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The Beast Inside Your Head: A Look at Mental Health Issues in Samoa

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The Beast Inside Your Head

A Look at Mental Health Issues in Samoa

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S.I.T Samoa

Fall 2015

Abstract

Mental illness remains a very controversial and prevalent problem for the entire world, especially the Pacific. This study examines some prevalent mental health issues and looks at how suicide, youth, alcohol, and prison correlate with mental health issues and illness in Samoa. It also looks at the Mental Health Unit (MHU) at National Hospital and programs implemented to help Samoans suffering within the four areas of mental health researched. Quantitative data from international organizations, government bureaus, and surveys, helps describe the current status of mental health issues in Samoa. One hundred twenty four surveys (124) were distributed about mental health awareness and what people deemed as the best way to treat mental illness. Interviews and observations rounded out the study. Results show most Samoans understand mental health and its importance. Analysis also suggests that Samoa is progressing in clinical terms and treatment of mental illness, as well as being proactive in mental health education. Overall, this research documents the programs that the National Hospital provides in terms of mental health treatment and education to communities.

Key Words: Psychology, Clinical Psychology, Mental Health, Counseling, Sociology

Dedication

This research is dedicated to my cousin Graig, who passed away in February 2015 after a long battle with schizophrenia. This research is also dedicated to everyone around the world suffering from mental illnesses and to those employed in the medical field that put blood, sweat, and tears into helping patients recover from their mental illnesses.

Acknowledgements

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Thirdly, thank you to all my friends I made this semester from the Pacific Islands, who shed such a beautiful and new perspective to my life. Also, thank you to my Samoan language instructor, Fagalele, for helping me learn the language as well as being an amazing individual to help shed a beautiful and new perspective to my faith and relationship with God.

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Introduction

Mental health and the ramifications of poor mental health are important issues around the world. According to the World Health Organization (WHO), mental health is defined as “a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community” (WHO, 2014 p. 1). With advancements in the fields of health care, psychology, social work, and other professions, severe mental health illnesses and issues are being treated, and awareness has become more prevalent.

In the Pacific, the South Pacific Commission in 1953 became very worried about the effects of poor mental health on the people in the region. It projected that that mental health problems in the Pacific would only grow in the future. In 1961, the Urbanization Advisory Committee in Honolulu stated, “the problems of mental health and illness among the South Pacific peoples have received little attention, and the mental health services of most countries in the region remain grossly underdeveloped” (Loison, 1966 vi). On May 22nd of 1965, a team of leading psychiatrists from the Pacific Islands sat down to discuss the prevalence of poor mental health and its effects on daily living which could ultimately lead to mental illness. After three days of data compilation, the psychiatrists concluded that stress, alcohol, discrimination, and the combination of marital and interpersonal relationship issues all contributed highly to the mental health illnesses that were present in the Pacific. (Burton-Bradley, Macgregor, Zeldine, 1966 vii).

According to the *Mental Health in the South Pacific Report of 1965*, Dr. D.F Macgregor of Fiji recommended, “the Commission appoint advisers specialized in psychiatry to assist the Executive Officer for Health in carrying out the mental health

programming in the Pacific” (Macgregor, 1966 viii). This was suggested because in the 1960's, the classification and treatment of severe mental illnesses was new and fairly misunderstood, especially in the Pacific. According to the South Pacific Report of 1965, “after seven years, Dr. Macgregor had found that only 5 out of 1,000 patients in his mental hospital needed security” due to their health condition, a number deemed to be much higher in later years (Macgregor, 1966, viii).

Fifty years later, looking back at the history of mental health and mental illness in the Pacific evokes the following question for this research, "What mental health issues are currently present in Samoa and what is being done about them?" Specifically, this research will look at several mental health issues in Samoa and some of the actions taken by the Mental Health Unit (MHU) and Social Services at the National Hospital to treat Samoans suffering from these severe mental health issues.

Methodology

This research utilized a plethora of resources to gain an in depth knowledge of Samoa's overall status on mental health. Information about the Pacific as a whole provided the context of this study. The *Mental Health Report of the South Pacific in 1965*, provided background information to the emergence of mental health in the Pacific. The study of Samoa began with statistics and quantitative data collected from the Samoa Bureau of Statistics, Samoa Baseline Report, Human Rights Reports, and other secondary sources. Previous research projects provided additional statistics.

In collaboration with the statistics collected, local news articles from *The Samoa Observer*, helped paint a real life picture of current events in relation to mental health here in Samoa. Interviews were another key aspect of this research. Experts in the fields of Psychology, Health Care, Social Work, and Corrections, helped solidify the foundations of this study and provided information which assisted in the formulation of two surveys.

The first survey was administered at the University of the South Pacific (USP) - Alafua Campus to 14 participants, and the second was administered to 124 randomly selected Samoans in the Apia area representing a number of villages, ages, and educational backgrounds throughout Samoa. The survey allowed Samoans to share their opinion on the current status of mental health, and painted a picture of where Samoa is at in terms of education and awareness of mental health and mental illness.

Ethical Considerations

Research in the field of mental health has always been controversial. When conducting interviews, each interviewee was asked to sign a consent form. After the interviews were transcribed, informants were again asked if they would approve or disapprove the use of their quote. If they approved, they were cited and given due credit for what was said. If an individual did not want to be cited by name, they were kept anonymous or referred to by another name as requested. This was an important part of conducting research as interviewees needed to feel as safe and protected as possible. A tape recorder was used for all interviews and kept in a locker at USP. Transcriptions were done on a password protected personal computer. This kept all interview data strictly confidential.

While conducting fieldwork at the MHU and the Social Services at National Hospital, all patient information was kept confidential. Interviews, medical history, psychiatric evaluations, and reports were kept at National Hospital. As access was granted to prison, offenders' names also became a priority to keep confidential under the code of ethics. No offender information was released. As interaction with patients and mental health professionals was a key aspect of research, all conversation was kept confidential unless granted permission by the individual who stated it. Safety of those involved in this research was a main priority.

History of the Mental Health Unit

Samoa is a small island in the South Pacific made up multiple islands, the two main and largest islands, Savai'i and Upolu, contain 99% of the population, with a total country population just over 192,000 (United Nations, 2015). Samoa recently graduated from the list of least developed countries in 2014. In correlation with this development, in November of 2014, the new MHU at the National Hospital opened to lend a helping and clinical hand to Samoans who suffer from various mental health issues and mental illnesses.

Until the 1960's, many Samoans believed that mental illness was brought on by the devil. A "demon" living inside the person caused them to act the way they were. This was a very common misperception all across the world, but very strong in Samoa because of the heavy influence of Christianity, according to Dr. Maria Kerslake, Commission Member, Public Service Commission (Personal Communication, November 13, 2015).

Pisaina Tago, nurse of 30 years and Senior Nurse Specialist at the MHU, provided a detailed background on the history of the MHU.

In 1970, the Minister of Public Works at that time saw the need to build a house to accommodate for people that are mentally ill. The Minister of Works and the Minister of Health, they saw that these people are not prisoners, they should be treated as mental patients. So they built a house, above the cliff. Because the Minister of Health at that time was a doctor, he was the first one to see mental patients and [also] started treating them (Personal communication, November 15th, 2015).

Pisaina also explained what happened to patients that were mentally ill and violent or aggressive in the 1970's to 2000's. "We didn't have seclusions. So the patients, if needed to be admitted they were taken to prison. That was the process that was done at the time,

because we didn't have a seclusion to take patients to until 1996, when a seclusion was built in the office across street." This is where seclusion was for 14 years and then in 2010, it was demolished so the MHU was forced to move yet again. Pisaina continued, "Then in 2011, we converted a car port by the hospital into an office and seclusion to cater for patients that were violent and for the safety of the staff" (Personal communication, November 15th, 2015). The converted car port is pictured below, with the office on the right and the seclusion on the left.



Picture taken by Brandon Nelson, 11/5/2015

The photo illustrates that the old seclusion was made out of wood and was very small. Unfortunately the converted car port wasn't enough to maintain and monitor all of the violent patients. "One of the patients, he damaged the whole room and everyone was

at risk. We took him to the police, and they agreed to take him to prison, and that's where he died. He [was found] drowned in the 44 gallon water tank for the toilet and baths (P. Tago, Personal communication, November 15th, 2015). After the death of the patient, a large wave of support for the building of a new and safe MHU was evident. "When that incident happened, the GM (General Manager) prioritized the building of the [current] MHU over the outpatient and other areas in the new hospital. We moved in on November 7th of last year. It is much better than where we were before" (P. Tago, personal communication, November 15th, 2015). This newly built MHU has been here for one year now and many positive changes have been implemented. This facility offers a safe environment for staff and also for patients, which is very refreshing and comforting for the community. The new MHU is pictured below.



Picture taken by Brandon Nelson, 11/25/2015

A new approach of the MHU and the Social Services is called the "Patient Centered Model." According to Pei Tauiliili, Principal of Social Services at National Hospital in

Samoa, in this model "the patient is now the king, we are the servant. We need to serve that patient to make sure that we do the best we can to make that person receive the holistic care of health from a physical, psychological, and spiritual perspective" (Personal communication, November 9th, 2015). The MHU now focuses on diagnosing and treating mentally ill patients while utilizing the 'aiga (family) for the social support during the patient's rehabilitation back into the community. Family support during rehabilitation in Samoa has been very beneficial in decreasing symptoms such as depression and suicide.

Suicide

According to the National Center for Health and Statistics, suicide is the eighth highest cause of death currently in the world between the ages of 25 and 34 (Barlow & Durand, 2013). The dramatic increase in suicide rates around the world was first seen in the 1970's. and the statistics are higher because not all of the suicides can be accounted for. Suicide rates have also been high in the Pacific. In 1970, the Trust Territory of the Pacific had stated that there were only five suicides. In later years, it was found that there had been close to 40 more that were never recorded (Parena, 2004). By 1981, Samoa had the 3rd highest suicide rate in the world per capita, with almost one per week. Samoa also held the highest suicide rate in the world for females, ages 15-24 (Fairbairn-Dunlop, 2003). However, Samoa has worked hard to reduce the suicide rate, and it has decreased in Samoa since the 1980's. According to the Samoa Bureau of Statistics, in 2011 there was 19 recorded suicides. Fourteen of the suicides were men, and five of the suicides were committed by women. The two most common methods of suicide were by hanging and ingesting weed killer poison (Samoa Bureau of Statistics, 2011). Though suicide has decreased in Samoa, it is still a prevalent problem and suicide rates can be unpredictable,

so mental health professionals aren't taking any chances. Remarkable progress has been seen in terms of suicide prevention. Part of the MHU's rehabilitative model is to help their current and former patients find a purpose again in life and within themselves, especially in relation to self identity. One program implemented to help in this process is the Art Therapy Program, led by Wendy Percival at the MHU.

In Samoa, art is a very important aspect of the *fa'asamoa* (the traditional way of life by which Samoans live), embracing their culture. Weaving, the *taulaluga* (a traditional female dance) and the *tatau* (tattoo), are some elements of art that are key to the Samoan tradition. The MHU has integrated this traditional art in order to help patients dealing with mental illness and suicide. Wendy Percival, Art Therapy Director explained, "Samoans do [art] naturally, in context, but they're not always encouraged to be individual in their expression. You do the *sasa*, (group action dance) you do what everybody else does. You sing, you sing the same way, same words as everyone else is" (Personal communication, November 6th, 2015). Wendy also talked about how she operates the art therapy program at the MHU.

I call it expressive art. To me its therapy, but I don't work individually with the consumers (patients). We encourage them to talk about their feelings as they relate to what they've done, but it's not a one on one personal kind of thing. It's not a counseling session, at all. I see it as very therapeutic. It's the closest thing to therapy that many Samoans have had (Personal communication, November 6th, 2015).

Wendy reported seeing improvements in the consumers as well. "I see a gradual transformation for the consumers. They've finally got the idea that it was okay to explore and do things they want to do. We see things going on in the background that are really positive" (Personal communication, November 6th, 2015).

This therapeutic form of self expression has been a very new, yet important concept implemented with consumers. The MHU hopes to bring this out to the community and villages, especially to the younger generations to hopefully encourage them to discover their personal interests and to express their emotions. Youth is another population of concern within the field of mental health and mental illness in Samoa.

Youth

According to the UNICEF (United Nations International Children's Emergency Fund) report of 2014, Samoa has the highest rate of bullying in the world, with a startling three out of every four children reporting that they have been bullied (UNICEF, 2014). An interview was conducted with a 21 year old Samoan who wants to be referred to as "Zeft". Zeft talked about some of the bullying he experienced while growing up in Samoa.

I was bullied a lot but not as much as my friends, and I really felt sorry for my friends. They experienced verbal and physical [bullying]. It was really bad. I couldn't tell my parents, I couldn't tell teachers. I was just too scared to let them know. Ya know, stuff might happen to you? I keep it to myself. You just gotta tough it out and stuff. (Personal communication, November 10th, 2015).

Bullying can have tremendous negative effects on adolescents' development. Some of these effects include depression, low self esteem, poor social skills, poor performance in school and at home, and most importantly, suicide (How Bullying Affects Children, 2015.) In correlation with the bullying in Samoa, a startling statistic about the risk of youth is located in the 2011 Samoa Bureau of Statistics Abstract, stating that 71% of suicide victims in 2011 were under the age of 24, the prime age for Samoans to be enrolled in school.

The high bullying rate and high youth suicide statistic in Samoa is concerning to mental health professionals. A lecture at the Ministry of Education, Sports and Culture (MESC) indicated that school counselors are not provided in most private, primary, and secondary schools in Samoa. The National University of Samoa (NUS) is the only school with a counselor (Lecture, September 9th, 2015). The USP- Alafua Campus has a Student Welfare Officer, but other than that, schools in Samoa don't provide guidance counselors. Most students rely on family, friends, *faifeau* (pastors), and *matai* (village chiefs) to help them with any mental health problems they are facing. However, this is not always enough as *faifeau* and *matai* aren't trained in the clinical aspect of mental health and illness. Principal of Social Services at National Hospital in Samoa, Pei Tauilili, stated,

On an individual scale, it is very difficult to address their [mental health] in an isolated manner. People don't have a better understanding of the symptoms in relation to the clinical side of their issues- diagnosis, treatment, they don't have that understanding. This is why young individuals struggle. Mental health needs to focus on addressing that individualism concept to the people who are affected, from a primary level, to the secondary level, and tertiary level (Personal communication, November 9th, 2015).

The struggle with young Samoans adopting an individual identity, a very Western concept, has posed a problem in Samoa due to the tradition of being a very communal oriented society. Zeft talked about the struggle of adopting an identity while growing up in Samoa.

The only thing that [my parents] told me was respect. Ever since I learned that word, I couldn't tell them what I want. Being the son of a high chief, it's hard to, you have to remain your status and image. I don't really have that much freedom to do what I want. Since my mom is so religious, she'll keep telling us, "if you disobey you will go to hell." (Personal communication, November 10th, 2015).

Religion is another issue that impacts youth in Samoa and because of this, parenting styles also vary. Though corporal punishment is now illegal in schools in Samoa, it is still used frequently in the home. For example, some parents in Samoa do not use physical discipline on their children, while other parents believe physical punishment is a way to teach the child not to do what they've done wrong again. A survey in 2013 conducted by the *Child Protection Baseline Report for Samoa*, found that 51.4% of children said an adult at home has hit, smacked, kicked, pinched or dinged their heads or pulled their ears within the past year. Seventy seven per cent (77%) of parents admitted to these behaviors (UNICEF, 2013). Informant 1 stated the consequences received when she was a child in Samoa, and its effects. "If you are disobedient, you get a beating. You get a beating every time you sin." She stated that the biggest effect that had on her was mental. "I would be so mentally damaged that I would want to kill myself" (Personal communication, November 10th, 2015).

Although people may not initially see the effects of child abuse, there are definitely psychological repercussions. An example of a psychological effect is a neurocognitive stall. (V. Clinton, Personal Communication, November 18th, 2015). This is a halting or slowing in later stages of cognition (Savage & Chapman, 2012). This stall has delayed effects from TBI's (Traumatic Brain Injuries) due to physical trauma received as a child. It is seen that children tend to recover quickly after being hit or beaten, and effects aren't immediately noticeable. However, later in development, children suffer from poor physical, behavioral, and language functioning (Chapman, 2012).

This issue of youth and self-expression has attracted a lot of attention in Samoa. Wendy Percival believes that the art therapy program at the MHU has helped youth and

consumers express their individual feelings, something Samoans aren't used to doing. In regards to the *fa'asamoa*, balancing the communal way of life and the emergence of the Western concept of individualism has become a challenge that youth in Samoa must now face. Education has become the primary strategy by both the Social Services and the MHU of the Hospital. They are targeting the youth and believe it is working. Pei Tauiliili stated,

Youth are now stepping up and addressing their issues. In the hospital, the Social Work department is now working with the MHU, trying to combine an effort of education, therapy, and programs for individuals and families that come through the unit each day. We concentrate on psycho education, relating to treatments and understanding symptoms, [and also the] side effects of drugs (Personal communication, November 9th, 2015).

Youth have also increased in their use of alcohol and the MHU has seen a rise in mental illness with youth. Pisaina Tago from the MHU firmly stated, "The issue [we] really need to push through to the youth is the risk of using drugs and alcohol" (Personal communication, November 15th, 2015).

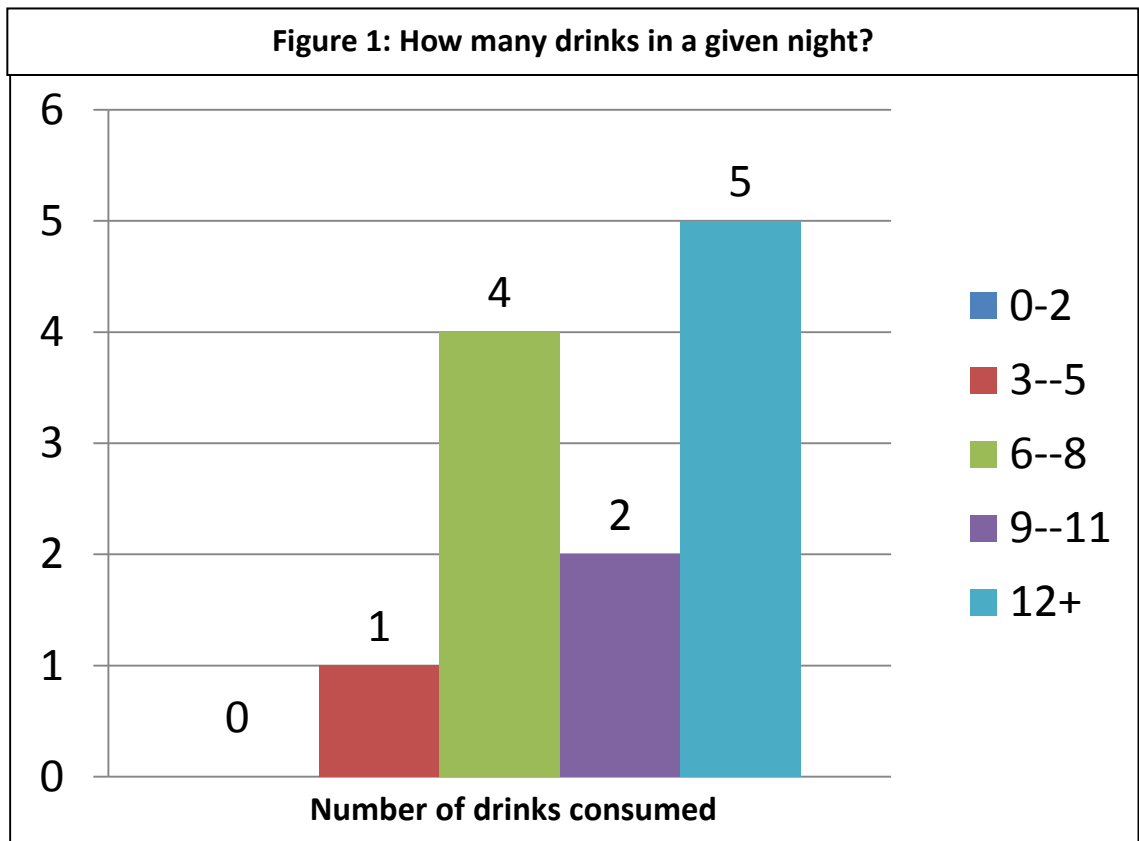
Alcohol

Alcohol abuse is a problem around the world. Samoa Observer journalist Mataafa Keni Lesa, answers the question whether or not alcohol abuse is an issue in Samoa:

The answer is an emphatic yes if you consider a string of incidents, which have led to the loss of precious lives and serious injuries during the past few months. There are health problems to consider, a skyrocketing crime rate, the impact on the workforce and the utter waste of money that could be spent on better things. Then there are broken families, abused women and children, and the aftermath when you wake up the next morning (Lesu, 2012, p.1).

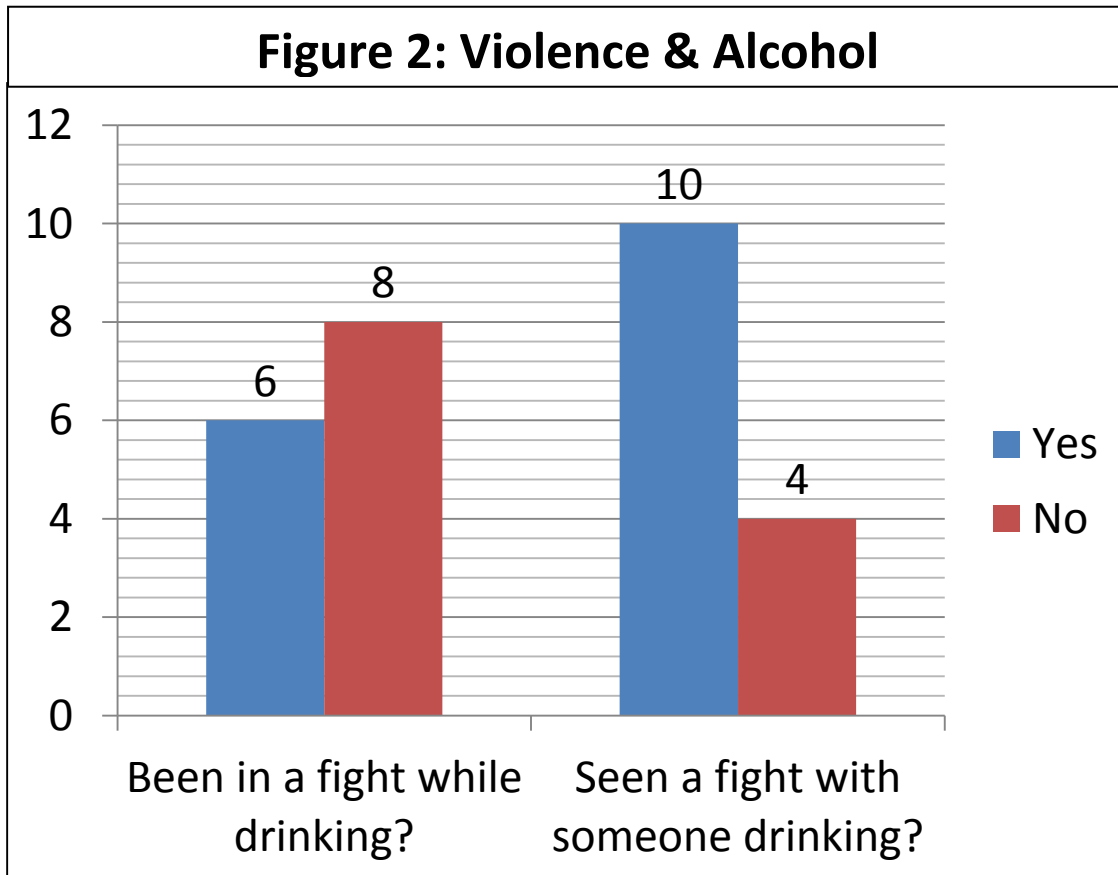
A mini survey on alcohol use was conducted at the USP – Alafua campus, to see how much alcohol Samoan students consume and also to obtain opinions on the effects of

alcohol. A total of 14 Samoans were surveyed, seven males and seven females all from Samoa. Of the 14 participants, 12 of them had previously consumed alcohol. The average age was 20.6, under the legal drinking age in Samoa, which is 21. However, of the 14 surveyed, 13 respondents stated the drinking age wasn't enforced. The 12 students who admitted to previously consuming alcohol were asked, "how many drinks do you drink in given night to get drunk?" Results are shown below in Figure 1.



As noted above, 11/14 of the informants consumed more than 5 drinks in a given night to get drunk. According to the National Institute of Alcohol Abuse and Alcoholism, binge drinking is defined as having 5+ drinks in one night, within the last 30 days. "Binge drinking can affect your mood and your memory and in the longer term can lead to serious mental health problems. Binge drinking can lead to anti-social, aggressive, and violent behavior" ("Overview on Alcohol Consumption", 2015). Also in the survey conducted,

10/14 respondents had witnessed a fight with someone involved under the influence of alcohol, and 6/14 respondents reported being in a fight while drinking alcohol. Results are shown below in Figure 2.



As noticed from above, violent behavior in relation to alcohol is becoming more common in Samoa. An article in the Samoa Observer on October 5th of 2015 was titled, "*Cold-blooded Murder.*" Fatima Tupa'i, Samoan mother of two, was murdered by her estranged husband who was heavily intoxicated. She died next to her two young children (Likon, 2015). This story illustrates the reality of alcohol abuse and its effect to the community and families in Samoa. Isabella Rasch, a Samoan student at USP, stated in an interview, "They always encourage women to seek help, voice out, and then this happens.

So, what does that do to the women? Now they are just more frightened.” (Personal communication. November 10th, 2015).

Despite the fear that these stories inflict to the communities, support for victims of domestic violence is growing tremendously in Samoa. The MHU is currently working with the Samoa Victims Support (SVS), an organization in Samoa providing services to victims of Domestic Violence. The SVS has been working closely with the MHU to efficiently diagnose and treat those that are suffering from the effects of alcohol related violence. Pisaina Tago talked about the MHU's collaboration with SVS. "We have been working together with SVS for quite some time now. We always advise them if they have cases that need to be assessed, and they identify someone who has a mental health problem, they can come [to the MHU] at any time" (Personal communication, November 15th, 2015).

Not only do victims of alcohol related violence suffer from depression and physical health problems, but the perpetrators often have alcohol abuse problems and depression as well, and it is important to diagnose them and treat them as soon as possible. The first step in treating alcohol abusers though is getting them to admit that they have a problem, which isn't always easy. Fifth year medical student at NUS Helen Tuatagaloa-Laulu, stated in an interview, "If you're not willing to get help, nobody is going to help you. People are just going to continue to use alcohol and abuse families" (Personal Communication, November 18th, 2015). Abusers who suffer from mental illnesses and are too violent and aggressive to function in the community, are brought to the MHU for an evaluation and to be monitored by professionally trained staff. Many people suffering with alcohol abuse problems eventually end up in prison.

Prison

The MHU is also very concerned with the offender population incarcerated in Samoa. As of October 2014, 481 offenders were incarcerated in Samoa, most at the Tafa'igata Prison. The total capacity of the prison system in Samoa is 260 (World Prison Brief, 2014). The prison cells are 30x30 feet and contain approximately 20 to 25 offenders per room. Based on the Samoan concept of communal living, looking at the overcrowding from a cultural perspective, doesn't pose a problem. In Samoa, 20 people may sleep in the same room inside a single bedroom house at night. However, the overcrowding is a very concerning problem when factoring in the high temperature and humidity levels in Samoa during the day, as well as the prevalence of mental illness within prison. Lise Higgs-Tafuna, Samoan Social Worker/Counselor and retired United States Correctional Officer, stated on prison conditions, "The difference in conditions in America and Samoa are completely huge" (Personal communication, November 20th, 2015). One of these vast differences is infrastructure as well as the type of services provided to the mentally ill. Many Samoan prisoners are suffering from mental illnesses.

According to Pisaina Tago, suicidal thoughts and depression are fairly common with offenders. "We are dealing with many prisoners right now, lots of schizophrenia. Many with depression have slashed themselves" (Personal communication, November 15th, 2015). On top of the suicidal thoughts in prison, many offenders commit violent crimes while they are abusing alcohol, a mental health issue in itself. Lise Higgs-Tafuna, with almost 20 years of experience in United States Corrections, shed some light to the alcohol abuse in relation to prisoners in Samoa. "I interviewed 15 inmates in [Tafa'igata] prison. Out of the 15 that I interviewed, 10 of them all related to involvement in drinking and fights, whether

it was domestic violence or [other crimes] (Personal communication, November 20th, 2015).

Something new that Samoa has also adopted is the implementation of counselors visiting offenders in prison. The prison staff and MHU have been working together in order to diagnose, treat, and counsel the offenders suffering from mental illnesses in prison, such as severe depression. Pisaina Tago explained, "When the police think they notice odd behaviors of prisoners, then they refer [the prisoner] to us" (Personal communication, November 15th, 2015). At this point, the MHU will do a psychiatric evaluation of the offender, and if deemed mentally ill, will be prescribed medication. The MHU also will monitor them, and possibly send them counseling services. Lise Higgs-Tafuna has been going to the prison now for six weeks to help counsel offenders suffering from severe depression and suicidal thoughts (Personal Communication, November 20th, 2015). The nurses from the MHU also make routine trips to the prison to administer medication to the offenders that have been prescribed for their mental illnesses.

With new services being provided by the MHU and Social Services to those incarcerated such as the counseling and medication, it seems that Samoa is taking more interest in helping those people who are suffering from mental illness, even if they have committed crimes. In a survey that was conducted of 124 randomly selected Samoans, approximately 67% of respondents believed the mental health of offenders was important. (Survey 2, Appendix) Mental health and mental illness in prison is now becoming more of a priority in Samoa. The implementation of the new Ministry of Corrections, as well as the collaboration between the MHU and the Social Services, is a step in the right direction.

Other opinions on the awareness of mental health issues were revealed in the survey. (Appendix, Survey 2).

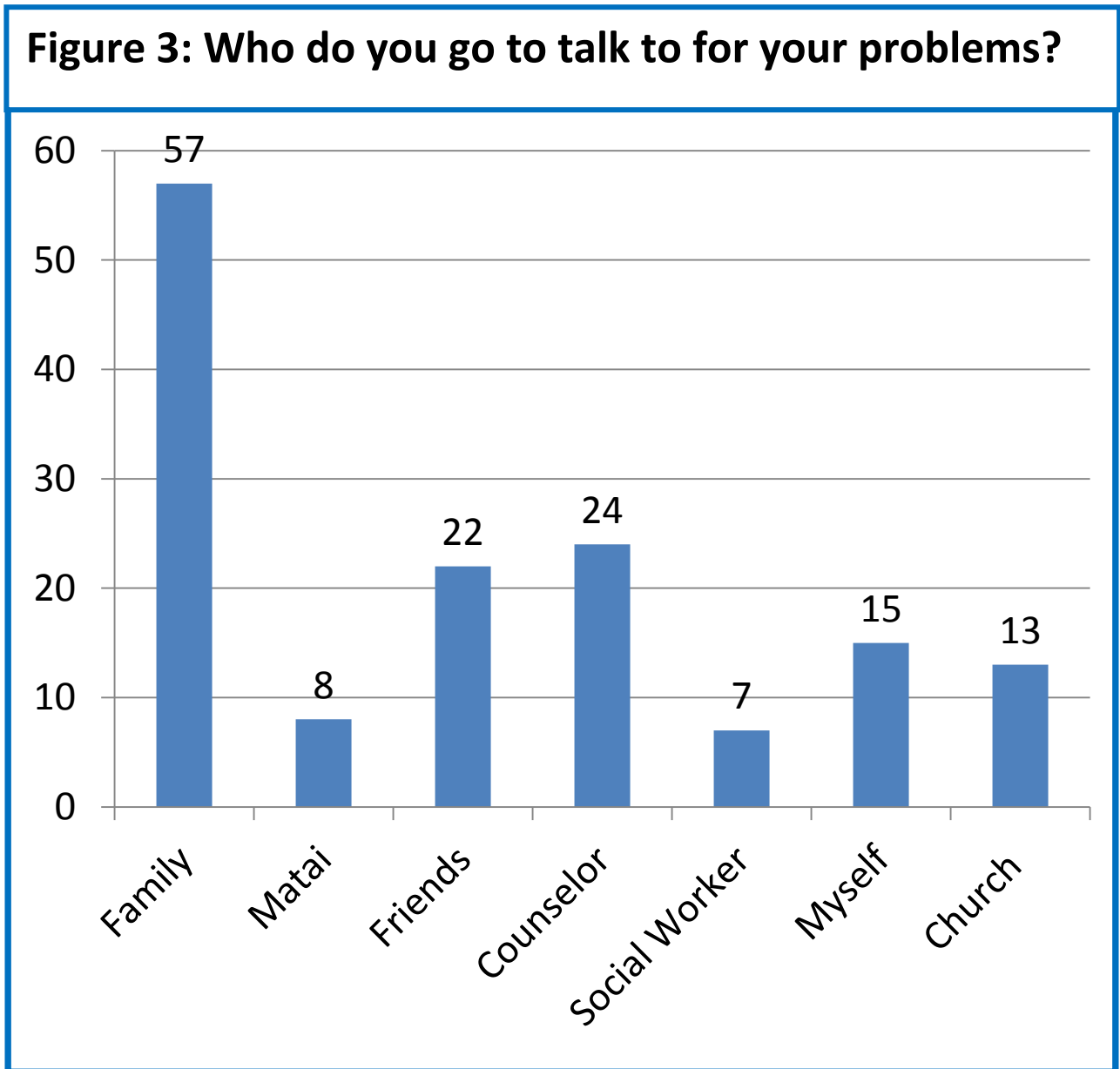
Awareness in Samoa/Survey

In a *Samoa Observer* article from January 19th, 2014 titled, "Taskforce Looks at Mental Health", Dr. Satupa'itea Viali, from the National Health Services (NHS), pointed out that "mental health deserves a lot of attention, just like the attention given to other health issues" (Likon, 2014, 1). It had become a priority to the Ministry of Health and National Health Services to educate and promote good mental health to the Samoan people.

With this new support from the public and high hopes from mental health professionals, this research also attempted to gauge how Samoans perceive the implications of mental health, mental illness, and treatment in Samoa. From November 11th to November 25th, 124 Samoans were surveyed on the island of Upolu, in the Apia area. The survey was administered in English, and if a respondent could not read or understand English, Helen Tuatagaloa-Laulu, my coworker, would translate. The variety of age ranges, educational backgrounds, and economic backgrounds, all added to the diversity in the answers received. The 124 participants were asked what mental health was, how they deal with it, and what they believe is the best way to treat mental health illnesses overall. The survey was in large part, an effort to engage Samoans on the topics of mental health and mental illness. (Appendix, Survey 2)

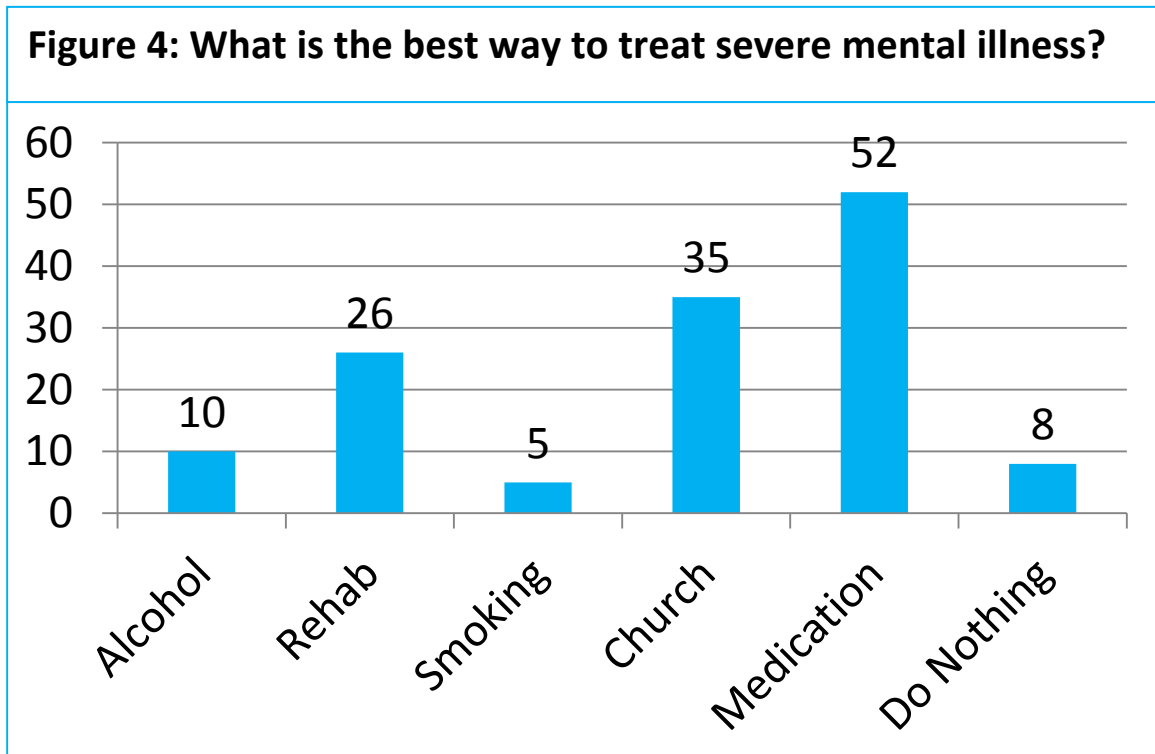
Approximately 82% of respondents stated they knew what mental health was and 18% said they did not know. Seventy seven per cent (77%) of respondents said mental health was important and 23% said it wasn't.

The Social Services added a question to the survey as to who Samoans go to talk to for their personal problems. Respondents were asked to pick only one answer to the question: Who do you talk to for your problems? However, some respondents picked more than one answer. The results are shown in Figure 3 below.



As noted from above, family was the most common answer received from the 124 respondents. The MHU and Social Services added a question asking respondents to choose

the most beneficial treatment option for severe mental illness. Once again, some respondents picked more than one option. Results are below in Figure 4.



As noted above, medication was the most common answer followed closely by church. The final question asked: Would you ever help raise awareness for mental illness? Approximately 80% of the respondents said they would help raise awareness for mental illness, while about 20% said they would not.

Discussion and Observation

Survey results indicate that Samoa is making progress in regards to mental health. The survey also suggests that Samoans are aware of mental health and the issues correlated within it as well. Nevertheless, handing out the surveys sometimes resulted in uncomfortable stares from the participants. Some would often ask Helen in Samoan, “Is

this survey to see if I'm mental?" Many of the participants laughed at the survey questions, in particular, "Do you think mental health is important?" Conversations during the survey suggested people don't worry too much about mental health here, and often joke about it. Yes, they know what mental health is, but aren't necessarily aware of what to do when problems within their own mental health begin to arise.

Family was also seen to be an important aspect in the treatment of mental illness in Samoa. Families are very involved, and often the MHU will be in very close contact with families. As previously stated, Samoa is a very communal oriented society. Family members would often come to the MHU and visit the patients. Also, the only people the patients could contact while in the MHU were family members. In prison, some offenders are allowed to leave for the weekend to be with their families. As the survey results shows, around 46% of the respondents said they talk to their family the most for their problems. This was the most frequent answer, and from the Samoan perspective, helping those with mental illness have a source of stability and strong social support is a crucial part of the rehabilitation process, the *'aiga* model, as stated before. This model is so important and needs to be preserved not only as a part of the culture, but as an aspect of treatment because it is helping so many people.

The question about the best form of treatment for mental illness raised some pertinent issues. Thirty five people or about 28%, believed church was the best form of treatment. Based on the heavy influence of Christianity in the culture, church being the 2nd most common answer was not a surprise. However, what was surprising was 10 of the participants answered alcohol and 8 of the participants checked "do nothing" as the best form of treatment for severe mental illness. Alcohol and "do nothing" totaled around 15%

of the answers. This may explain a lack of education as well as some Samoans not seeing the effects, reality, and prevalence of alcohol abuse here. Medication was answered the most, and rehab was answered the 3rd most, which shows that the majority of Samoans are at least aware of clinical aspects to treating severe mental illness. Also, on the survey it was written that respondents could only pick one answer. However, many people asked if they could check rehab and medication, because they believed that they should go hand in hand. So not only are a majority of Samoans aware of mental illness, some understand all the different pieces of the puzzle in relation to clinical treatment and were interested enough to question it and ask Helen or myself if they could pick two options. This is good and awareness of mental health and illness is the first step, but there is still a need and push for education on what to do when odd behaviors or symptoms arise.

Conclusion and Recommendation

There has been remarkable progress in the Pacific in relation to mental health treatment. This study documents much progress in Samoa in regards to awareness of mental health and mental illness. Samoa is still a developing country, but has come a long way since the 1960's in terms of dealing with mental health and illness. Mental Health is not an easy issue to talk about, especially in Samoa. However, Samoans are starting to see the importance of including the mental aspect of health to their life.

It is crucial that the MHU continue to work with the patients, communities, and other organizations to combine efforts in order to diagnose and treat mental illnesses here. Continuing community outreach and education to the younger population can only benefit them in the future. More research on the cultural concept and triggers specific to Samoa,

could also aid in psycho education and preventative action taken by the MHU and Social Services.

Most importantly in regards to youth, implementing school counselors would be beneficial as Westernized societies have used this resource successfully and seen multiple benefits. Using counselors in school would benefit Samoa because the youth would be able to talk to someone about their problems, outside of the community they are a part of. As most Samoans know, the community knows every detail about everyone. Having someone to share your personal struggles with, will help the younger generations learn coping mechanisms and strategies as they grow up. Also, guidance counselors serve as a resource to help plan one's future.

Over consumption of alcohol continues to be problematic. Stricter enforcement of underage drinking may be useful. It may help younger consumers to make better choices about their alcohol use, or where they do it and how much they consume. Also, education on alcohol's affects and the continuance of the collaboration between the MHU and SVS to diagnose and help counsel victims will benefit Samoa, and will put more faith into the MHU and other outreach programs. It is hoped that the MHU continues to provide a clinical and helping hand to those suffering with alcohol abuse and suicide, and that they continue to work closely with the youth and prison population in order to create a mentally healthy and stable population. Education on how to identify symptoms and signs of mental illnesses, such as fatigue, sadness, odd behavior, and loss of interest in daily activities, is important information to spread around Samoa. It could save a life. This study will hopefully lay the foundation for future studies on mental health and mental illness in Samoa.

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Surveys

Survey 1 (14 participants) Conducted at USP Alafua. October 5th – October 6th, 2015.

Survey 2 (124 participants) Conducted on the island of Upolu in the Apia area. November 11th -November 19th, 2015. Helen Tuatagaloa-Laulu (Translator)

Glossary of Terms and Acronyms

'aiga → family

fa'asamoa → the traditional way of life by which Samoans live, embracing their culture

faifeau → pastor/ priest

matai → village chief

sasa → group dance

taulaluga → a traditional Samoan female dance

tatau → tattoo

MESC	Ministry of Education, Sports, and Culture
MHU	Mental Health Unit
NHS	National Health Services
NUS	National University of Samoa
SVS	Samoa Victims Support
TBI	Traumatic Brain Injury
UNICEF	United Nations International Emergency Fund
USP	University of the South Pacific
WHO	World Health Organization

Appendix

Survey 1: Alcohol Use

1. Gender: 7 M , 7 F
2. Age: 20.6 Average
3. Country: All Samoa

4. Have you ever drunk any form of Alcohol?
Yes: 12 No: 2
5. If you answered no to the question above, skip to Question 10.
6. What is your favorite alcoholic beverage?

Beer: 3
Wine: 3
Spirits (Vodka, Whiskey, etc):7

7. Why do you drink? (List top 2 reasons)
Most common answers: to relax and have fun.
8. How often do you drink?
1x/week: 3
1+/week: 3
1x/month: 7
9. How many drinks do you consume in a given night to “get drunk”?
0-2: 0
3-5: 1
6-8: 4
9-11: 2
12+: 5

10. Have you ever been in a physical or verbal fight when under the influence of alcohol?
Yes: 6 No: 8
If yes, with who? Friends most common followed by family
11. Have you ever witnessed a physical or verbal fight with someone in the fight under the influence?
Yes: 10 No: 4
If yes, between who?
-Friends and other drunks most common, couple was also answered.
12. In your opinion, is alcohol a major reason for crime?
Yes: 7 No: 7
13. What is the legal drinking age in Samoa?
13/14 said 21
14. Is the drinking age enforced? (strict with underage drinking)
Yes: 1 No: 13

Survey 2: Mental Health in Samoa Survey

Ages:

18-21: 28

22-29: 41

30-44: 34

45+: 19

N/A: 2

Total participants: 124

Males: 64

Females: 60

Do you know what mental health is?

Yes: 102 No: 22

Do you think mental health is important?

Yes: 95 No: 29

Would you ever help raise awareness of mental illness?

Yes: 99 No: 25

Which of the following is the best way to treat severe mental illness? **ONLY PICK 1.**

Alcohol: 10

Rehab: 26

Smoking: 5

Church: 35

Medication: 52

Do nothing: 8

Who do you go to talk to for your problems? **ONLY PICK 1.**

Family: 57

Counselor/Psychologist: 24

Matai: 8

Church(Minister, Priest): 13

Friends: 22

Social Worker: 7

Nobody (myself): 15

Is the mental health of offenders in prison important?

Yes: 79 No: 45