Suicide Prevention for Tongan Youth in New Zealand

Report to the Health Research Council of New Zealand and Ministry of Health for the Pacific Partnership Programme

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Acknowledgements

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EXECUTIVE SUMMARY

Introduction

In response to recent patterns of Tongan youth suicides in Auckland, a research project was formed on the initiative of Dr Sitaleki Finau co-investigator (CI) and Dr Jemaima Tiatia-Seath, principal investigator (PI) who considered that Tongan-specific analyses were needed to account for Tongan social, cultural and contextual factors.

This project was jointly funded by the Health Research Council of New Zealand (HRC) and the Ministry of Health (MOH) as part of the Pacific Partnership Programme. The aim of this initiative is to support Pacific peoples and communities in living healthy lifestyles and increasing their health knowledge and understandings. This initiative epitomises a coordinated approach to Pacific health research and demonstrates continued investment in the Pacific health research workforce.

Methodology

The primary aim of this research was to engage Tongan communities in order to provide an evidence base and ethnic-specific approach to understanding and addressing suicide prevention for Tongan youth in New Zealand.

To achieve these aims, it was important to examine the contributing factors to Tongan youth suicide and the types of solutions Tongan communities may offer towards the advancement of suicide prevention strategies that they consider to be appropriate, relevant and effective.

This research was therefore designed to:

1) Determine the most salient issues regarding suicidal behaviours amongst Tongan youth in New Zealand; and

2) Advance knowledge in the field of suicidology, particularly amongst Tongan communities, in working towards the development of protocols and guidelines for the prevention of Tongan, and potentially Pacific youth suicide.

Appropriate Pacific cultural protocols and processes were embedded in the design of the project, analysis, report writing and the dissemination of findings. A predominantly Tongan research team (the Porjecet Manager (PM), interviewers, advisory group members, transcribers, translators, cultural advisor, and health and social work professionals) ensured processes were culturally and ethically relevant.

Underpinning the overall research design was the fakalotofale’ia research methodology. Fakalotofale’ia has found acceptance within the wider research community in the planning of other interventions and programmes for the Tongan community. The research team, cultural advisor, advisory group and Tongan community considered this to be an appropriate method for this type of study. Although it is not a novel research methodological concept, it is the first time it has been utilised in the examination of Tongan suicide prevention.
In addition, the talanoa method was used. This process included face-to-face engagement and talking and/or storytelling in an informal manner. It is an encounter in which people can share their past, their concerns and unrestricted conversation by using their own cultural knowledge to shape this sharing of knowledge. Talanoa operated on multiple levels: between the PI and various academics, health professionals and service providers in the planning, methodological approach, research design and overall management of the project; between the interviewers and participants; between the Tongan community and research team during recruitment; with members of the advisory group, the cultural advisor and the research team; as well as between the research team itself.

A mapping exercise was undertaken to ensure appropriate Tongan research protocols were adhered to prior to Tongan community engagement. It was important to first scope how, when and who should be involved in the project and the necessary procedures needed to engage the community.

As a result of the mapping exercise, an advisory group was formed, the Tongan community was consulted for recruitment purposes, community connectors were engaged to help identify potential study participants, and participants who had lost a young family member to suicide were recruited. The project’s cultural advisor assisted with this undertaking.

One-on-one interviews were conducted with 13 families bereaved by suicide from Auckland, Dunedin, Christchurch, Hamilton and Sydney (interviewed by telephone). Participants were asked to share about their family life, identity, their relationship with the suicide decedent, their thoughts around contributing factors to the death and what solutions they felt needed to be addressed for Tongan youth suicide prevention to be most effective. Interviews were reflective of talanoa and undertaken in Tongan, English or both languages for no more than 90 minutes.

Thematic narrative analysis was used and interview data was entered in to NVivo 10 for coding and the arrangement of content of interest.

Findings

Valuing Strong Relationships

Tongan youth suicide prevention must be inclusive of the family. Family, in this study comes in various forms, whether nuclear, extended, friendships and/or gang affiliations. Family is not necessarily restricted to blood connections.

There are many core values and relationships that define a Tongan family. In light of suicide prevention, these concepts need to be reemphasised amongst the Tongan community and understood by both young and old so that strong relationships continue to be valued and strengthened.
The Pressures

Family, cultural and church obligations are burdensome for some young Tongans, primarily by way of heavy financial contributions, expectations of the first born and/or golden child (fo’i pele), sexual orientation and gender identities, achieving high sporting accolades, and having to fulfil traditional cultural male and female roles whilst walking between both Tongan and western worlds. All of these components impact upon Tongan youth suicidal behaviours.

Solutions for Suicide Prevention

Open and consistent communication within the family is key. The youth need to talk about issues. Families need to be equipped with safe messaging and how best to address suicide to avoid reoccurrence.

It is recognised that there are cultural restrictions on the amount of interaction between children and their parents, particularly the youth and their fathers. However, Tongan young people do yearn to talanoa with their parents. This goes beyond traditional views of what a Tongan family should look like and how they should cope in the face of adversity. Allowing members to be openly vulnerable can only bring a family closer together, to heal, to grieve and to move forward after the loss of a family member to suicide.

There needs to be more ethnic-specific initiatives to raise awareness and education around ‘knowing the signs.’ Maintaining regular check-ins amongst family members can save lives. In addition, family prayer time, followed by talanoa is also believed to be an effective and practical way of bringing family closer together and allowing open conversations to be had amongst the young and old. Maintaining strong sibling connections may reduce risks of suicide.

Affirming Tongan youth and allowing them to be active participants in family matters contributes to a young person’s sense of pride, allowing them to feel connected and a part of something.

Suicide Postvention Support

There is growing recognition of the importance of suicide postvention and the necessity in gaining a better understanding of the support needs of those bereaved by suicide. It is maintained that grief, stigma, isolation, shame and self-blame result in a state of increased stress and risk for bereaved individuals and families. Research participants suggest that it is okay to grieve, to seek professional help and most importantly to talk to someone about your loss. The postvention needs of Tongan and Pacific communities warrant further investigation.

Conclusion

This project has enabled us to identify salient issues around Tongan youth suicide prevention. Discoveries have included: issues around alcohol and drug use; intergenerational misunderstandings;
family-centred solutions for suicide prevention; types of family stressors and youth pressures; gendered responses and the implications for NZ-born Tongan youth; the stigma associated with mental illness; the type of support needed for families bereaved by suicide; the valuing and building of strong relationships; as well as encouraging help-seeking behaviour.

This nuanced research potentially alters Tongan understandings of youth suicide and enables Tongan communities themselves to respond to the issue with approaches, strategies and solutions that accord the way they describe, understand and experience suicide. Tongan knowledge about the complexities that mediate suicidality is crucial for developing Tongan ethnic-specific suicide prevention strategies. It is envisaged that post-project, this information will continue to inform guidelines and training manuals conducive to the evolving issues faced by Tongan communities.
INTRODUCTION

In response to the increase of Tongan youth suicides in Auckland, a research project was formed on the initiative of Dr Sitaleki Finau co-investigator (CI) and Dr Jemaima Tiatia-Seath principal investigator (PI), who considered that Tongan-specific analyses were needed to account for Tongan social, cultural and contextual factors.

The PI believed that in any efforts to develop Tongan suicide prevention strategies, it was important first to engage communities directly impacted by suicide so as to gain a deeper understanding of the issue, which would then provide information towards the development of models, approaches and solutions that are appropriate for Tongan youth. Subsequently, the project was formed in order to capture this evidence deriving from the perspectives of Tongan families themselves who are bereaved by suicide.

This project was jointly funded by the Health Research Council of New Zealand (HRC) and the Ministry of Health (MOH) as part of the Pacific Partnership Programme. The aim of this initiative is to support Pacific peoples and communities in living healthy lifestyles as well as increasing their health knowledge and understandings. This initiative epitomises a coordinated approach to Pacific health research and continued investment in the Pacific health research workforce.

This current research has addressed all seven key requirements of the Request for Proposal and is described in the following section:

1. **Collaborative teams and networks**

The project was highly collaborative in that it brought together research, academic, medical, cultural, clinical, social work and community expertise. The team comprised an experienced group of mental health, suicide research and statistical experts, with strong networks in both the community, academic and mental health sectors.

2. **Pacific-led**

The HRC and MOH have shown continued investment in the PI, primarily around her work on Pacific suicide prevention. In addition, given the nature of the project, the majority of the research team is of Tongan descent thus, bringing a culturally appropriate, relevant and ethnically sound perspective to the research.

3. **Opportunities for early career Pacific researchers**

This study builds on, and complements, both current and prior research undertaken by Tongan researchers on the team, including the PI, Aulola Lino, the PM and members of the advisory group who were specifically chosen because of their knowledge, skills and attributes, and would ensure the study protocols were culturally appropriate.
4. Use of appropriate methodology

The Tongan-specific methodological approaches of *talanoa*\(^3,4\) and *fakalotofale'ia*\(^5,6\) were used to ensure robust and successful engagement with Tongan families and communities. Data gathered from these interactions were analysed using approaches that have been identified as appropriate for use with Tongan families. The formation of an advisory group and the services of a cultural advisor to guide and advise the research team helped to ensure appropriate Tongan cultural protocols and processes were embedded in the research design, implementation, analysis, writing and dissemination.

5. Address one or more of key areas outlined in ‘Ala Mo’ui

The study addresses one of ‘Ala Mou’i’s key priority areas, namely, child and youth health. We consider that this study may be the first step toward a sustainable programme of research, which will in the long term contribute to better mental health outcomes for Tongan families and communities, and inform future service delivery with the goal of reducing suicidal behaviours amongst Tongan and Pacific youth in New Zealand.

6. Engagement with Pacific communities

The primary aim of this research was to engage Tongan communities in order to provide an evidence base for an ethnic- specific approach to understanding and addressing suicide prevention for Tongan youth in New Zealand.

7. Well-developed knowledge transfer strategy

The study provides much needed evidence of the complex sociocultural and contextual factors that mediate Tongan youth suicide in New Zealand. It is envisaged that post-project, this information will continue to inform guidelines, protocols and training manuals conducive to the evolving issues faced by Tongan youth and their families. Dissemination activities have included a reporting of findings to Tongan communities and research participants both face-to-face and in hardcopy. Knowledge transfer will be ongoing via *fono*, seminar and conference presentations, university teaching, and publications in peer-reviewed journals.

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\(^3\) *Talanoa* is a concept typical to Samoa, Fiji and Tonga. It is an oral tradition whereby ceremony and protocol are as important as the process of relating. It is commonly used to include anything from general conversation through to more meaningful conversations at several levels.

\(^4\) *Fakalotofale’ia* literally in two parts means - *fakalotofale* (it’s in house) and ‘ia (collective or belonging to). It is the process where the sensitivities of all things are respected and observed. It is used to engage, seek and receive information.
BACKGROUND

Worldwide, suicide is amongst the top 20 leading causes of death for all ages. Each year, almost one million people die from suicide. In New Zealand, approximately 500 New Zealanders die by suicide annually, averaging ten deaths per week. In 2011, there were 2,647 admissions to hospital (that lasted more than 48 hours) for suicide attempts in New Zealand, equating to 61.1 hospitalisations per 100,000 population (age-standardised). Over their lifetime, 15.7% of New Zealanders will experience suicidal ideation, 5.5% will make a suicide plan and 4.5% will attempt suicide.

In 2011, there were 24 suicides recorded for Pacific peoples in New Zealand (15 males, 9 females). Although suicide deaths for Pacific peoples in New Zealand occur at a lower rate in comparison to the population as a whole, Pacific peoples have higher rates of suicide ideation, suicide plans and suicide attempts than all other ethnic groups in New Zealand. Moreover, Pacific peoples have higher rates of mental disorder than the general population but are less likely to access mental health services in comparison to all other New Zealanders (25.0% compared with 58.0% of New Zealanders overall).

It is recognised that the reporting of suicidal behaviours may be affected by the complex, and often conflicting, cultural attitudes towards it. In fact, it is more often under-reported than any other cause of death due to stigmatisation, cultural issues, legal prohibitions and insufficient and/or varying methods of data collection. Cultural attitudes pose a serious challenge to the development of targeted suicide prevention activities.

Furthermore, evidence suggests that the risk of suicide can increase for those impacted by a suicide death between 2-10 times in comparison to the general population. For one suicide death, at least six others are severely impacted by grief. This is a significant proportion of the population who have an increased risk of suicide. Heightened stress augments vulnerability. Grief, stigma, isolation, shame, and self-blame result in a state of increased stress and are some of the major factors impacting those bereaved by suicide.

Various scholars have argued that suicide is a phenomenon that needs sociocultural investigation and is crucial to the development of culturally sensitive, appropriate and relevant suicide prevention strategies. Progressive information around the most effective ways of meeting Tongan, as well as Pacific health needs, is imperative. Moreover, given the expected increase in the Pacific population in New Zealand by 2021, it is likely that Pacific numbers of suicide may increase in the medium term, particularly if this population’s youthful structure continues.

Generally, what is known about suicide stems from the majority culture with assumptions that understandings around suicide are universal. Suicide is a cultural occurrence, yet there continues to be a lack of research or suicide prevention strategies that are culturally relevant or indeed, ethnic-specific. In the past in New Zealand, the public health focus on youth suicide has predominantly been amongst New Zealand European and Māori populations. In 2014, New Zealand’s first national suicide prevention programme for Māori and Pacific - Waka Hourua, was launched. It was formed in response to expectations set in the New Zealand Suicide Prevention Action Plan. This four-year programme is a partnership between national Māori health workforce development organisation, Te Rau Matatini, and national Pacific non-government organisation, Le Va.
The MOH’s Suicide Prevention Strategy 2006-2016, indicates that where robust scientific evidence is lacking around suicide prevention, there should be efforts to build the evidence base using methods appropriate to the question and context. The strategy states that mainstream approaches to suicide prevention for Pacific peoples are ineffective on their own and that suicide prevention policies, programmes and services targeting Pacific communities, require consideration of cultural contexts and Pacific worldviews particularly around mental health as it differs from mainstream culture.22 There has also been a signal by the MOH that there is an urgent need to increase the number of Pacific suicide prevention researchers.23 Addressing this issue is necessary to ensuring a highly qualified and experienced workforce is available to provide sound, evidence-based findings that can be translated into practice.

There is strong evidence to suggest that by ignoring the interface between diversity and suicide prevention, general approaches will be perpetuated, therefore missing opportunities to save lives by promoting diversity.24 This current project detaches from a general approach and promotes a Tongan-focused discourse.

As with other projects led by the PI, this current study is premised on the view that suicide prevention should enable full ownership of the issue and be conducted at a community level on the initiative of the members of that community.25 The development of coordinated community-based suicide prevention strategies is not a stagnant process, but rather, a constantly evolving practice enabling the sustainable development of suicide prevention based on the best research knowledge available and the cooperation of all community stakeholders. It is, therefore, vital that partnership and cooperation are emphasised, and existing activities within communities that have already contributed to suicide prevention are further developed.26 This project fosters a relationship of reciprocal benefit between participants, ideas and emerging theoretical perspectives.

The PI’s HRC funded doctoral research ‘Reasons to Live: NZ-born Samoan young people’s responses to suicidal behaviours’ (2003), HRC funded postdoctoral research ‘Suicide and Samoans: The Journey towards Prevention’ (2014) and her current HRC funded PhD student’s Masters research, undertaken during the time of this project - New Zealand born Cook Islands youth views towards positive mental wellbeing and suicide prevention (2013),27 are unique in that they facilitate shifts in public health understandings of suicide with ethnic-specific Samoan and Cook Islands approaches. The PI’s findings confirm that the absence of talanoa amongst the Samoan community may in fact, be detrimental as it reinforces stigma and taboo, which then prevents Samoan youth from talking about suicidal tendencies. As one research participant stated, “If we want to prevent suicides, we have to first start talking about it and having services, programmes and stuff like that, that are relevant to us as Samoan youth in New Zealand.”26

The PI’s post-doctoral research (2014), which involved interviews with Samoan suicide attempters and suicide ideators aged 18 years and over and enrolled in a mental health service, found that Samoans are very open to discussing the issue of suicide when effective solutions are found within the communities themselves.28 It is important to explore suicide amongst other Pacific ethnic groups, and although there are similarities amongst Pacific cultures, each has their own cultural beliefs, values, traditions, language, social structure and history.29 Thus, there may be Pacific ethnic specific nuances and cultural variables that will need increased attention. This project was an opportunity to go beyond the scope of NZ-born Samoans.
Evidence indicates that there are notable differences in suicidal behaviours between NZ-born Pacific peoples and those who migrated from the Pacific, aged 18 years and older. For instance, NZ-born Pacific peoples have higher rates of suicide planning and attempts than those who migrated to New Zealand as adults.\(^{30}\) It appears evident, that examinations around acculturation\(^4\) play an important role in suicide prevention.\(^{15,22,31}\)

The PI’s doctoral research (2003) confirms a positive correlation between acculturative stress for NZ-born Samoan youth and suicidality. International studies suggest that typically, acculturation levels and conflict with parents do in fact, increase the vulnerability to suicide for youth from ethnic minority populations.\(^{32}\) With regard to the Pacific relational self,\(^*\) some youth may identify with both a relational and individual sense of self which, for some, may create significant role confusion and conflict with parents and elders.\(^{33,34}\) Examining the dimensions of these complexities and revealing approaches of ways to find compromise between Tongan youth and their families, may help to alleviate some of the pressure that in effect, can be detrimental to relationships between youth and their parents and/or elders, and ultimately lead to suicide. Whilst the PI found this to be the case in her doctoral research (2003) amongst NZ-born Samoan youth suicide attempters, there is little evidence to determine whether this is also the case for Tongan youth.

It is important to the process of suicide prevention to first establish baseline attitudes and opinions about suicide amongst communities.\(^{36}\) Therefore, this current study contributes to a growing body of Tongan youth suicide-focused investigations namely, Valensia Sinisa’s (2013) Master of Counselling Research Portfolio through the University of Auckland - ‘The reflections by Tongan parents or caregivers on various factors that may have contributed to the suicide of their child’\(^{15}\) and Aulola Lino’s (2015) Master of Arts thesis in Youth Development at the Auckland University of Technology - ‘Fofola e fala kae alea e kainga: Exploring the issue of communication within Tongan youth suicide in South Auckland’.\(^{37}\)

For the PI, repeat funding from the HRC suggests that they, along with the MOH, are committed to investing in Pacific suicide prevention research, thus affirming it as a Pacific health priority area.

**METHODOLOGY**

The primary aim of this research was to engage Tongan communities in order to provide an evidence base and ethnic-specific approach to understanding and addressing suicide prevention for Tongan youth in New Zealand.

In order to achieve the aims of this project, two fundamental questions needed to be asked:

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* Acculturation is the process of acquiring, adapting to or adopting a second culture whereby, two distinct cultural groups have continuous first-hand contact, resulting in subsequent changes in the original patterns of either or both groups.

* The Pacific concept of the relational self focuses on the collective, rather than the individual and is about maintaining and nurturing relationships with others.
What contributes to Tongan youth suicide?
What solutions can Tongan communities offer towards the advancement of suicide prevention strategies that they consider are appropriate and effective?

In order to achieve these aims the study was designed to:

1) Determine the most salient issues regarding suicidal behaviours amongst Tongan youth in New Zealand.

2) Advance knowledge in the field of suicidology particularly amongst Tongan communities in order to work towards the development of protocols and guidelines for the prevention of Tongan and potentially Pacific youth suicide.

In line with the HRC’s Pacific Health Research Guidelines (2014), appropriate Pacific cultural protocols and processes were embedded in the design of the project, analysis, report writing and the dissemination of findings. Processes were underpinned by the guidelines’ Pacific cultural values, ethics and themes which include: communal relationships, reciprocity, holism, and respect. All of which inform ethical and conceptual approaches, including cultural sensitivity, and highlighting the significance of Tongan peoples’ knowledge, to create a social protection framework ensuring non-maleficence, as well as balancing science and human dignity. A predominantly Tongan research team (the PM, interviewers, advisory group members, transcribers, translators, cultural advisor, and health and social work professionals) ensured processes were culturally and ethically relevant as there was an intrinsic knowledge base of shared values (relationships, spirituality, reciprocity, respect, love, family, compassion and honour).

Tongan-specific methodological approaches were used in the study. Underpinning the overall research design was the fakalotofale’ia research methodology. Fakalotofale’ia has found acceptance within the wider research community in the planning of other interventions and programmes for the Tongan community. The research team, advisory group and Tongan community believe that this approach was appropriate for this type of study. Although not new, it is the first time it has been utilised in the examination of Tongan suicide prevention.

Fakalotofale’ia describes the way inside the heart (fakaloto) of the household (fale’ia). It encompasses the values of: ‘ofa (love or compassion), fetokoni’aki (interdependence), makafetoli’aki (reciprocity), voungataha (collective cohesiveness), faka’apa’apa (respect) and fe’ofo’ofani (harmony/share and care, looking out for each other). It embodies a holistic Tongan worldview allowing for, in particular, Tongan researchers to uncover culturally specific views and attitudes towards suicide prevention.

The talanoa method was also employed. This process includes face-to-face engagement and talking and/or storytelling in an informal manner. Fundamental to talanoa is the element of trust between parties and upholding of meaningful engagement and shared understanding in the research process. It is an encounter where people can share their past, their concerns and almost everything and anything by using their own cultural knowledge to shape this sharing of knowledge.
Mapping Exercise

As part of our commitment to ensuring appropriate Tongan research protocols were adhered to, it was important that prior to engaging with the community, we needed to undertake a mapping exercise to scope how, when and who should be involved in the project and the necessary processes needed to engage the community, given the sensitive nature of the topic and the hurt, grief and healing still felt within the Tongan community. The PM was invaluable to this mapping exercise.

Cultural Advisor

Part of the mapping exercise was to identify a cultural advisor who would assist the research team in making the appropriate community contacts and ensuring cultural protocols were observed. We also considered that an advisory group comprising individuals from various sectors such as health, community work, youth work, faith-based organisations and so forth was also crucial to the successful engagement of the Tongan community.

The involvement of a cultural advisor was instrumental for ongoing advice and support in relation to the study. Katoi e tala o Tonga, also known as Vaivaifolau Kailahi, agreed to be the project’s cultural advisor. Upon his advice, consultations were undertaken with various Tongan leaders and churches in the community as well as the approach we would need to take for successful engagement (primarily with Tongan churches) to inform them of the study and extend the invitation to take part.

The cultural advisor was an invaluable connector, as evidenced in various consultations that took place with churches where he, along with the PM, attended and acted on behalf of the research team by extending our fakamalo (gratitude/thanks) for allowing us the opportunity to engage with them.

Consultation also took place in a faikava (kava ceremony) where the cultural advisor first established the vā (connection/relationship) with Tongan males and engaged in talanoa prior to formal meetings between church leaders and the PM.

Establishment of the Advisory Group

The aim of forming an advisory group was to provide cultural support and assistance for recruitment purposes. It was important to the research to have various cultural and expert guidance to oversee processes, to ensure robustness of the study and to support the project’s Samoan female PI. Advisory group members had to fulfil certain criteria such as: a qualification (research, clinical, social work), experience working with vulnerable Tongan youth, familiarity with community development and most importantly, a passion for improving the health and wellbeing of Tongan youth and their families.

There were 20 names identified by the PM and cultural advisor. Contact was made via email to each individual requesting a face-to-face meeting with the PM. There were 10 people who agreed to meet and were interested in being a member of the advisory group. A one-on-one meeting was held with
each member to discuss the purpose of the study, the aims and objectives, and their role in the advisory group.

An afterhours meeting was held on 3 October 2014. The PI and PM presented the study, discussed recruitment strategies, the methodological approach and presented a project update. It was from this initial meeting, the research team were provided with community contacts and networks to assist with participant recruitment.

Ongoing communication was maintained with members of the advisory group by the research team over the duration of the project either by email, face-to-face or by telephone. A final meeting was held 20 March 2015 to discuss findings with the group and obtain relevant input for the final report.

Consultation and Recruitment

It was also important to include in the consultation process those who did not attend church. Hence, we mapped as widely as possible through various mediums. Despite vast efforts to recruit nationally; Auckland, Christchurch, Hamilton and Dunedin were the only sites (albeit one participan from Sydney) where participants agreed to take part in the research within the project timeframe.

Auckland

Three Tongan churches were consulted and congregations were invited to take part in the study. The cultural advisor accompanied the PM for two church visits, and an advisory group member for the other.

As recommended by the cultural advisor and the church Minister, who both sit on the advisory group, a 531PI Tongan Radio talkback time slot was reserved for the PM to introduce the study and the fakalotofale‘ia methodological approach to listeners. There were five phone calls made by the listeners, who although, did not fit the criteria to take part in the research, expressed their gratitude to the HRC, MOH and the University of Auckland for undertaking the study. There was a general sense that the government were actively responding to the suicide issue within the Tongan community and reaffirmed for the community that, as one caller stated - “people in higher places do care”.

Christchurch

We worked with a key community contact in Christchurch who identified families that could be recruited to the study. She was given relevant project information to distribute to her network of mental health professionals and community. A Skype session was held with her and staff members from Pacific Trust Canterbury who were also presented with information about the research. Participants were identified by the key community contact and interviewed by the research team.

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Dunedin

The research team also identified a key community contact in Dunedin. Consultation began with various Tongan community leaders regarding the study. The contact person was an intermediary for participants and also linked the research team to mental health professionals in the region.

Hamilton

An interview was conducted in Hamilton with one participant who is the younger female sibling of a young male suicide decedent.

Sydney (Australia)

One interview was conducted via telephone, as the participant was in Sydney during the recruitment period.

Interviews

Tongan families bereaved by the suicide of a young family member were invited to participate. There were 13 families interviewed from Auckland, Dunedin, Christchurch, Hamilton and Sydney (interviewed by telephone). Interviews exposed what participants felt may have contributed to the suicide of their loved one. The suicide decedent’s sibling ranking immediately before and after, were interviewed. Where members were from the same family, interviews were undertaken separately with parents/caregivers and the suicide decedents’ siblings.

Once consent had been obtained, the PM then contacted the participants to explain the study aims, and obtain full written consent to participate. Participants were encouraged to bring a support person to the interview, only two participants were accompanied by support people. The interviewer discussed the information sheets and consent forms with the participants which were available in both Tongan and English (see appendix 2). Interviews lasted up to 90 minutes.

The interview schedule (see appendix 4) was largely informed by a review of the literature, and the experiences of both the PI and CI who are very familiar with Pacific suicide prevention research. The interview schedule was categorised into broad themes where participants were asked to share about their family life, identity, relationship with the suicide decedent, their thoughts around contributing factors to the death and what solutions they felt needed to be addressed for Tongan youth suicide prevention to be effective. Interviews were reflective of talanoa, and were carried out in Tongan, English or both languages. Typical to the talanoa methodology is the view that researchers should be of the same ethnicity as participants to be most effective.4 Primarily, this is on the premise that the essence of talanoa includes the skilful and cultural fusion of expressions, humour, nuances, emotions and theories, which provides for more accurate understandings and
interpretations for addressing Tongan issues. There were also separate discussions for adults and youth. All male participants were given the option of being interviewed by a Tongan male researcher so as to keep within cultural boundaries. All participants were offered a me’a’ofa (gift) for their contribution, time and sharing of knowledge.

Interviews were recorded but only with the participants’ permission and could be switched off at any time and/or information withdrawn. There is no material that can personally identify participants in any dissemination activities.

Post-interview, families debriefed with a professional health or social worker to ensure their safety was maintained and that any adverse effects that may have arisen from the interview were mitigated. Where required, further referral information was given to the participants to ensure follow-up processes were in place should they need further support in relation to the loss of their young family member.

Analysis

Thematic narrative analysis was used, as it was helpful in understanding human motivations, perceptions, and behaviours as well as the interpretation of the experiences the participants shared. It also allowed participants to present their life stories by highlighting the beliefs they hold in relation to suicide and the circumstances surrounding these experiences. Thematic narrative analysis provided access to the intricate ways in which elements of culture were woven into the explanation of individual experience. In essence, this is also reflective of the talanoa process. As with other narrative research, the detailing of participants’ experiences enabled the research team to critically reflect on the sociocultural contexts and functions of the constructed narratives. This could only be achieved through talanoa, which in this study operated on multiple levels: between the PI and various academics, health professionals and service providers in the planning, methodological approach, research design and overall management of the project; between the interviewers and participants; between the Tongan community and research team during recruitment; with members of the advisory group, the cultural advisor and the research team; as well as between the research team itself.

Interview transcripts were entered in to NVivo 10 for coding and the arrangement of content of interest. NVivo 10, a qualitative software analysis package was used to help identify narrative themes that thread throughout participant accounts. The PI has successfully applied this analysis software to similar projects with narrative methodological approaches in Pacific suicide prevention research.

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* Pacific youth may be reticent in sharing or talking about issues that are considered unacceptable in the eyes of their adult counterparts, thus the need for separate youth and adult groups. In addition, as highlighted by Southwick’s et al. (2008) examination of Pacific communities and the minimisation of harm from alcohol use, the mixing of males and females for youth focus groups was ineffective. Therefore, for each youth focus group, males and females will be separated.
Dissemination

Dissemination activities have included: providing a summary of findings to participants; presentations to communities consulted and the advisory group; talanoa back to families involved in the research in Dunedin, Christchurch, Hamilton and Auckland; and presentations to stakeholders. Academic publications in peer-reviewed journals are forthcoming and will be produced for both national and international audiences with ongoing presentations to be made at fono, seminars, and local and international conferences.

Ethics

Ethics approval was obtained through the University of Auckland Human Participants Ethics Committee (UAHPEC), reference 9458.

FINDINGS

There were 23 individuals (13 families), bereaved by suicide who agreed to an interview as well as two health professionals who contributed and were in support of a participant. Basic numerical coding was allocated per family, per participant as follows:

<table>
<thead>
<tr>
<th>Item</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family</td>
<td>F1, F2, F3, etc.</td>
</tr>
<tr>
<td>Elder Male Sibling</td>
<td>EMS</td>
</tr>
<tr>
<td>Elder Female Sibling</td>
<td>EFMS</td>
</tr>
<tr>
<td>Younger Male Sibling</td>
<td>YMS</td>
</tr>
<tr>
<td>Younger Female Sibling</td>
<td>YFS</td>
</tr>
<tr>
<td>Male Parent</td>
<td>MP</td>
</tr>
<tr>
<td>Female Parent</td>
<td>FP</td>
</tr>
<tr>
<td>Female Grandparent</td>
<td>FG</td>
</tr>
<tr>
<td>Male Grandparent</td>
<td>MG</td>
</tr>
<tr>
<td>Female Guardian</td>
<td>FG</td>
</tr>
<tr>
<td>Male Cousin</td>
<td>MC</td>
</tr>
<tr>
<td>Spouse</td>
<td>S</td>
</tr>
</tbody>
</table>

Therefore, the younger female sibling of the suicide decedent, and a member of the third family interviewed would be coded: F3YFS. The following table 2 provides an overview of study participants.
Table 2: Participant Profiles

<table>
<thead>
<tr>
<th>Participant(s)</th>
<th>Residence</th>
<th>Location of Interview</th>
<th>Language</th>
<th>NZ-Born</th>
<th>Tongan-Born</th>
</tr>
</thead>
<tbody>
<tr>
<td>F1FG, F1MG</td>
<td>Central Auckland</td>
<td>Participant’s home</td>
<td>Tongan</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>F1YMS</td>
<td>East Auckland</td>
<td>Participant’s home</td>
<td>English</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>F1YFS</td>
<td>Hamilton</td>
<td>Participant’s home</td>
<td>English</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>F2YFS</td>
<td>East Auckland</td>
<td>Work office</td>
<td>English</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>F3EMS</td>
<td>South Auckland</td>
<td>Participant’s home</td>
<td>English/Tongan</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>F4FP</td>
<td>South Auckland</td>
<td>Participant’s home</td>
<td>Tongan/English</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>F5FP</td>
<td>Sydney, Australia</td>
<td>Telephone</td>
<td>Tongan/English</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>F5YMS</td>
<td>Central Auckland</td>
<td>Participant’s home</td>
<td>English</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>F6EMS</td>
<td>South Auckland</td>
<td>Gang Pad</td>
<td>English</td>
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<tr>
<td>F7S</td>
<td>Dunedin</td>
<td>Home of the community recruiter</td>
<td>English</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>F8FP</td>
<td>Dunedin</td>
<td>Home of the community recruiter</td>
<td>Tongan</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>F8MP</td>
<td>Dunedin</td>
<td>Home of the community recruiter</td>
<td>Tongan</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>F8YMS</td>
<td>Dunedin</td>
<td>Home of the community recruiter</td>
<td>English</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>F9EFS</td>
<td>Dunedin</td>
<td>Home of the community</td>
<td>English/Tongan</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Recruiter</td>
<td>Location</td>
<td>Setting</td>
<td>Language</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-----------</td>
<td>----------</td>
<td>---------</td>
<td>----------</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| F9YMS     | Dunedin  | Home of the community recruiter | English | ✓ 
| F10EFS    | Dunedin  | Participant’s home | English | ✓ 
| F11YFS    | Christchurch | Car | Tongan/English | ✓ 
| F12EMS    | Christchurch | Kava Club | English | ✓ 
| F12EFS    | Christchurch | Motel | Tongan/English | ✓ 
| F13EMS, F13MC (F13EMS’s wife and two professionals were in support. All participated in the interview) | Christchurch | Participant’s home | Tongan/English | ✓ 

**Table 3: Gender of Participants**

<table>
<thead>
<tr>
<th>Gender</th>
<th>Number of Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
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</tr>
<tr>
<td>Female</td>
<td>12</td>
</tr>
<tr>
<td>Total*</td>
<td>23</td>
</tr>
</tbody>
</table>

*Excludes the two health professionals who participated

**Table 4: Relationship to Decedent**

<table>
<thead>
<tr>
<th>Relationship*</th>
<th>Number of Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elder Male Sibling</td>
<td>4</td>
</tr>
<tr>
<td>Younger Male Sibling</td>
<td>4</td>
</tr>
<tr>
<td>Elder Female Sibling</td>
<td>3</td>
</tr>
<tr>
<td>Younger Female Sibling</td>
<td>3</td>
</tr>
<tr>
<td>Carer / Parent</td>
<td>4</td>
</tr>
<tr>
<td>---------------</td>
<td>---</td>
</tr>
<tr>
<td>Grandparent</td>
<td>2</td>
</tr>
<tr>
<td>Cousin</td>
<td>1</td>
</tr>
<tr>
<td>Spouse</td>
<td>1</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>23</strong></td>
</tr>
</tbody>
</table>

* Excludes the two health professionals who participated

The information contained in this report represents participant perspectives from the Auckland, Christchurch, Hamilton and Dunedin areas (and one based in Sydney). All narratives have been arranged into major themes that were consistent across all interviews.

It was important to the interviewing process that the interviewer first built trust and created a safe and non-threatening environment for the participants. *Talanoa* around family, culture and identity were appropriate opening prompts to facilitate this.

**Valuing Strong Relationships**

Participants were asked to share their views on what family meant to them and how it may be defined. They were asked to describe the strengths, weaknesses and challenges in their families and how they cope as a family in troubled times.

**Family**

Key concepts to define family across all narratives included:

Laughter, celebration, sadness, learning, *fe’ofo’ofani* (to live in harmony), happiness, humility, trust, honesty, loyalty, respect, communication, love, connection, being comfortable, being safe, having a sense of security, the protection of males over females and togetherness. In addition, family should not be restricted to biological ties but can also include friends and gang associates.

*Interviewer:* What does family mean to you?

*Participant:* Family pretty much means everything to me.

*Interviewer:* What does that everything look like?
Participant: ...Just pretty much happiness, every time I am around my family I am always happy, always good to see them and stuff...Family is like someone that’s loyal like your best friend pretty much.

Blood connections are equally important, regardless of whether one has met a family member or not:

To me, a family all goes back to who I am and who I feel comfortable with, and who I love, the people that I love around me, so whether it would be my husband, my children, my uncle, my aunties, my nieces, to me they are my family. So it’s not home only, not my nuclear family, but as you would say in our PI, Pacific Island, Tongan families, it’s the whole extended [family]...I have got some aunties and uncles that ...I’ve never met, but it’s about that connection, making that link with some of them.

For the participant below, the faikava (kava ceremony) was an opportunity to bring him and his brothers closer to their father in particular, after the suicide of his older brother. Traditionally, fathers and sons did not partake in faikava together. However, in the New Zealand context, this has transformed. This is reinforced by Fehoko (2014) who argues that faikava has become an identity marker for young New Zealand-born Tongan males. As advised, by the cultural advisor and advisory group, it is believed that power differences are stripped, that is, father and son titles are put aside which then allows the feohi (interaction and engagement) to happen.

The faikava in this case, came with unrestricted talanoa, allowing the males in this family, time to speak of the memories of their brother/son, as part of the grieving process. Faikava sessions were also a medium in which to pass on and preserve cultural traditions and language - a ‘cultural classroom’ so to speak:

Dad he’s the hardest to get to family meetings. If there’s a family thing, dad is not there, he’s at the faikava. It’s always that faikava, but that’s like the brothers we are always like that, we talk...We really hit kava hard, it sort of brings us closer to him now because we used to like get into the drinking but he didn’t like that so we started to get into the kava and stopped drinking. Now we are just 100 percent kava.....At kava we hear stories and there are good stories, funny stories and there is your history of Tonga. When they talk about it and you hear a little bit, you want to hear more and then the story will continue in the next faikava session and...speaking Tongan too. When I grew up I wasn’t that good speaking Tongan like I started losing speaking and understanding but when I went to kava most of the men talk to us in Tongan...But he’s [father] listening and he talks to us. He was sort of opening up like telling us how he felt, he told me and my brothers how he felt when he lost his son and that he doesn’t want to lose another son....It does mean a lot and what he was doing for us, he was protecting us like he didn’t want to lose another son, that’s what he was saying to us...he was trying to keep us away from alcohol because he was right, every time we touched it, the memory [of their brother] just came back and it just drowned us, like we want to finish it,
finish our life. I think that's why we went to kava because when we went to kava we talked about the good stuff of our brother, the happy times and the funny stuff he did, it was the funny stuff we all did. And when our dad looked at us, he saw us all happy, even tied us closer, happier, and then he started talking about ‘remember how your brother used to do this and this?’ The kava is closer for us, the alcohol was a downer for us.

In relation to identified weaknesses and coping mechanisms for families during stressful events, the most common responses identified by participants included lack of communication, financial stressors and in one case, violence:

I believe that the main weakness of many families is communication, especially the communication between parents and their children. Again that is the main weakness in many families that is, the communication between the children and their parents.

Before the problem occurred [the suicide death] there was no sharing/communication [about personal issues] within the family, and I was not aware that my son had harboured a problem. It was due to no sharing, no communication.

I feel quite down about it because sometimes when me and my little brother ask for things it would be like ‘no sorry’ and next thing you know she's [his mother’s] gambling and then it makes me feel like that she needs to kind of sort her priorities out a little, like yeah she’s my mum she knows her priorities, but at times she just doesn’t know. I talk to my sister about it and she helps out, this is pretty much my second house and I just let it all out to [name] because if I let it out to my mum you never know what’s going to come out of her mouth. It’s either, if you don’t like it, go, because there is no other place like home. My parents know well enough I can’t leave.

This next participant considers the gang his family, in which case, the reality of coping is one of violence. He associates a stressful family as being conflict with competing gangs:

It pretty much all leads to violence, say if we have trouble with a rival group we would all gather up, meet up, and go to where the rival group hang out and just fight...Like if one of the boys had trouble or something that's our way of getting revenge and sorting problems out. It’s respect, protecting each other, that’s how we used to solve things like when I was growing up, it was always pretty much a territorial thing. We would wear our colours, wear our printed clothing to hit a rival area and the people around that area would jump a few of our boys and then
it will come back to us, that's our way of pretty much getting revenge and helping our brother out, going back to retaliate. I think it all comes under being there for one another and watching out for each other.

Lack of time was also considered a weakness for families as highlighted by a mother who lost her son to suicide:

*Because I am at work, I don’t have the time to take my children to different programmes. Instead of sending them in the care of others, I always feel that I should be there with my children.*

**The Pressures**

Most participants, and in particular young Tongans, associated daily pressures with their familial roles, obligations, responsibilities, financial commitments, excelling in sports, as well as finding ways to negotiate between their Tongan traditional and westernised or acculturated worldviews.

**Familial Obligation**

Younger participants believed that pressure is often felt when one has to attend to family obligations, which at times, can be onerous:

*When they [family] are constantly asking you for help and you are like trying to just take some time out for yourself but when one family stops asking you another one asks...*Yes so many years, just pretty much sometimes you get over worked, over burnt but it’s hard to say no pretty much...but at the same time it’s because you love them so much you want to do it anyway and if you choose to say ‘no’ it’s like ‘oh I feel stink’ then you roll up and go and help them...I look at myself as well. If I ask someone for help and they say ‘no’ then I’ll know how that feels so it’s like what if you’re asking for help and nobody says ‘yes’. It’s just the way I think, do something to others of what you would want them to do to you pretty much, what would Jesus do? kind of thing...you just sometimes over help and then you get a bit stressed out.*

Keeping face may also take its toll on Tongan youth, and in some cases, trying to “*keep it together*” for other members of the family as described in this following statement:

*Even though we [him and his brothers] talked about stuff, cause I like had my own life, working and school and trying to be good for them, like I had to be a symbol*
for them to like I have to do no wrong and I had to just be good like making me feel tired to just try and keep it together all the time.

The Financial Strain

There were a number of participants who alluded to the financial pressures of meeting their cultural and church obligations:

Misinales [annual missionary offering] and stuff, that’s like one big one, Misinales and just like other special occasions at church like sometimes I forgot what you call them, but they have got to bring the food and do their sila [monetary gift] and stuff. Sometimes we forget and then ‘oh your day is next week’ and we are like ‘oh, we don’t have enough money’. That’s sort of like a problem too...Only when it comes to my kavengas [responsibilities] it’s only me, my wife and parents. Dad’s pretty hard if I struggle, like he gives me short notice of what I have to put in for the church. I say ‘I need to save money to book my flight to go on a holiday with my little family’ and because I am trying to help out my mum and dad...I have got like the power bill and then the rates coming in and then there is the church stuff coming up and that’s all for next week but I’m working so hard to save for my flight. Like I’ve already paid for my wife and kids’ tickets and now it is coming so close to the end of the year and he tells me like this week ‘remember you are going to buy some pigs’ and then I’m like ‘oh I can’t’, and then he’s like ‘it’s your kaveinga’ and that sort of brings me down.

One participant gave an account of his financial obligation to the family, implying that this may have contributed to his sister’s suicide:

We started family meetings and it was going good, like we always used to come along and bring the kids and we would have a barbecue, then as soon as someone bought up the whole money thing it kind of like...I said to her [his sibling] man I don’t know why we don’t just keep it as a catch up that’s what it was for, it was supposed to be a catch up for the kids to meet, like our kids to meet their cousins and then it’s like ‘oh we should put in like maybe some money for Christmas or funerals’...That’s why I said to myself maybe she [his sister] doesn’t want to come because she has no money, she doesn’t want to give any money...Then after that, it pretty much happened [her suicide] then after [name’s sister] thing, we had a few more meetings after that, then we stopped it. I said man money can just split up a family just like that because that’s why people didn’t want to turn up because they didn't want to have any money to give, they felt ashamed they’ll come and then someone would say like ‘hey you didn’t give in the last meeting you should be back paying.’
Living up to High Expectations

Being the first-born child has also been identified as pressurising for some and a contributing factor to Tongan youth suicide. Additionally, there are expectations for the fo‘i pele (golden child) who along with this status, may feel burdened in trying to maintain this standing. Research undertaken by Sinisa (2013) of Tongan caregivers and parents who have lost a child to suicide, also addressed the expectations of the fo‘i pele and the implications this has for Tongan youth suicide.

As this young Tongan male believed when referring to the loss of his older brother, the fo‘i pele status can be detrimental:

Nah no one knew bro, I wish I did or myself. I reckon it was just too much pressure, yeah too much pressure because he was the golden boy in our family. My nana would always praise him you know, you’re like a golden child bro I reckon it was just too much pressure from everyone because he was out there trying to impress everyone. It was just too much pressure.

Blame also appears to negatively impact families. A wife spoke of her husband, who died by suicide and believed he harboured a lot of regret, particularly being the eldest child.

I spoke with him there, are all these traumas [in his past], he always blamed himself as the eldest in the family he should have looked out [for his younger siblings], like this residual thing, he didn't do enough for his siblings.

Achieving Elitist Sporting Status

When a young person attains representative levels in sports, often the status and demands that come with it have a negative effect, as highlighted in these accounts:

I think the rugby just got to him...At the time he was trialling for [representative team] or something like that and I think I remember he was telling my parents like it was something he really wanted and I think when he did go and trialled on that day and when he got home he told my parents that he didn’t make it and we kind of guessed that you know, he just took it really serious and then after it all happened [the suicide], we found out that he did make it, he just let himself down in believing something that wasn’t true. I guess there was pressure, just from my parents, my dad...I guess he just wanted to; I don’t know make my parents happy.
The suicide decedent’s younger sibling from the same family also associated his brother’s sporting prowess to ensuing pressure and a contributing factor to his death:

*Like that whole week it felt like he kind of planned it because he spent time with everyone. Bro and like on top of that he had his trials and he didn’t make the team bro yeah and I think it was just too much pressure. I don’t know, last year at high school you know, you don’t know what to do next year and too much pressure from the coaches and everything and my parents giving him pressure too...*

There also appears to be an increased angst when a young person, for some reason, does not achieve their sporting goals:

*I think with our people it’s the pressure as well their sports with kids coming up, providing for their families they feel ‘I’ve injured myself I’m out for a year, I can’t pay for this, I brought my family across from Australia to come and live [here] and now I can’t’ and the family will probably look at him and say ‘oh yeah you’re injured now.’*

**Walking Between Two Worlds**

Participants were asked how they have tried to balance their Tongan and New Zealand lifestyles. More often than not, there was a lot of pressure to this juggling act, which is aptly described by this participant:

*For me personally it has been very hard and very difficult and it slowly has gotten better because I’m more comfortable within myself as a person and I know who I am and what I stand for so it makes it easier. But it’s always been hard sitting on the fence and I have never really been accepted as a Tongan by Tongan people in Tongan communities. I’ve been seen as palangi or half caste and then you know with palangis, I’m seen as a Pacific Islander and when I try, or I want to participate or do something within the Tongan community it’s shunned upon it’s not that I don’t feel like people look down [on me], but it’s definitely difficult it’s been hard to just try and be accepted I guess like in the past I have desperately wanted to be accepted as Tongan because why can’t I be? It’s the blood that runs through my body but at the same time I also acknowledge and understand, you know it’s like I have to work that little bit harder to try and prove [myself].*

A grandmother, who lost her grandson to suicide believed, that there are some Tongan cultural restrictions that may need to be eased and that parents need to communicate with their children so they can understand why there are certain rules are in place:
I remember a sermon by our president in our church, our president said ‘we have traditions to relinquish and we have traditions to uphold’, eh, that’s because the president finds meaning in it, eh, and this is what I say ‘there are things to relinquish and there are things to uphold’. To make things easy and bring closeness, [we need to] relinquish our restrictions, so that we can do this, eh, let go of our restrictions... I think we should forgo some aspects so that we can protect the hearts of our children, eh, give them instructions such as when you two go to the dance, do come back home directly, perhaps some children will then understand. There will be some who will not understand... The difference between Tonga and New Zealand, the New Zealanders grew up with a tradition that allows them to go out with their friends, eh, no suicides amongst them... but now I think we should relinquish some and uphold some.

The grandfather of the same young male suicide decedent also reflected along similar lines recognising that the youth live in conflicting and contradicting worlds:

Our duty is to instruct and explain to them [the youth] what is bad according to what we think and to tell them why... we know that in this country, those of us who were in Tonga, it was unacceptable to the parents for a child to explain his/her opinion, s/he would say, ‘whatever I tell you, wrong or right, shut your mouth, don’t talk to me again,’ whereas here, the children are required to speak, so that we can say ‘it should be like this and like that but because what I am telling you is good’... it is difficult to force them like the way it is done in Tonga.

Walking between two worlds can also be reflected in the relationship young people have with their fathers:

There are clashes such as in living as a Tongan family in terms of the relationship amongst fathers and children. In our Tongan way of life, in many families, fathers are leaders and heads of families which make it hard for the children [to approach him] but there are times that fathers should feohi (interact, play) with their children. They [fathers] don’t feohi with their children. Well in our own culture, like it’s taboo, children are not allowed to play with their fathers.

A mother, as a result of the suicide of her daughter, transformed her parenting style and alluded to the difficulty some parents may face, regardless of whether there has been reasoning or not. She believes:

The misunderstandings are real, I face these challenges. When I give them [her children] our cultural values at home, they go out and see different standards elsewhere. An example can be seen in our Tongan traditional attire, the children like wearing short sleeved or sleeveless clothes that contradicts our culture. We don’t wear such clothes to church we have certain standards for what to wear for church functions that are different from the standard for going out to the ball. There are different standards for clothes to wear to the park, we have different
standards for different occasions, but these clash with the way of life here. We have had to explain to them [her children] the reasons behind the traditional standards for clothes. Wearing the mat around the waist is a sign of respect, we always explain, but many times they tell us that such standards should only apply in Tonga, not here, this is when the conflicts happen. I never give up I continue to uphold the standard. There have been times when I tell them things at home, they in turn tell their teachers and friends saying that things are strict at home and that they don’t have free time, so whatever standards we give them at home, they experience conflict when they go elsewhere, so it makes it difficult for them to abide by the cultural standards and they end up adopting a non-traditional standard, that’s because they are not always at home, they are not always with Tongans all the time. This is a foreign country with a different culture and they find the foreign standards easier to follow. It is very real. Parenting in this foreign environment is certainly problematic.

An elder female sibling of a suicide decedent, speaks of the walking between two worlds in relation to harsh physical discipline:

When they are given instructions [children] and the reasons for those instructions and they choose not to follow, they get punished, they get disciplined. We would remove privileges for going out, sometimes they get smacked, fortunately they don’t call the police. But I would always explain to them the reason for the discipline. It is because we love them, always remember that we smack them because we love them. We grew up in Tonga where we got beaten with ropes, sticks, and yet we still love.

Gendered Responses

Views on gender roles, responsibilities and expectations were closely linked to the balancing act of walking between two worlds in relation to the cultural restrictions for young females and the required machoism of young males, which often prohibits these young men from sharing deep emotion. In one case, we see the intricacies around gender identity, as expressed by a young female who lost her sister (a close friend she regards as a sister) to suicide:

Females

Interviewer: How was Tongan and New Zealand life for you in your family?

Participant: For my family the Tongan culture was important to them aye. Like what you wear, what you do, you know what’s your part in the Tongan house.

Interviewer: Is it a challenge for you?

Participant: Yeah cos like people don’t accept me the way I am.

Interviewer: And what’s that?
Participant: Like being like this, dressing up like a boy. But I got boys ways but it’s hard.

Interviewer: Dressing up like a boy? You want to dress up like a boy or do you want to be a boy?

Participant: Both, like some people just don’t accept that.

Interviewer: That must be hard within the Tongan culture too. When they want you to wear tupenu (traditional wrap around skirt) and the kofu (dress) and the kiekie (traditional wear for female to wear around their waist)

Participant: And the tou’a (female serving kava).

In the narratives of these young women, behaving piously and being an obedient Tongan female can at times be culturally constraining:

Participant: ...My mum just constantly reminding me that I’m Tongan and I’m a girl and I should be like, you know be a normal Tongan girl.

Facilitator: What does a normal Tongan girl look like?

Participant: Just you know, a girl that stays home. I stay home but it’s just that I always wanted to be out with my friends and stuff.

The girls can’t really speak out...It’s just the strictness for girls only, for boys it’s all right. Like ‘oua teke faie ‘e sio mai e famili ko e (don’t do that because those families will see) you know? Like I think if wasn’t for my dad being strict I will probably be pregnant somewhere, but I just think sometimes the Tongan culture is like too strict.

Males

As is typical of most cultures, males are to behave in a manner of virility which may be to a young Tongan male’s detriment, as it may dissuades him from seeking help and/or being able to talanoa about issues which affect him:

Dad’s always been that staunch type; I guess we get it off him like he keeps to himself yeah so, so us three [him and his brothers] are like quite similar in ways yeah.

The typical response from some of the male participants is the attitude of:
She’ll be right, just get over it, harden up that type of talk. It was mainly humour like I said just mocking each other my group were more about staunchness and just not showing any sign of weakness and yeah it was always seeing who’s the hardest.

**Interviewer:** Were you guys [the brothers] able to talk with each other?

**Participant:** Sometimes he’ll [his brother who died by suicide] share what he’s thinking about, but sometimes he just like really like keeps everything to himself like that’s the way he is aye you know ‘I can do it on my own’, but there is sometimes where we would like just chill in the room and out of the blue he would be just like ‘oh man you know like I’m stressing out on this’ and that and then he’ll just cut and I’ll ask him ‘What’s up with you?’...I think he just didn’t want to show his weakness probably yeah.

**Interviewer:** Were you able to open up to him?

**Participant:** Nah never man oh man because he was my older brother bro you know and he’ll be just like ‘fuck what a fag, grow up.’

In light of these male narratives, what may beneficial for Tongan males, is transforming the mentality and bringing to the fore the following key message:

*There’s nothing wrong with being soft bro. You can’t be hard all the time like you have got to talk to someone someday like you can’t be hard all the time bro because man it could block you from like talking to someone.*

When asked, if this male participant was able to share thoughts, feelings and issues with his sister, and vice versa, he believed:

*No I think that’s one thing she’d never [do]. She always used to hide stuff like that from me. I’d always have to hear from my sister. I think she would always go to my sister [their other sibling] about stuff like that. I think she found it hard to come to me with those sort of problems and stuff...I think that’s what made it hard because thinking when it happened [her suicide] like she couldn’t even come to me because she found it hard and she even tried I think. She knew I was her big brother and stuff but she never would come with her problems to me, she found it more comfortable to go to my sister and stuff with her problems.*
Family Solutions for Suicide Prevention

One of the key objectives for this study was to explore solutions for Tongan youth suicide prevention that derive from Tongan families and communities themselves. When asked how this could be achieved, there was an array of responses. The most common views are expressed in the following narratives:

Try and bond with our parents so you can ask questions without them getting angry because we don’t know what’s running through their mind... Just point number one: just having that bond with your parents, like the talking bond you know that’s going to be way better. I reckon every Tongan family should have that bro you know that there’s some families out there like you know kids can talk to their parents and ask them what they want to ask, but there’s some families out there [where] it’s really hard for the kids.

Sadly, some consider that the shame and stigma attached to the loss of a family member to suicide, deters families from talking about the event and potentially the grief and healing that could emerge from this. Sometimes too, avoiding the talanoa is fear driven:

I think just talking about [suicide]...and that everyone goes through problems and just being able to talk to someone. I think a lot of them [Tongan families bereaved by suicide] are ashamed to talk about it, if they [the youth] bring it up with their parents, they would probably end up getting a hiding. I’ve known people that have tried committing suicide and they failed, instead of comforting them they get a hiding you know after they’ve tried to end their lives. I think trying to talk to someone about it...some people are really that depressed and stressed that that’s the only way. The ones that we hear about it’s over a girl, I think just knowing that there is someone they can talk to. I think talking about it is the main thing. I know our family has never talked about, I don’t think it has ever been talked about. If a person dies in a car accident it is always talked about ‘oh he died in a car accident here and the guy was speeding’ as soon as you mention the word suicide, as soon as that word is mentioned, you know the first thing you think about is hanging and that’s it you don’t talk about it anymore.

Being Aware of the Signs

At times the signs are not so discerning. However, where there is indication or a threat of a suicide, the community needs to know how to respond appropriately:

She said she wanted to hang herself and I said ‘no don’t be like that.’ She said she was gonna go hang with her friend and we were like ‘oh ok’, so we were just acting happy but we didn’t know it was going to happen, like you know the next day.
A younger sibling of a suicide decedent was asked if there was anything he felt he could have done to prevent the suicide of his brother, his response was:

No because I didn't even know it. But it turns out that my oldest brother was talking with him a while back before it happened. My older brother told me this after everything happened, he was saying that [the suicide decedent] was talking to him saying I just want to kill myself or something like that, but we would never notice that because he was the guy that would always bring the party to the house kind of thing, he was always making people alive and stuff always loud and funny and this and that, the joker.

Some participants were asked that given the opportunity to say something to their loved one, what would that be. Most responded with 'Why?'

First of all I would ask 'Why?' Oh then there's always that part of me where I'm very angry as well, like 'Why did you leave us in that way? You were the rock you should have stayed strong for all of us' or 'Why didn't you come to me?' or 'Why didn't you talk about it?' or 'Why didn't you talk to somebody else about it?' If you see like our older brother, he didn't know what to do because he was pretty much caught [in a rut]...When you say something like 'I think I'm going to kill myself' and stuff or 'I'm stressing out' it's almost like a call for help kind of thing so he should have just come to me. I miss him. I love him.

Similarly, friends and peers also need to be vigilant of the tell-tale signs. For instance:

Her young friends knew that she had some problems with her boyfriend and then she asked her boyfriend to send me her love, and 'bye-bye, I'm going now, I'm locking my room, good-bye and you're never gonna forget me.' That's the text that's in the record.

In the following account, we have a grieving mother’s response to her daughter’s suicide was unexpected:

It was totally unexpected. I did not expect that such an event would take place in my own house, never thinking about this, it’s gonna happen in my circle. I had no idea.
A parent who demonstrated tough love did not know the dangers of giving ill-informed advice, especially knowing that her son had engaged in multiple suicide attempts prior:

There came a time when I told him to go do it. I threw him the rope and told him to go ahead. I mean, this was not the first time so I could get hold of him; he did it many times as if he was threatening us. I threw him the rope and told him to go ahead.

**Maintaining Regular Family Check-Ins**

Although simplistic as it may seem, keeping checks on one another and having regular contact, is believed to be an effective family mechanism for suicide prevention:

Communication is the key like to everything...Just speaking to each other more often, asking them how they are, making sure you have that strong bond because it’s really important...Making sure that everyone knows that you’re there for each other.

In some cases, as the saying goes - a family who prays together, stays together, followed thereafter by *talanoa* and having “family conversations:”

The family should gather and have evening prayers and after there should be some activities [so the youth can talk about] ‘am I following the right direction or not?’ There should be evening family prayers that’s what I mean should happen...In the morning, get up and tell them to gather for prayer, if they were taught when raised, they will understand. When I grew up with my parents, it was such a burden to be woken up early in the morning eh and it was also a burden in the evening, especially when we want to go out, and there were knocks on our door calling us to pray. So that’s it, there should be prayer times with the children followed by family conversations, eh, talk, talk, it is not to tell the children off but to make them understand.

It was also identified that the strength found in a family lies in retaining strong sibling connections, which enables a family to grieve and heal collectively:

...Contact with the brothers and sisters, if we don't hear from each other that month, [then] something is up. They have either gone back to drinking by yourself [sic], you are not contacting anyone, you have got problems that is sort of like why we [make] contact straight away. We can sort of feel it in ourselves as well,
me and my brother, he is Australia and I was at work one day and I was just working and I just broke down in tears and he broke down in tears and he rang me and he was like did you feel anything [grieving] and I was like I was trying to be hard when I told him, and he’s like ‘nah I’ll be straight up, I just finished crying’ and I started crying again and started talking to him. So we have opened up hard out me and him and my younger brother.

You know in the anga fakaTonga ‘oku ‘ikai ke ngofua kemau talanoa pe kiha kaume’a pe koe ha e (the Tongan way not allowing us to talk about girlfriend or boyfriend stuff) but my brothers like allow it, I say ‘oua teke tokanga koe (don’t you worry) and that’s how I have that bond with my brothers, tau’ataina pe nautolu kena ha’u talanoa kia au (they have the freedom to come and talk to me). They go I have to talk to this girl moe ha (and that) and that’s why I’m really close to my brothers and sisters cause we talk more. I know ‘oku ‘iai e taimi ‘oku ‘ikai ngofua kemau talanoa ha me’a (whatever) but we know the conflicts, we won’t talk about rude stuff but just having that bond it’s not fie palangi (want to be palangi).

Who is Best to Talk to?

An important component for Tongan youth suicide prevention is identifying someone a young person can turn to, where addressing issues may very well be straightforward:

I find with just some of the youth that I’ve worked with or just even talked to, sometimes they just don’t want to be fixed and sometimes things don’t need to be fixed. Sometimes we just need to listen or just be there and professionals you know people who yeah like being emotionally intelligent.

Again, keeping checks on one another is important. This is not exclusive to the sibling relationship, but also having parents/caregivers also openly communicate:

If you lost someone, your brother, your sister, watch out for the next sibling like your next brothers and sisters because even parents wouldn’t know [how to cope]...parents have to open up the most, so the brothers and sisters can know what the parents are feeling as well....It will be hard for the parents too.

Positive Youth Affirmation

Participants considered that important factors to include in suicide prevention efforts are that of affirming youth and promoting inclusivity. The following accounts affirm this view:
The truth is, the children should be included in the conversation...The children should take part in our conversations because we do have Tongan traditions that dictate that. Only the elders should talk because the children should not take part in that, and how would the children know? But I say the children should be included so we can talk together.

It’s better to hear your children out than for them to be hurting themselves.

We do celebrate birthdays, but when it comes to [re]awarding good behaviour and achievements, these are usually my shortcomings, not appreciating the good things they [her children] have done.

A concept of a family, I think, is the ability to be vulnerable and know that you can admit that ‘I didn’t do well’ and the ability of the family to pull together and give praise to that person.

Mental Health and Alcohol & Other Drugs

As in most societies, there still exists, negative connotations and attitudes or stigma around mental illness. As described in this next narrative, this type of attitude discouraged this woman from seeking help for her husband as well as seeking specialist support for him:

Yes I would have taken him to see psychotherapist, I would have got him counselling, I would have seek [sic] professional counselling for him. To be honest I didn’t listen...I sort of took it as ‘oh well he was talking, something happened, it never happened to me,’ so I never knew how it felt for someone else to experience it [depression]...I never experienced that because to me it is real for him it was a thing that he lived through, I didn’t so I thought ‘ok you talked about it, it’s fine’. It was like that was my attitude in that kind of way...I didn’t want other people to think oh gosh something has gone wrong with your husband, you have taken him to see a counsellor...I have got to admit yes, there was a stigma attached to it but also I didn’t think it was going to happen [his suicide]. I wasn’t really listening.

The shame some associate with mental illness can at times be concealed. As a result, families do not know how to offer the right support needed for a member who has a mental illness:

[Name] had cancer when he was a child, so after this happened [a suicide attempt] he was obviously taken away and put into psych services and the family
lied and said that his cancer had come back, that’s why he was in hospital and no-one could see him because he was in isolation, but actually he was in hospital but it was the psychiatric ward and they were too embarrassed and ashamed to tell anybody.

I think he had depression. He was very depressed he started smoking excessively...and he wasn't a smoker, smoking excessively and all these questions he always asked me ‘if I died are you going to get married again or not?’ and he used to say to me ‘if you die I’m going to die too’, all of these things he was asking me and really looking back you just brush it off as being silly talk it was nothing, so there was no argument, no nothing leading up to the scenario but there were times when he was quite actually worried about something.

When asked to describe the events leading up to the death of a loved one, some mentioned the influence of alcohol and or other drug use prior to the event:

That's the thing it was sudden and surprising so that's what confused me. Apparently he was drinking at the time, drinking and having dramas with his girlfriend so it was a bad mix just probably all the stress and everything just blew up all in one go, it's always bad to mix [issues] with alcohol though.

Alcohol and drugs are used as a coping mechanism in times of distress. Although it may be a temporary ‘fix’, the question may be asked – would these young people have engaged in suicidal behaviours had they been sober?

With my experiences with the group of boys that I used to hang out with we would always drink a lot and we would drink to the extent where we would black out and get into a lot of trouble and fights and it actually sometimes became very serious to even losing a few of our boys [to suicide], so I strongly believe that alcohol is a weakness because when we are under the influence of alcohol nothing is ever good that comes from it...If we lost someone we would depend on alcohol, I mean break ups, if there was a problem that was our only way to get over it was through alcohol...To black out the loss and like I said before that was our way of coping and sort of getting over things...We also did drugs as well.

**Suicide Postvention Support**

Another vital component in suicide prevention that is often overlooked, is that of suicide postvention support. That is, the assistance needed for families that have been left behind.
Increased Risk for those Bereaved by Suicide

These narratives confirm that support is important for surviving family members:

*It makes me wanna commit suicide because of what happened you know. It just doesn’t take all year to forget about what [name] did.*

*I was more stressed over my older brother [name] because he was going crazy about it [the suicide of their younger brother], like he was going to do it himself and I was just scared I didn’t know what to do, didn’t know what to say. My older brother ended up in hospital because after he died [suicide decedent], he was drinking every day and the only thing that was coming out of his mouth was like nah, I want to go with [suicide decedent], I want to go see [suicide decedent], and it hurts because what he was saying was like he didn’t want to be here anymore, he didn’t care about us, like he looked at me at one time and he was like nah, stuff this I want to go see [suicide decedent].*

*... For me I blame myself for what my brother did, like when I started thinking about it...I was suicidal before my brother....I have tried it myself but my rope snapped so no-one knew, but that night I drank with my brother, it was the first time I told him [referring to his own suicide attempt], so I didn’t want him to leave so maybe that’s what made him think because I brought it up so I blame myself....After my brother passed away, it was worse, like it was more than one attempt [for me]. I couldn’t handle it, the more I think [sic] about it the more I drank, it just hurt me like I just yelled out.*

Stigma of Suicide

The stigma attached to suicide for some cannot be easily removed. The hurt and shame of someone attempting suicide or knowing of someone who has died by suicide are common feelings families experience and can be damaging. Misunderstandings, fear and staunch religious beliefs contribute to this perpetuating stigma:

*...He has brought abomination to the Lord’s order of life.*

*Some of the family members, I can tell, I won’t blame them, I won’t get them wrong. Some of the family members were ashamed. They kept their distance, they did not want to be associated with us.*
I tell my children in person that I really hate that incident [her son’s suicide] because God did not bring them to this world to dictate their own lives. And I tell it straight to them. I give them facts. It’s not that I don’t love them. I give it straight to them because they don’t love me and that’s why they go and do all those things. And my rule is this...‘if there ever comes a day that you decide your fate, I promise and lift my hand to God, nobody’s tear will be wasted and we will do nothing’. As soon as the Government’s procedure is completed, coffin and buried, because I don’t agree with that [suicide]. It’s your own decision because you despise me. And I will give what such stupid action deserves.

What support is needed?

As part of examining views around suicide postvention for Tongan youth and families, it was important to explore what type of support is needed and practical ways of working through the grief.

It’s okay to grieve, it’s natural, it’s normal and it’s acceptable, and it’s okay to grieve. It’s okay to seek help, there is no shame in it. It’s okay to talk to other people whether, that be a family member, a stranger, or a professional. It’s okay to not hide and to not feel ashamed because that’s just too common and it’s not working, it doesn’t work.

When asked how this following participant’s family had been coping after the death, he describes the comfort found in having friends and family check in on them, but he found it difficult that as a family, they were managing their loss in isolation:

Having family and friends being there for us, that was a help, how people just pop in and see how we are doing and that. That was good but it’s really hard aye because we did our own thing we didn’t really do it as a family but we all did it in our own way kind of like we didn’t really do it together, we didn’t really stick together as a family to do it but we did it in our own way like coping.

He goes on to share, as did others, that it is important for families to know how to grieve or move forward following the death of a loved one to suicide, particularly after the funeral:

Participant: Oh it’s really hard grieving after especially like you know, at the funeral everyone’s there you feel you know feel oh yeah everyone’s helping us, but when everyone leaves that’s when it hurts bro you’re all by yourself.

Facilitator: What does that feel like?
Participant: Oh man you feel like, like it’s hard to explain. You feel just the pain, the pain hits you then when everyone leaves you know it really hits you like you just wish that you know it never happened.

Participant: Once it was all over and everyone had left we were left lost yeah not knowing what to do, think or yeah which was really hard. But at the same time we don’t want the support in your face straight away you want some space at first, just to come to terms with the loss and what just happened but yeah.

Participant: I think the important thing for families to understand is that people breathe in different ways and time, you have to allow them time and space and just being there, and the ability to listen with an open mind and sometimes it depends on the person in her grief whether she has come to terms with it or whether she is in denial...I remember when it did happen to me [losing a loved one to suicide], initially I was actually quite angry, I was angry at nothing, I was angry at the whole incident, I was angry at everybody...You go over and over it in your head and time is a good healer in itself, it gives you space and time to just work your way through it. How I coped with it would be different to how somebody [else] copes with it. If I was talking to someone else I would be recommending them to seek some professional counsel to help. How I dealt with it is probably by God giving praise that I made it through to where I am but it took me some time, it took me years to work through that grieving process...Just being around if there is anything that you could do with helping that person, [someone bereaved by suicide] whether it is doing the groceries or whatever, just being around knowing that you are available for help if ever they need you.

This following participant gave an account of how her family tried to find closure:

Interviewer: How did you find closure?

Participant: It had to be my brothers and sister, my dad, my mum we did you know one day after the puti (funeral) when everyone was sleeping and stuff my mum and dad were in the lotofale (lounge), just sitting there they can’t really talk about it cos its gonna be all emotional, but togetherness, ma nofo pe o pehe (we stay and wonder) something just happened to our family. Its broken pea ikai ke to fiema’u ke pehe fakafamili (and we don’t want the family to be like that) talking about it was sort of good, we could have just carried on and kept blaming each other. We did that, the blaming game it wasn’t good.

DISCUSSION

Recent patterns of youth suicide emerging amongst Tongan communities in New Zealand require evidence that is ethnic specific. By capturing Tongan community perspectives around youth suicide prevention, it deepens an understanding of the issue and assists towards the development of approaches and solutions that are relevant for Tongan youth and their families. In response, this project aimed to engage Tongan communities in the development of ethnically specific ways of
developing these new understandings and creating a suicide prevention space exclusive to Tongan youth in this country.

To achieve study objectives we investigated contributing factors in Tongan youth suicide and solutions to help inform suicide prevention strategies. It is intended that this research will build community knowledge around suicide, enhance understandings, destigmatise the issue of suicide and mental health, and expose gaps in current public health understandings of youth suicide in general.

This section amalgamates key findings from each area of investigation and addresses the implications in relation to the overall research objectives.

**Maintaining and Valuing Relationships**

Family is paramount, therefore any initiative addressing Tongan youth suicide prevention must include the family. Family, in this study comes in various forms, whether nuclear, extended, friendships and/or gang affiliations and is not necessarily restricted to blood connections. It was important for the investigators to first establish what ‘family’ meant to participants (see page 23). In so doing, we are reminded of the core values and relationships that can define a Tongan family. In light of suicide prevention, the concepts (described on page 23) need to be re-emphasised amongst the Tongan community and understood by both young and old. By upholding these concepts it may help to strengthen and shed light on the importance of valuing relationships.

Findings have demonstrated that regular sibling contact may help a grieving family. Moreover, families need to allow themselves the freedom to be vulnerable, particularly parents/caregivers and find ways to dismantle this impermeable front that may often discourage Tongan youth from turning to them in times of distress.

Lack of time for youth and little or no communication within families were also identified as a hindrance to maintaining and valuing strong relationships. Setting aside time for younger members of a family is vital to open communication, and hence, beneficial to Tongan youth suicide prevention.

Findings have also highlighted some of the implications in male relationships and communication, particularly between fathers and sons and ways that this may be strengthened. The *faikava* is a leading example, a forum where unrestricted *talanoa* amongst males, regardless of rank and age can happen. The *faikava* also connects young Tongan males to a strong identity and provides a space for them to learn about their heritage in which a number of researchers have argued that having pride in one’s identity and knowing one’s place in the world is a buffer against youth suicide. The *faikava* is an ideal environment where issues such as suicide prevention may be addressed.
Pressure as a Contributing Factor

Participants considered that the pressures of familial obligations can at times be onerous for young Tongans, largely by way of financial contributions, which were described as "bringing one down." Also in regards to the expectations placed on a first born and/or golden child (pele fo’i). Maintaining self-control and ‘keeping face’, only adds to these demands.

Furthermore, is the pressure felt by high-achieving young athletes. Families need to be aware that there is only a small percentage of elite athletes who progress to higher sporting honours. Those who do, have a new set of expectations placed upon them and for those who do not, or even aspire to, are often fearful of the disappointment they would bring upon a family. Generally for most families, their financial hopes rely on this young person. This can be a heavy burden to carry. Coaches and management on these teams may also benefit from realising the unique pressures some of these young people face in their lives outside of sports. The question may be asked - what support can be put in place for these youth when athletic dreams do not go to plan (i.e. an injury, non-selection, no longer an ambition of theirs)?

When asked to discuss what it means to be a young Tongan in New Zealand, participants equated this lifestyle as ‘walking between two worlds’, that is, negotiating both Tongan and western expectations. It was invaluable to the study to gain insight into the views of the older generation (i.e. the grandparents), whose views, surprisingly, were not dissimilar to that of the young participants. It appears that the pressure associated with the mediation of New Zealand and Tongan lifestyles may contribute to a young person’s confusion and subsequent suicidal behaviours.

Be a ‘Good Girl’ - Be a ‘Strong Man’

Youth may experience tension due to conflicting messages they receive at home and outside amongst the dominant culture primarily around individuality, responsibilities to the family, and parent–child relations. For instance, females may be expected to behave modestly, with self-control and virtue, and for males to sustain virility and masculinity, which all have implications for Tongan youth suicide. Furthermore, there is a reality for some, around their gender identity or sexual orientation, which is often concealed because of cultural or religious beliefs. Lesbian, gay, bisexual, transgender, queer/questioning and intersex (LGBTQI) or rainbow youth are a population that the Tongan community should be aware of in terms of the struggles they face, particularly in the daily battle of being disowned by the family if they ‘come out’ or being judged for going ‘against’ religious and traditional beliefs. The Tongan community needs to be aware that suicide risk for these populations is augmented as a result of these views and attitudes. This is an area that warrants closer examination.

Young females believe there are culturally stringent rules that prescribe what it is to be a ‘normal’ Tongan girl, which is defined as a life of virtue and piousness (at least outwardly). Cultural prescriptions for young males, on the other hand, are a lot less restrictive, yet the expectation to maintain courage and strength may be to young Tongan males’ detriment, as this macho attitude discourages help seeking and being able to talanoa about their vulnerabilities, sadness, anger, hurt and weaknesses. A key message from the findings is expressed in the sentiment of a young male
participant - “There’s nothing wrong with being soft bro.” This is a strong message that may resonate with young males. It may be beneficial to use this phrase in headlining a Tongan or Pacific youth male suicide prevention campaign.

As faikava has been identified as a viable occasion for suicide prevention amongst young Tongan males, this poses a defining question - What then would be an equivalent for young females? It is recognised that female groups exist, however, are they an appropriate forum for young Tongan females to discuss sensitive issues like suicide? This is an area that warrants further investigation.

**Family Solutions for Youth Suicide Prevention**

As has been commonly reported throughout these findings, communication within the family is key. Younger members long for close bonding with their parents with opportunities to openly talk about their pain, frustration, worries and decision making.

Irrespective of culture, shame and stigma are perceived to be closely related to suicide. Unfortunately, for some, this means that young people do not talk about it within their families for fear of physical reprimand. This suggests that Tongan families need to have the skills and knowledge in order to have this talanoa. Families need to be equipped with safe messaging and information on how best to address a sensitive issue so that it is not repeated. There needs to be time put aside as a family to reflect on how the family unit and/or professional assistance can support its surviving members.

It is apparent from the findings that ‘knowing the signs’ can at times not be so obvious, which is cause for concern. There needs to be more initiatives to raise awareness and education around ‘knowing the signs’. For instance, where there is explicit mention of someone wanting to end their life, this should be taken seriously and not considered a joking matter or one to be ignored as it may be perceived to be too difficult to address. It is also acknowledged that sometimes the signs are not overtly explicit. Although not intended in this study, families should under no circumstances, ‘dare’ a person to kill themselves. Whilst this is believed to be demonstrative of tough love it can in fact be precariously dangerous. Relevant as well as inappropriate approaches (i.e, the do’s and don’ts) that are Tongan specific, or at least resonate with the Tongan community need to be addressed.

Maintaining regular check-ins amongst family members, as simple as this appears, may in fact save lives. It has been identified as an effective means to reducing suicide. In addition, family prayer time, followed by talanoa is also believed to be an effective and practical way of bringing families closer together and allowing open conversations to occur between the young and old.

The strength of the sibling relationship should never be underestimated. Maintaining strong sibling connections may very well discourage any further risk of members in the family who have experienced loss to engage in suicidal behaviours. It is an effective strategy for siblings of the suicide decadent to work through the grieving and healing processes.

As there may be cultural restrictions in the amount of interaction between children and their parents, particularly between youth and their fathers, Tongan young people do in fact, yearn to talanoa with their parents. It is in this, they feel, will bring them comfort and where family members
will expose their vulnerability the most. This goes beyond traditional views of what a Tongan family should look like and how they should cope in the face of adversity; however, allowing for vulnerability can only bring a family closer together, to heal, to grieve and to move forward after the loss of a family member to suicide.

Affirming Tongan youth, where the centrality lies in using empowering statements to evoke positive emotions within these young people is vital to positive youth development and raising self-esteem. Additionally, allowing youth to be active participants in family matters also contributes to an increased sense of pride, connection and feeling a part of something for young people.

**Mental Health Issues and Alcohol**

Stigma around mental illness can at times discourage help-seeking behaviour, not just for the individual, but also for those around them. Destigmatising mental illness is a positive move towards suicide prevention. Education and research around what mental illness means to a community will raise awareness and increase understanding so families can then offer the best support for those members with a mental illness. Often mental illnesses go undetected and may be easily disregarded if there is a lack of understanding around them.

We find from participant views, that alcohol and/or other drug use is considered a coping mechanism in times of distress, primarily binge drinking. Evidently, there is still a need to educate the youth about the impact of binge drinking. It should not be a solution when life becomes unbearable or overwhelming. Again, talking through issues would help to alleviate stress or sadness.

**Postvention Support**

Much of the evidence about suicide in New Zealand and internationally, has focused on suicide prevention. However, there is growing recognition of postvention initiatives and the need to better understand the responses of those bereaved by suicide and their support needs. Grief, stigma, isolation, shame, and self-blame result in a state of increased stress and are some of the major factors impacting those bereaved by suicide. As mentioned, misunderstandings, fear and staunch religious beliefs contribute to this stigma.

Some participants agreed that it is okay to grieve, to seek professional help and most importantly, to talk to someone about their loss. Talking about it removes any attempt in trying to cope or grieve in isolation. It is imperative that blaming is put to rest. Blaming can tear a family apart and does little to assist the family in their healing.

How then can we support families after the funeral? Some participants agreed that they do appreciate the check-ins by others, however, the key is consistent follow-up. It was considered that that just being there for the family is sufficient.
CONCLUSION

This project has enabled us to identify salient issues around youth suicide prevention that impact Tongan communities. Discoveries have included: issues around alcohol and drugs; intergenerational misunderstandings; family-centred solutions for suicide prevention; identifying family stressors; gendered responses and the implications for NZ-born Tongan youth; the stigma associated with mental illness; the type of support needed for families bereaved by suicide; ways of valuing and building strong relationships, as well as encouraging help-seeking behaviour.

The project has also allowed the research team to maintain community relationships and raise awareness of suicide prevention amongst the Tongan community. It contributes to an evidence base that is still largely in its infant stages. However, it advances the knowledge around some of the multiple factors impacting Tongan youth and suicide by providing empirical evidence of the unique experiences of Tongan families, particularly those impacted by the loss of a young family member to suicide. The study has produced new theories and provides information that may contribute to further development of protocols and Tongan guidelines for suicide prevention; equip Tongan and potentially, Pacific communities; and provides a guide for services to appropriately respond to the issue.

In our talanoa with 13 families, we were able to address two fundamental questions: 1) What contributes to Tongan youth suicide? 2) What solutions can Tongan families offer towards the advancement of suicide prevention strategies that are appropriate and effective for Tongan and potentially Pacific communities?

In addition to anecdotal accounts and research currently being undertaken by Aulola Lino (PM) and the Masters research of Valenisia Sinisa (advisory group member), this study contributes new knowledge to the fields of mental health, suicidology and public health in New Zealand. It has enabled the development of community-based Tongan solutions to address youth suicide prevention. It also provides information to enhance health outcomes for the Tongan community and help inform future service delivery with the goal of supporting Tongan communities and youth suicide.

This nuanced research potentially alters Tongan understandings of youth suicide and enables Tongan communities to respond to the issue with approaches, strategies and solutions in a way they describe, understand and experience suicide. Tongan knowledge about the complexities that mediate suicidality is crucial for developing Tongan ethnic-specific suicide prevention strategies. It is envisaged that post-project, this information will continue to inform guidelines and training manuals conducive to the evolving issues faced by Tongan communities. Recommendations in the following section provide a starting point.
RECOMMENDATIONS: TOWARDS THE DEVELOPMENT OF GUIDELINES/PROTOCOLS

This study has provided a basis for further development of practical (and evolving) Tongan guidelines and/or protocols for suicide prevention so as to equip Tongan families, communities and services to appropriately respond to Tongan community needs. These are outlined in the following section and are not listed in order of importance:

- Open and consistent communication in the family is key.
- Spending more quality time together as a family and providing a space to talanoa in order to vent, discuss issues and find resolve as a family. Everyone should have the opportunity to speak without fear.
- Families and communities working together and continuing to build family resilience.
- Promoting messages that affirm young people is essential.
- Consistent monitoring of younger family members, particularly after a suicide as they are more likely to be influenced by the actions of their older family members.
- Families knowing where their children are, albeit not being overly protective as it may become claustrophobic for the young person.
- There is nothing wrong with being vulnerable as a family. In fact, the youth need to see the vulnerability of their parents/caregivers, to know that the struggle is shared and knowing that as a family, they can heal and find ways forward.
- Maintaining regular check-ins as a family and constantly observing family wellbeing.
- It is not fie palangi to talk with siblings regardless of gender. It is a help-seeking mechanism for Tongan youth. If one cannot approach their parents, then talking with siblings, cousins and peers should be encouraged.
- Those who have attained high sporting honours are no exception to pressure. Families, coaches and sports management need to be aware of the unique set of expectations placed upon young people. This is also relevant for young academic achievers.
- It cannot be assumed that all youth need something to “be fixed”, rather, it is having someone they can talk to who will simply “listen.”
- Communities should not be afraid to use the term ‘suicide’ or Tongan equivalent. Talking about it does not increase the risk of suicide.
• Identifying family stressors (i.e. finances, onerous obligations, etc.) need to be worked through as a family and design realistic solutions.

• Parents/caregivers need help in adapting to the cultural struggle some youth face in having to negotiate multiple cultural contexts.

• Violence or harsh physical discipline is not the answer.

• Youth desire active participation in activities and decision making. It is important that they feel connected, which is a protective factor for youth.

• Many want answers about a suicide, which often leads to blaming the death on a particular event or person. There needs to be awareness that suicide is complex and is the result of a host of contributing factors. This will help to avoid any blame.

• Do not ignore suicide threats. There needs to be education around where help may be accessed if one does not feel equipped to deal with a suicidal person. This may be aided by Tongan-specific community gatekeeper training, designed for families and community leaders.

• There is a need to destigmatise mental illness within the Tongan community. More education and understanding is needed around mental illness. Families play an important role in suicide prevention by detecting signs of mental health issues and knowing where and how to access help.

• Destigmatising suicide deaths amongst the Tongan community will help bereaved families from being shunned, judged or blamed.

• After the funeral it would be useful for those close to the family to be there for the family, know how to support the bereaved family and when it is appropriate, to give the family space.

• It is important that in any commemorations for the deceased there is no fanfare or glamorisation of the death. One must be mindful that there are surviving youth who may still be at an increased risk.

• Young Tongan females need an equivalent to the faikava, where conversations can be uninhibited irrespective of rank. The faikava brings harmony and togetherness among the young and old, where cultural barriers are broken through communication, music and talanoa. Feeling connected to one’s identity is a buffer against suicide.

• It may be beneficial to use powerful campaigning messages for suicide prevention amongst Tongan males along the lines of: “There’s nothing wrong with being soft bro. You can’t be
hard all the time” and “you can't be hard all the time bro because man it could block you from like talking to someone”.

- Guidance is needed for youth around relationships and how to cope if they do not last (i.e. couple break-ups, broken homes, etc.).

- There is potential for postgraduate students and researchers to take up various topics that have emerged from the findings and are in need of further examination, namely: suicide postvention support for Tongan families bereaved by suicide; gender-focused studies; intergenerational aspects; acculturative stress; LGBTQI; and alcohol and drug addictions.
APPENDICES

Appendix 1: Participant Information Sheet

PARTICIPANT INFORMATION SHEET

Title of Project:
Suicide Prevention for Tongan Youth in New Zealand

An invitation:
You are invited to take part in this research project because you as a parent/caregiver or sibling (ranking before or after and of the same gender) have lost a young family member to suicide. We would like to interview you after you receive and accept the invitation to take part in this research. Interviews are expected to take up to one hour maximum.

Is participation voluntary?
Yes your participation is voluntary.

What is the purpose of the study?
The information you provide will help us understand, address and develop suicide prevention strategies for other Tongan youth and their families.

Who are the researchers involved in the study?
The research team includes: Dr Jemaima Titia-Seath (Lead researcher and Pacific suicide expert, the University of Auckland); Mrs Aulola Lino (Project Manager) Dr Siale Finau (Co-researcher and advisor, Masilamea Press); Dr Barry McDonald (Co-researcher and advisor, Massey University).

What will my participation involve?
You will be involved in a family focus group interview. Interviews will be done separately with parents and children. The language used for interviews will be Tongan, English or both. You do not have to answer all the questions during the interview, and you can stop answering questions at any time. If you would like to receive your interview transcript, this will be available for you to review one week after the interview but needs to be returned to us within two weeks.

How will I know what to do?
Once you make contact with the project coordinator (Mrs Aulola Lino) he will explain more about the project and answer any questions you may have. He will also set up a time and place with you and your family to do the interviews. You will have another chance to hear what the study is about and ask questions or raise any concerns during the interview.

Where will the interview take place?
It will be at a time and place you and your family agree upon.

Who can I have at my interview with me?
You are most welcome to have a person(s) with you at the interview to be your support if you wish.

Will the interview be recorded?
Suicide Prevention for Tongan Youth in New Zealand: Consent Form. June 2013.
Your interview will be digitally recorded but this will only be done with your permission and can be turned off at any time or you can withdraw information.

**Will I be identified when people talk about the study?**
You can be sure that no material which can personally identify you will be used in reports on this study. Your comments will be combined with other people’s comments so that you can’t be identified in the report. A professional transcriber and a translator will also listen to your interview recording and will sign a confidentiality agreement. All personal information from interviews will be securely stored at all times. All recordings, transcripts and preparation for publications will be edited and managed by either Dr Jemaima Tiatia-Seath or Mrs Aulola Lino.

**What if I decided that I don’t want to be involved in the project?**
You are free to withdraw from the research without having to give a reason up until one month after the interview.

**How long does the study last?**
The study period is 01 July 2013 - 31 December 2014.

**Are there any risks and benefits in being involved? How will I be able to get help?**
This research gives you the chance to share and discuss ways to prevent suicide amongst Tongan youth. Information will be used for reports and towards the development of Tongan youth suicide. Once you finish the interview, you will be given a gift voucher to the value of $50.

There are no expected risks or harm should you choose to take part. Dr Tiatia-Seath has led similar studies and will ensure this study follows the same strict procedures of sensitivity, confidentiality and secure storage of information. For instance, signed consent forms will be stored separately in a locked filing cabinet from interview transcripts. Also information will be stored on a password-protected computer. Once the study is finished, all information will be kept confidential and be securely kept for six years and then professionally destroyed.

Immediately after the interview a health professional will be available for you to debrief with if you need any help, have concerns, questions or you just need to talk.

**How will I find out about the results of the study?**
You can request a summary of findings on the consent form which will then be sent to the address you provide. Results of the study will be published in journals as well as presented at national and international conferences, seminars and meetings.

**Who should I contact if I have any questions?**
If you have any questions or wish to know more please contact the project manager Aulola Lino on: email: aulolal@hotmail.com, ph. 021 047 9357 or Dr Jemaima Tiatia-Seath ph: 09 923 4994.

Thank you very much for your time and contribution.

For any queries regarding ethical concerns you may contact the Chair, The University of Auckland Human Participants Ethics Committee, The University of Auckland, Research Office, Private Bag 92019, Auckland 1142. Telephone 09 373-7599 extn. 8730/83761. Email: humanethics@auckland.ac.nz

APPROVED BY THE UNIVERSITY OF AUCKLAND HUMAN PARTICIPANTS ETHICS COMMITTEE ON 01 JULY 2013 FOR (3) YEARS REFERENCE NUMBER 9458.

Suicide Prevention for Tongan Youth in New Zealand: Consent Form. June 2013.
FAKAMATALA KIA KINAUTOLU ‘OKU KAU MAI KI HE FEKUMI NI

Hingoa e Fekumi:
Malu'i e Hoko 'a e Ta'onakita he To'utupu Tonga 'i Nu'u Sila

Ko e fakaafe:
‘Oku fakaafe'i koe ke ke kau mai ki he fekumi ni koe'ui hie ho e mātu'a koe, tauhi fānau, tokoua, tuonga ane pe tuolefina na'e 'i ai e tokotaha 'i homou fāmili na'e si'i ta'onakita. ‘Oku mau faka'amu ke faka'eke'eke koe kapau te ke tali 'a e fakaafe ni, ke ke kau mai ki he fekumi ni. Ko e loloa taha pē pōtalanoa ka a'u 'o houa 'e taha.

‘Oku tau'atāina pe ho'o kau?
'Io, kapau te ke loto ki ai.

Ko e hā e taumu'a 'o e fekumi ni?
Ko e ngaahi fakamatala te ke 'omai, 'e tokoni ia ki he mahino mo e 'iloi fa'a 'aki he founga ngāue ke malu'i e hoko 'a e ta'onakita he to'utupu Tonga mo honau ngaahi fāmili.

Ko hai oku nau fakahoko 'a e fekumi?
Ko e timi fekumi 'oku kau ai 'a Dr Jeromea Tiata-Seath (ko e taki. mei he Univesiti Aokalani, ko e mataotao he ta'onakita 'a e kai Pasifik); 'Aulola Lino (ko e Pule ngāue); Dr Sitaleki Finau (Kaungā fekumi mo e Fale'i, Masilame Press); Dr Barry Macdonald (kaungā fekumi mo e Fale'i mei 'Univesiti Massey).

Ko e hā e me'a 'e fiema'u ke u fai?
Te ke kau 'i ha pōtalanoa fakakulupu. Ko e pōtalanoa mo e faka'eke'eke 'e fakahoko taautaha pe o kehe pē 'a e mātu'a mei he fanau. 'E fai e faka'eke'eke faka-Tonga, fakapālangi, pe fakatouasi. 'E lava pē ke 'oua te ke tali ha fehu'i kapau 'oku 'ikai ke ke fie tali pea 'e lava pē ke ke ta'ofi e pōtalanoa pe tali fehu'i ha taimi pē te ke loto ki ai. Kapau te ke fiema'u ke 'oitau ha'o tatau he talanoa, 'e lava ke 'oatu eni hili ha uike 'e taha mei he faka'eke'eke ka 'oku fiema'u ke toe fakahoki mai 'i loto he uike 'e ua.

Te u 'iloi fēfē e me'a ke fai?
Ko ho'o fetu'utaki pē mo e pule ngāue ('Aulola Lino), pea te ne fakamatala atu mo tali foki ha'o ngaahi fehu'i. Te ne fokotu'utu'u leva ha taimi mo ha feitu'u kia koe mo ho fāmili ke fai ai e pōtalanoa. 'E toe ma'u foki hen ki faingamāle ke fai ha talanoa ki he fekumi ni mo hono mahu'inga pea fai ai mo ha'o toe fehu'i fekau'aki mo e faka'eke'eke ni.

'E fai 'i fē e pōtalanoa?
'E fai 'i ha fetu'ū pe taimi te ke loto ki ai mo ho fāmili.

Ko hai te u lava 'omai ki he talanoa?
Te ke lava 'omai ha taha pē pe ni'ihi te ke loto ki ai ke poupou kia koe.
'E hiki tepi e faka'ake'eke?
'Io, kapau pē te ke lotc ki ai. 'E lava foki ke ta'ofi e hiki tepi ha taimi pē pea lava pē ke ke fili ke tamate'i ha'o tali pe konga ho'o tali.

'E lava ke 'ilo'i ko hai au mei hono talanoa'i e fekumi ni?
'E 'ikai ha me'a e taha he lipo'i 'e makatu'unga ai hano 'ilo koe. 'E tuifio ho'o fakamatala mo e fakamatala a e ni'ihi kehe pea e 'iikai 'ilo ia pe ko hai koe. Ko e tokotaha faitaipa, lilu-lea pe fakatonulea te ne fanongo ki he tepi mo fakahoko 'ene ngāue ki he 'u lekooti ka kuo pau ke ne fuofua fakamonaoni pepa te ne malu'i a e fakapulipuli 'o kinautolu na'e kau mai. Ko e 'u lekooti e tauhi ia i ha potu malu he taimi kotoa pē.

Fefē kapau teu fie nofo au mei he fekumi ni?
'Oku ke tau'atāina pē ke ke nofo i loto 'i he mahina 'e taha hili e faka'ake'eke pea 'oku 'ikai fiema'u ia ke he 'omai ha 'uhinga.

Ko e ha hono fuoloa e fekumi ni?
'E fai e fekumi 'mei he 'aho 1 Siulai 2013 ki he 31 Tisema, 2014

'E 'i ai ha fakatu'uēmaki pe lelei he'eku kau ki he fekumi ni? 'E lava ke tokon'i au, kau ka fiema'u?
'E 'atu e he fekumi ni kiate koe hao faingamile ke ke vahavehe mo pōtalanoa ai ki ha ngaahi founa ke malu'i e to'utupu Tonga mei he ta'onakita. Ko e ola, 'e ngaue'aki ia ki hano fa'u ha lipo'i mo ha ngaahi founa ke lava malu'i e to'utupu Tonga mei he taonakita. Hili e faka'ake'eke 'e o fāmili 'e ma'u atu mo ha ki'i vausia me'a'ofa 'i he mahu'inga ko e $50.

'Oku 'ikai ha amanaki 'e 'i ai ha fakatu'uēmaki kapau te ke kau mai. Ko Dr Jemaima Tiatia-Seath kuo taukei he taki e ngaahi fekumi peheni pea te ne fakapapau'i e fai e fekumi 'i he faka'apa'apa mo e fevetokai'aki, mo tauhi ke malu a e ngaahi lekooti. Hangē ko eni, 'e fakamona'oi e tohi nōtua pea 'e loka'i malu ia ha feitu'u makehe mei he 'ū lekooti 'o e talanoa mo e faka'ake'eke. Ko hono kotoa 'o 'e 'ū fakamatala 'e loka ia ha komipiuta 'oku fiema'u paasi he hu ki ai. Ka lava e fekumi ni 'e kei tauhi malu pē 'u lekooti ha ta'u 'e $6 pea toki faka'auna fakalelei.

'I he hili pē 'a e faka'ake'eke 'e 'i ai 'a e tokotaha ngaue ki he mō'ui lelei kapau te ke fiema'u ke ke talanoa mo ia kapau 'o ku 'i ai ha me'a 'oku ke tokanga ki ai, ha fehu'i pe ha me'a pē te ke fie talanoa ki ai.

'E anga fefē ha'aku 'ilo ki ha ola e fekumi ni?
'E lava ke ke kole ha fakamatala fakatou'ouo 'e oola 'i ha'o fakafono 'a e tohi fakangofoa ke ke kau ki he fekumi ni, pea e 'otau ki ho tu'asila. Ko e ola kakato 'o e fekumi ni 'e pulusi ia ha ngaahi pepa pea e 'e fakamatala ha ngaahi konifelenisi mo ha seminā fakaloto fonua pe fakavaha'apule'nga.

Ko hai te u fetu'utaki ki ai kapau 'e 'i ai ha'aku 'ū fehu'i?
Kapau 'e 'i ai ha'o fehu'i pea ke 'temeli ki he Pule Ngāue ('Aulola Lino) he 'temeli: aulolal@hotmail.com, telefoni: 021 04709357; pe ko Dr Jemaima Tiatia-Seath, telefoni: 09 923 4994
Mālā 'aupito ho'o tokoni mo ho taimi.
Kapau 'oku 'i ai ha'o tāla a faka'efika, pea ke fetu'utaki ki he Sea, Kōmīti Ėfika, ki he Fekumi Ngāue'aki e Kakai, 'Ofsii Fekumi, Univesiti 'Aokalani. Private Bag 92019, Auckland 1142. Telefoni: 09 373 7599, extn. 87830/83761, email: humanethics@auckland.ac.nz

FAKANGOFU'A 'E HE KŌMĪTI ĖFIKA 'A E 'UNIVÈSITI 'AOKALANI HE HO 01 JULY 2013 KI HE TA'U 'E 3 KO E FIKI 9458.
Appendix 2: Participant Consent Form

Consent Form

THIS FORM WILL BE HELD FOR A PERIOD OF 6 YEARS

Title of project: Suicide Prevention for Tongan Youth in New Zealand

Principal researcher: Dr Jemaima Tiatia
Research Fellow
Centre for Pacific Studies
University of Auckland
Ph (09) 923 4994

Project Manager: Mrs Aulola Lino
Project Manager
Centre for Pacific Studies
University of Auckland
Ph 021 0479357

I have read and understand the participant information sheet. I have been fully informed about the project and the way in which I will be participating in the study and if there are any concerns or questions these can be raised during the interview.

I understand that my participation is voluntary and that I can choose to withdraw from the study one month after the interview.

I understand that the information I give will help us understand, address and develop suicide prevention strategies for other Tongan youth and their families. I am aware of who the research team is for this study.

I understand that there will be separate interviews for guardian/parents and siblings and that the interview will be in my preferred language. I am aware that I don’t have to answer all questions and can stop the interview at any time.

I am aware that if I need, I can have someone else with me in the interview for support.

I understand that the interview will also be recorded with my agreement (I can refuse permission for recording). I understand that the recording will be listened to either Dr Jemaima Tiatia-Seath and Mrs Aulola Lino, a professional transcriber and/or translator. All recordings, transcripts and preparation for publications will be edited and managed by Dr Jemaima Tiatia-Seath and Mrs Aulola Lino.

Suicide Prevention for Tongan Youth in New Zealand Consent Form. June 2013.
I am aware that notes, recordings and any other information will be held by Dr Jemaima Tiatia-Seath, securely stored for six years and after the end of the project will be professionally destroyed.

I understand that my comments will be kept confidential. This means my name will not be used in reporting and that my comments will be combined with other people’s comments so that I can’t be identified in the report.

My signature below indicates that I have read and understood this consent form and that I have agreed to complete the interview.

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<td>Signature:</td>
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I wish to receive a copy of the summary of results      YES/NO

If YES, address to send the summary of results:

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APPROVED BY THE UNIVERSITY OF AUCKLAND HUMAN PARTICIPANTS ETHICS COMMITTEE ON 01 JULY 2013 FOR (3) YEARS REFERENCE NUMBER 9458.
Tohi Fakangofua
KO E TOHI NI 'E TAUHI IA 'I HA TA'U E 6

Hingoa e Fekumi: Malu'i e Hoko 'a e Ta'onakita he To'utupu Tonga 'i Nu'u Sila.

Taki 'o e Fekumi: Pule Ngaue:
Dr Jemaima Tiatia-Seath Mrs Aulola Lino
Research Fellow Project Manager
Centre for Pacific Studies Centre for Pacific Studies
University of Auckland University of Auckland
Ph (09) 923 4994 Ph 021 0479357

Kuo u lau pe'a mahino e fakamatala felave'i mo e fekumi ni. Kuo 'osi fakamatala'i kiau 'a e founga mo e tu'unga 'eku kau ki he fekumi pe'a mo e me'a ke fai kapau 'e 'i ai ha'aku fehu'i pe me'a te u tokanga ki ai 'a ia 'e lava pē ke u 'eke eni 'i he lolotonga e faka'eke'eke.

'Oku mahino kiau au 'oku ou kau pē 'i he he'eke fili tau'atāina 'o 'ikai fakamalohi'i pe'a e lava pē ke u nofo mei he fekumi 'i loto he māhina 'e taha hili e faka 'eke'eke.

'Oku mahino kiau au ko 'eku 'ō tali 'e tokoni ke ma'u ai ha 'ilo mo ha ngaahi founga ke fai 'aki ha ngāue ke malu'i e hoko 'a e ta'onakita 'i he to'utupu Tonga mo honau ngaahi famili. 'Oku ou 'ilo kia kinautolu 'oku kau he tīmi fekumi.

'Oku mahino kiau au 'e faka'eke'eke kehekehe pē 'a e mātū'a, tauhi fānau, mei he tokoua, tuonga'ane pe tuoe fine pe'a ko e faka'eke'eke 'e fakahoko ia he lea te u fili ki ai. 'Oku ou 'ilo 'oku ou tau'atāina ke tali pe te tali ha fa'ahinga fehu'i pē pe'a 'oku malava ke u ta'ofi e faka'eke'eke 'i ha fa'ahinga taimi pē.

'Oku ou 'ilo 'oku malava ke u 'ormai ha taha kehe ke tokoni kiau au lolotonga e faka'eke'eke kapau te u fiema'u.

'Oku mahino kiau au 'e hiki tepi e faka'eke'eke kapau te u loto kiai ('E lava pē ke 'oua 'e hiki tepi kapau 'e 'ikai ke u loto ki ai). 'Oku mahino kiau au ko e tepi 'e fanongo ki ai 'a Dr Jemima Tiatia-Seath, 'Aulola Lino no e tokotaha faitaip, lilu-lea pe fakatonulea.

'Oku ou 'ilo ko e ola 'o e faka'eke'eke 'e tauhi malu ia 'e Dr Jemima Tiatia-Seath ha 'osi 'a e fekumi ni 'i ha ta'u 'e 6 pea toki faka'auha fakalelei.

Suicide Prevention for Tongan Youth in New Zealand Consent Form. June 2013.
'Oku mahino kiate au ko 'eku fakamatala kotoa pē 'e tauhi malu hono fakapulipuli. Ko ia ai 'e 'ikai 'asi hoku hingoa ha 'ilpocti pea ko 'eku fakamatala 'e fakahai i ia mo ha 'ngaahi fakamatala kehekehe ke 'oua na'a lava ke 'ilo'i ko hai au.

Ko 'eku fakamo'oni 'i lalo ni 'oku ne fakaha kuo u 'osi lau pea mahino kiate au 'a e tohi fakangofua ni, pea 'oku ou loto lelei ke u fakakakato e faka'eke'eke ni.

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<td>Fakamo'oni:</td>
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<td>'Aho:</td>
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'Oku ou fiema'u ha tatau 'o e ola nounou 'o e fekumni ni. 'IO'IKA!

Kapau 'oku ke fiema'u, tohi mai ho tu'asila ke 'oatu ki ai:

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FAKANGOFUA 'E HE KÔMITI ÉFIKA 'A E 'UNIVÊSITI 'AOKALANI HE HO 01 JULY 2013
KI HE TA’U 'E 3 KO E FIKA 9458.

Suicide Prevention for Tongan Youth in New Zealand Consent Form. June 2013.
Appendix 3: Interview Schedule

We are going to ask you about family life and identity, before we talk about (suicide victim’s name) as well as your relationship with him/her, and your thoughts around (name’s) suicide. Also it’s important for us to know what you believe needs to happen so we can prevent suicide amongst our Tongan youth and families.

Te mau faka’eke’eke ko e tekuaki mo e anga ho’o mo’ui pehē ki ho’o nofo [mo ho] famili ki mu’a ia pea tau talatalanoa kia (hingoa o e tokotaha nae ta’onakita) i he anga ho’o mo feohe pea mo ho’o fakakakaukau ki si’e te ta’onakita. Te mau hounga’a ‘aupito ke ‘ilo ko e ha e ngaahi me’a ‘oku ke tui’ e lava fakahoko ke tau lava ai ke malu’i ha hoko ‘a e ta’onakita i he’etau to’utupu mo e ngaahi famili Tonga.

Family / Fāmili

- What does being a family mean to you?
  Ko e hā ‘uhinga kiae koe ‘o e kau ki he fāmili?
- What are the things about the family that you value?
  Ko e hā ngaahi me’a ‘oku fakamahu’inga i ‘i he fāmili?
- What are the strengths of the family?
  Ko e hā e ngaahi malohinga ‘o e famili?
- What are the weaknesses?
  Ko e hā e ngaahi malavaivai / tōnoumou?
- When there is a challenge, or something stressful comes up, how does your family react?
  ‘Ooku fēfe fekuki ho fāmili mo e ngaahi faingata’a, puputu’u pe mo’utufu’ua i he taimi ‘oku hoko mai ai?
- What are the things about your family that make it easier to cope with a stressful event or conflict?
  Ko e hā e ngaahi me’a ‘i ho famili ‘oku ne ‘ai ke te malava ‘o fehanghangai mo ha te fāfamale, valau pe ko ha ke?

- For siblings: (Ki heTokoua/Tuongaâne/Tuofefine)
  Were you and (name) able to share thoughts/feelings/issues (boyfriend/girlfriends, cultural issues, challenges etc) with your parents? If yes, how? If no, who can you turn to in the family?
  Na’a mo malava mo (hingoa) ke vahevahe ki ho’o mo ongo matu’a ho’omo fakakakaukau / mamahī / taefiema’ie / pe me’a na’e hoko hangē ko e fai kaume’a / sō, ngaahi palapala he anga faka’ofuna, ngaahi faingata’aia mo e ala mea pehe?
  Kapau, ‘io, fēfe? Kapau, ‘ikai, ko hai hā taha he fāmili ‘oku mo vahevahe ki ai?

Suicide Prevention for Tongan Youth in New Zealand: Interview Schedule. June 2013.
For parents/caregivers: Ki he Matuá mo e Tauhi fanau

- Was (name) and your other children able to share their thoughts/feelings/issues (boyfriend/girlfriend, cultural issues, challenges etc.) with you? If yes, how? If no, who can they turn to in the family?

- How have things changed in the family since your loss? (Relationships with parents/children/siblings, communication etc.)

- Is there anything else you would like to share about the family?

Identity/Acculturation

- As a family, how important is the Tongan culture to you and what do you do to maintain it (or not)?

- How important is New Zealand life and how has it been for you?

For siblings: (Ki he Tokoua/Tuongaâne/Tuofefine)

- How is Tongan and NZ life for you in this family?

For parents/caregivers: Ki he Matuá mo e Tauhi fanau

- Do you think Tongan and NZ life is impacting your children?

- Are there any cultural conflicts? If yes, what and how are these resolved?
Historical

- How would you describe your relationship with (name)?
  Ko e hā hoʻo sio ki ho vā mo (hingoa)?
- What were the events leading up to the suicide?
  Ko e hā e ngaahi meʻa ne hoko kimuʻaʻo aʻu atu ki he hokoʻa e teʻonakita?
- Do you think you could have done anything to help (name)?
  ‘Oku ke pehē ne ‑ i ai ha meʻa ne ke mei ala faʻi ke tokoni kia (hingoa)
- For siblings: (Ki heTokoua/Tuongaʻane/Tuofeine)
  How do you cope with stress?
  ‘Oku feʻete hoʻo matatai e puptutū pe nunu/lahi mai ‑ a e faingataa?
  What was different for you that you didn't choose that path?
  Ko e hā e meʻa naʻe kehe naʻe ʻi kai ke ke fiī ai ke fou he hala ko ia?
- Parents/guardian: Matuʻa mo e Tauhi fanau
  What do you think was different for your other children in that they didn't choose that path?
  Ko e hā e meʻa naʻe kehe ʻi he toenga hoʻo ʻana ʻa e ʻi kai ke nau fiī ai e hala ko ia?

Suicide Prevention

- How do you think we can prevent suicide amongst Tongan youth?
  Ko e hā ha meʻa ʻoku ke pehē te ne lava ʻo maluʻi ha hokoʻa e teʻonakita ʻi he touʻutupu Tonga?
- Who are the best people to be involved in preventing Tongan youth suicide?
  Ko hai e kakai lelei taha ke hau ʻi he feingaʻi ke maluʻi e hokoʻa e teʻonakita ʻi he touʻutupu Tonga?
- What do you think is important for other families to know about the grieving process following the suicide of a loved one?
  Ko e hā ha meaʻoku ke faʻakaukauʻoku mahulinga ke ʻilo ʻe he ngaahi famili kehe fekauʻaki mo e founga fekuki mo e tenginia e mole hato ʻofaʻanga ʻi ha teʻonakita?
Appendix 4: Researcher Confidentiality Agreement

Translator/Transcriber/ Interviewer Confidentiality Agreement

This study is being undertaken by Dr Jemaima Tiatia-Seath and Mrs Aulola Lino for the Centre for Pacific Studies at the University of Auckland funded by the Health Research Council of New Zealand. The purpose of the study is to engage Tongan families to talanoa around the loss of a young family member to suicide and in so doing, helping to develop an ethnically specific way of understanding and addressing suicide prevention for Tongan youth and families in this country. It is hoped this information will help towards appropriate and effective suicide prevention strategies for Tongan people and potentially Pacific communities.

Project Title: Suicide Prevention for Tongan Youth in New Zealand

I, ....................................................... the Translator/Transcriber/Interviewer agree to:

1. Keep all the research information shared with me confidential by not discussing or sharing the research information in any form or format (e.g., audio recordings, interview notes, transcripts) with anyone other than Dr Tiatia-Seath.
2. Keep all research information in any form or format (e.g., audio recordings, interview notes, transcripts) secure while it is in my possession.
3. Return all research information in any form or format (e.g., audio recordings, interview notes, transcripts) to Dr Tiatia-Seath when I have completed the research tasks.
4. After consulting with Dr Tiatia-Seath, erase or destroy all research information in any form or format regarding this research project that is not returnable to Dr Tiatia-Seath (e.g., information stored on computer hard drive).

Translator/Interviewer/Transcriber

................................................ (Print name)  ........................................ (Signature)  .................................. (Date)

Suicide Prevention for Tongan Youth in New Zealand: Confidentiality Agreement. April 2013.
Investigator

(Please print name) .......................................................... (Signature) ............................................. (Date) ..................................................

If you have any questions or concerns about this study please contact:

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Tokotaha Faitaitae, Liliu-Lea, Fakatonulea, Faka’eke’eke’e.

Ko e fekumi ni ‘oku fakahoko ia ‘e Dr Jemaima Tiatia-Seath mo ‘Aulola Lino ma’a ae Senitā Ako ki he Pasifiki ‘i he ‘Univēsiti ‘Aokalani ‘o fakapa’anga ‘e he Kośilio Fakatotolo ki he Mo’ui Lelei ‘a Nu’u Sila. Ko e taumu’a ‘o e fekumi ni ke kau fakataha mo e ngaahi fāmīli Tonga he talanoa felave’i mo ha mole ‘o ha mēmīpa kei sīi honau famili ki he Ta’onakita he ‘e malava eni ke ne tokoni’i hono fatu ha founga taau ki he ‘ilo/mahino he fekuki mo e feinga ke malu’i e hoko ‘a e Ta’onakita ‘i he to’utupu Tonga ‘i he fonua ni. ‘Oku ‘i ai e tu’amelie ko e ngaahi fakamatale ni ‘e tokoni ki ha ngaahi founga taau mo lelei ke malu’iaki e hoko ‘a e Ta’onakita ‘i he kakai Tonga pe’a malava ke ‘aonga foki ki he kāinga Pasifiki kehe.

Hingoa e Fekumi: Malu’i e Hoko ‘a e Ta’onakita he To’utupu Tonga ‘i Nu’u Sila

Ko au, ................................................................. ko e tokotaha Faitaitae / Liliu-Lea / Fakatonulea/ Faka’eke’eke’e.

‘Oku ou fakapapau ke:

1. Tauhi e fakapulipuli ‘o e fakamatala kotoa pē ‘aki ha ‘oua ‘e tālanga’i pe vahevahe e ngaahi fakamatala ‘o e fekumi ‘i ha fa’ahinga founga pē. (hangē ko e, tohi, tepi, liliu-tohi) ki he taha tukuhehe pē ‘a Dr Tiatia-Seath.
2. Tauhi e ngaahi fakamatala ‘o e fekumi ‘a ia ‘oku ‘i ha fa’ahinga founga pē (hangē ko e, tohi, tepi, liliu-tohi) ke malu lolotonga ‘ene ‘iate au.
3. Fakafoki e ngaahi fakamatala kotoa pē ‘a ia ‘oku ‘i ha fa’ahinga founga pe (hangē ko e, tohi, tepi, liliu-tohi) kia Dr Tiatia-Seath hili e kakato ‘o e ngaue kuo tuku mai.
4. Hili ha femahino’aki mo Dr Tiatia-Seath, faka’auha ‘a e ngaahi fakamata kotoa pē ‘oku ‘i ha fa’ahinga founga pē ‘a ia ‘e ‘ikai lava ke fakafoki kia Dr Tiatia-Seath (hangē ko e ngaahi fakamatala ‘oku tauhi ‘i loto ‘i ha komipiuta).

Tokotaha Faitaitae/ Liliu-Lea/ Fakatonulea/ Faka’eke’eke’e.

................................................................. ................................................................. .................................................................
(Hingoa-Mata’i tohi Lahi) (Fakamō’oni) (‘Aho)

Suicide Prevention for Tongan Youth in New Zealand: Confidentiality Agreement. April 2013.
Tokotaha Fekumi

(Hingoa-Mata'itoi Lah) (Fakamo'oni) (‘Aho)

Fehu'i pe ha me'a fekau'aki mo e Fekumi kataki fetu'utaki kia:

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Suicide Prevention for Tongan Youth in New Zealand: Confidentiality Agreement. April 2013.
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