contact for Pacific people with lived experience of mental distress, so appropriate settings and a welcoming environment are critical for effective engagement and can play a role in the healing and recovery process.

Along with spirituality, faith and church remain an important part of life for Pacific communities and for many, churches act like villages and can be the centre of family life and support systems.

Other popular locations of formal and informal social support that can enhance connectedness for Pacific people include: Pacific community centres, non-government organisations, sports clubs, youth-health hubs, and marae.

There has been an under-utilisation of primary mental health services by Pacific people in the past[22], and whilst much has been implemented to address barriers to utilization, stigma is still a problem. Mental health and addiction services embedded within community-based locations can also reduce stigma, further enhancing access for Pacific people.

6. Connected



So’o le fau i le fau

In Unity there is strength.
(Samoan)

Connected

It has long been acknowledged that no single organisation on its own can address the complexity of all mental health issues and related causal factors. When service providers work together, making the best use of their strengths and resources, often the outcome is bigger than the sum of its parts. The collective impact is that Pacific people and their families are offered a streamlined mental health and social care pathway and receive quality support and continuity of care.

No one falls through the cracks of the system. No one is left behind.

Working collaboratively means that Pacific people would know where and how to access mental health and addition support.

When working together however, care must be taken to consider people's privacy when sharing information, and informed consent and confidentiality abided by. Pacific people with lived experience of mental distress have voiced that fear of services breaching privacy or confidentiality is a major reason for not wanting to access services.

Achieving a seamless service approach means collaborating with existing primary mental health services in the geographical area. Key to this is ensuring that systems are in place that connect with relevant local health, social and community services, NGO's, general practice, churches, youth hubs, cultural supports, rainbow services, disability services and secondary or specialist mental health and addiction services. This includes working across sectors, such as education, employment and housing to support full social inclusion and recovery.

With Pacific people's high rates of multi-morbidity, specifically, poor physical functioning associated with poor mental wellbeing[23], integrated and connected services are an appropriate option.

This joined up approach further amplifies a person and family-centred approach, focused on the wrap-around needs of the individual, their family and support networks. Service users and their families do not need to repeat their story (which may involve trauma) over and over again[4].

Being connected also includes digital mental health support and e-mental health tools and resources. Whilst some Pacific people prefer face-to-face only support, others appreciate digital support as a therapeutic adjunct.

It is acknowledged that effective and meaningful collaboration takes time, and resource needs to be allocated so that working together is valued.

Summary

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