Haratua May 2025 Volume 17 Issue 1

PSYCHOLOGY AOTEAROA



Kia ora and welcome to Psychology Aotearoa the official twice-yearly publication of the New Zealand Psychological Society.

Psychology Aotearoa aims to inform members about current practice issues, discuss social and political issues of importance to psychologists, celebrate the achievements of members, provide a forum for bicultural issues and highlight research and new ideas relevant to psychology. It also aims to encourage contributions from students, hear the views of members and connect members with their peers.

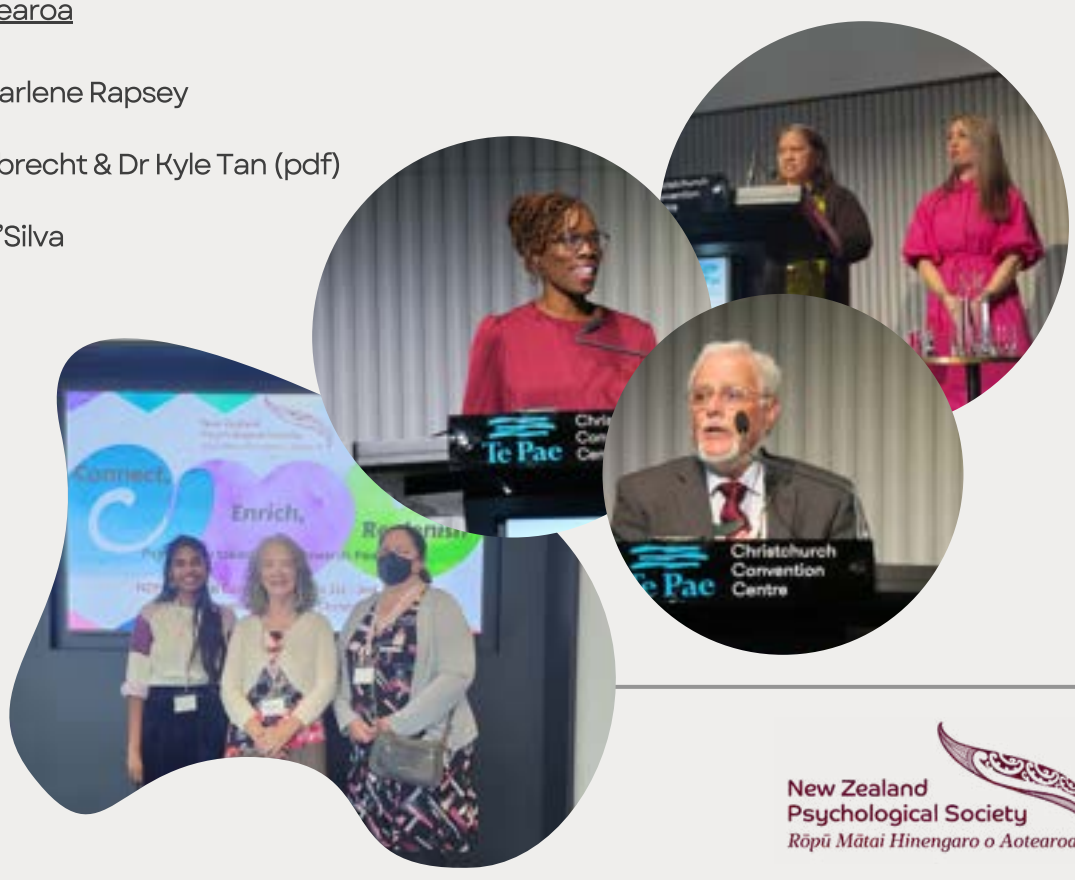
Being part of Psychology Aotearoa

We welcome your contributions to Psychology Aotearoa. We are looking for submissions related to psychology which readers will find stimulating and can engage with. This can include items on practice and education issues, social and political issues impacting on psychology, bicultural issues, research in psychology, historical perspectives, theoretical and philosophical issues, kaupapa Māori and Pasifika psychology, book reviews, ethical issues and student issues. For more information on making submissions to Psychology Aotearoa– go to https://www.psychology.org.nz/members/professional-resources/psychology-aotearoa

Editors: Dr Kyle Tan & Dr Charlene Rapsey

Production editor: Heike Albrecht & Dr Kyle Tan (pdf)

Student editor: Charlene D'Silva



New Zealand Psychological Society
Rōpū Mātai Hinengaro o Aotearoa

In this issue



- **President's Korero**
- **Editorial**
- **Indigenous Psychology and Bicultural Issues**: E te tohunga o te manaaki tāngata e oki: Reflections on the legacy of Matua Angus Hikairo Macfarlane in Psychology; NZPsS Kaihautū - past, present and future
- **Research-Practice-Education**: Does our mental health system make things worse?; Psychology in the Service of Peaceful Sleep: Theoretical Developments and Therapy Outcomes Relevant to Sleep Disturbance in Children
- **International**: Dialectical Behaviour Therapy (DBT) and the Role of the Asia-Pacific Association for DBT
- **What's in my kete?**: Introducing the cultural safety survey tool (CSS)
- **One-on-One**: One-on-One with Usman Afzali
- **Event Review**: Reflection on the Workshop: Addressing Unique Mental Health Needs in New Zealand's Chinese Population
- **Student Forum**: Editorial; “It’s Just Home”: Tauira Māori experiences of tuākana at Waipapa Taumata Rau; Finding my place: Reclaiming my Hakka-Chinese heritage through research; Mental health literacy: A key to Pasifika well-being in Aotearoa, New Zealand; Underfunded, underrepresented, yet undeterred: Navigating Indigenous research as early-career scholars in Southeast Asia; Toward a decolonised Psychology curriculum: Prioritising Indigenous knowledge sources for Aotearoa’s diverse communities; Two Honours abstracts: “We just went with what little we had”: 1.5-generation Filipino migrants' experiences and perspectives of parent-child sex communication.; Sibling relationships in the context of wellbeing

President's Kōrero

Kia ora koutou katoa,

Nōku te hōnore hei tuku karere kia tātou katoa o te Rōpū Mātai Hinengaro o Aotearoa i te wā o Ngahuru. I am mindful as our year is progressing quickly that everyone is extremely busy. We do hope you can take some time, especially as we move closer to Matariki, to gather with whānau and friends.

Our executive has been committed to progressing our strategic plan and, whilst in Tūranganui a Kiwa, we were able to review the plan and name future directions we intend to focus on this year. Our meeting with our Branches and Institutes in Te Whanganui a Tara allowed us to provide key updates and offered an opportunity to wānanga the critical issues influencing our priorities this year. As always, while visiting Te Tai Rāwhiti, our meetings deeply inform our understanding of the diverse needs affecting our regions. Consequently, we are indebted to your generosity of time and the sharing of your matauranga in the regional hui. We have been able to integrate your feedback into all the important kaupapa directly affecting our profession as a result.

This year we are especially excited about the developments within He Paiaka Totara and look forward to continuing to work collaboratively as our partnership forms. Many thanks to all our tuākana driving this space, particularly to Luke Rowe and Moana Waitoki, for your commitment and leadership. These wānanga have been a massive highlight for our profession since the inaugural hui in 2016 at Tokorangi Marae. Thanks, and gratitude also to Dr Hukarere Valentine and Megan Fitzgerald (our NSCTTI Directors) for managing this transition alongside our staff. To our past executive members for your dedication to forming and cultivating allyship across generations. He mihi kau ana tēnei kia koutou katoa, e āku nui, e akū rāhi.

We would like to thank our membership for your valuable feedback on the integral pieces of work informing major systemic change presently. Namely, the development of the new AP role, the Scopes Review and now the HPCA review. Focussing on a process of Kotahitanga has been critical for unifying our workforce across our respective scopes. We are looking forward to continuing this ethos at our conference in Waikato and would like to acknowledge Te Arikinui Kingi Tūheitia for raising Kotahitanga as a guiding principle we are embracing. It has helped us strengthen our relationships, nationally and internationally, with a focus on utilising our matauranga to manaaki whānau across the multiple diverse and complex issues facing our communities at large. Again, many thanks for your amazing mahi to this end.



Nō reira, e hoa mā, kō tūmanako, e haere pai ana koutou katoa mā runga i te rangimārie me ngā manākitanga.

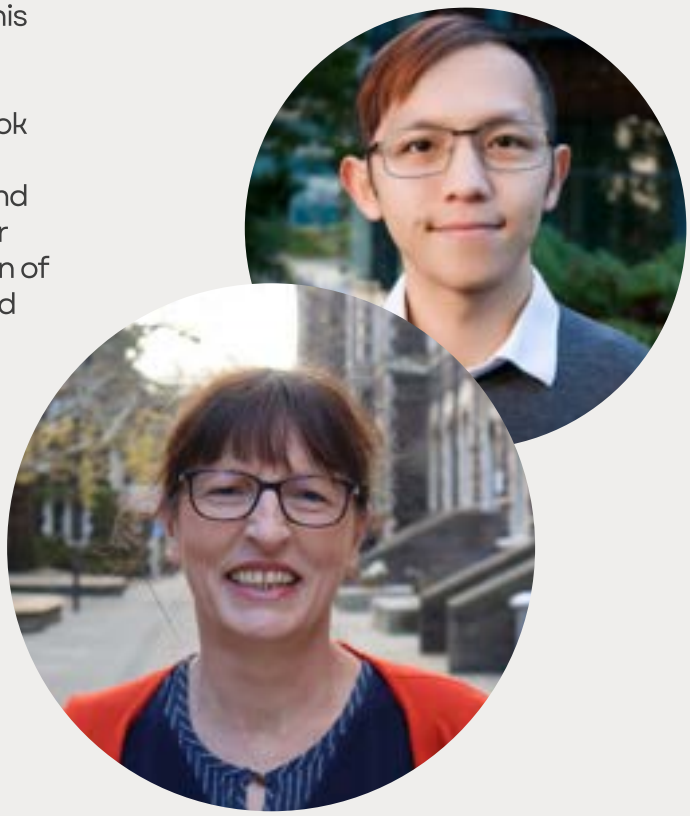
Nāku iti nei,
Rebecca Wirihana

Editorial

Kia ora koutou,
The discipline and profession of psychology has become highly visible in the public eye since last year. First, we welcome the announcement that Auckland University of Technology (AUT) and the University of Canterbury (UC) have been contracted to deliver a one-year associate psychologist postgraduate training course, as part of the coalition government's initiative to expand the mental healthcare workforce. We acknowledge that feedback on this expedited training has been mixed, with many psychologists expressing concern about the potential negative consequences of undertrained practitioners providing ethical care to the public (Scoop, 2025).

Second, there are growing public calls for psychology to address the ongoing racism and systemic oppression of minoritised groups, as well as its failure to uphold the principles of kaupapa Māori (Beduya, 2024; Clifford, 2025). Following the lodging of a Tribunal claim outlining breaches of Te Tiriti in the training, registration, and employment of psychologists—although not necessarily as a direct antecedent—we are now seeing the New Zealand Psychologists Board (NZPB), the New Zealand College of Clinical Psychologists (NZCCP), and the New Zealand Psychological Society (NZPsS) collaborate to revise the Code of Ethics to better reflect te ao Māori and to draft a formal apology to Māori in psychology. As the biannual bulletin of the New Zealand Psychological Society (NZPsS), Psychology Aotearoa aims to collate contributions of contemporary relevance to the teaching, research, and practice of psychology in Aotearoa, while also engaging with the nation's broader sociopolitical landscape.

In 2025, we—Dr Kyle Tan and Dr Charlene Rapsey—have the privilege of serving as co-editors of Psychology Aotearoa. This role offers us a meaningful opportunity to give back to the discipline that has shaped our growth and to support the community for which we hold deep aroha. When we first took over the role from the previous editor—Dr Rita Csako (thank you!) we wondered how we might expand the readership and relevance of the bulletin. As we look ahead, we'd love to hear from you—our valued community—about the future direction of Psychology Aotearoa, including the topics and formats you'd like to see featured.



Please consider sharing your thoughts by completing this short survey: https://tinyurl.com/PsyAo2025
You can also scan the QR code below to access the survey.

Editorial (cont)

In this issue, we have created a new section to help keep alive the crucial contributions made by our past rangatira in psychology, through the sharing of memories, stories, and photos. Ngā mihi ki a koe—Dr Carrie Clifford (Waitaha, Kāti Māmoe, Kāi Tahu)—for serving as Section Editor and compiling the contributions that honour the legacy of Matua Angus Hikairo Macfarlane. As kaihautū for NZPsS, Professor Macfarlane championed cultural safety for Māori in education, gifted us He Awa Whiria, and will be remembered for the richness of his mātauranga and the warmth of his manaaki. This section also includes a short piece outlining the challenges that kaihautū face moving forward.

This issue comprises a variety of topics that will be of interest to our diverse psychology audiences. First, Dr Whitcombe-Dobbs critiqued the current mental healthcare system in its response to young people facing complex and severe risks, and offered strategies to help mitigate these issues. Second, we are honoured to feature the Chair of the Asia-Pacific Association for Dialectical Behaviour Therapy (DBT), Prof Keng, along with board members Dr Ho and Dr Davis (Director of DBTNZ), who outlined the role of APAC-DBT and share membership opportunities. Third, we welcome Ms Zhang, who last year conducted the first-ever workshop on working with Chinese clients in Aotearoa, to share the content and insights from her session. Fourth, Dr Elvidge presented the cultural safety measurement tool employed to evaluate Aboriginal and Torres Strait Islander patients' perceptions of healthcare. Fifth, we had a one-on-one session with Dr Afzali, who heads the Muslim Diversity Study, to discuss his learnings and aspirations in psychology. Dr Afzali was one of the academic co-convenors for the NZPsS conference in 2024. Sixth, Emeritus Professor Blampied kindly offered part of his keynote speech for the NZPsS conference last year, based on the Canterbury Sleep Project.

We are delighted to work alongside Charlene D'Silva (as the student editor) who oversees the student forum. Charlene is part of the Asian Psychology Collective Aotearoa (APCA) and is passionate about decolonising psychology so that different communities have equitable opportunities to thrive. In this issue, she gathered contributions from tauira in psychology on the theme "Indigenous Psychologies: Decolonising Knowledge and Centring Communities".

We hope you will feel inspired and able to derive valuable insights from reading these contributions from our authors. We will be attending the NZPsS conference at the University of Waikato, Hamilton, later this year. Should you have any feedback or suggestions, you are more than welcome to connect with us in person at the event. In the meantime, we also welcome questions, collaboration, and contributions, which you can direct to either us or Veronica Pitt.

Ngā manaakitanga
Kyle Tan and Charlene Rapsey



References

Beduya, V. (2024). Racism in the field: What Māori, Pacific and Asian psychologists face. https://www.renews.co.nz/racism-in-the-field-what-maori-pacific-and-asian-psychologists-face/

Clifford, C. (2025). The kaupapa answer to a clinical crisis. https://e-tangata.co.nz/comment-and-analysis/the-kaupapa-answer-to-a-clinical-crisis/

Scoop (2025). Psychologists warn of patient risk from undertrained workforce. https://www.scoop.co.nz/stories/GE2503/S00087/psychologists-warn-of-patient-risk-from-undertrained-workforce.htm

Indigenous Psychology and Bicultural Issues



Section editor: Carrie Clifford

E te tohunga o te manaaki tāngata e oki: Reflections on the legacy of Matua Angus Hikairo Macfarlane in Psychology

Reflections by Carrie Clifford, Katie Harrison, Hukarere Valentine, Megan Fitzpatrick, Melinda Webber, Hitaua Arahanga-Doyle, Quentin Abraham and Waikaremoana Waitoki

How to honour a legacy so wide and transformative? One whose deep influence and legacy, will only become more impactful and enduring. This collective piece presents pūrākau from some of Angus' colleagues and friends in Psychology, capturing special stories, thoughtful reflections, poignant moments, critical learnings, and what are now treasured whakaahua (photographs). They speak to his inspiring teaching, impactful mentorship, exceptional scholarship, and the person he was.



Executive Zoom meeting: Brian Dixon, Waikaremoana, Hukarere, Heike Albrecht, Julianne Khor, Tania Anstiss, Carrie Clifford, Diane Bellamy, Katie Harris, Fiona Howard, Pikihuia Pomare, Angus and Veronica Pitt.

Professor Waikaremoana Waitoki:

A story about matua Angus has to start with Matua Huata, who was the kaumātua for the Society. As the Bicultural Director at the time, Matua Huata asked me to travel with him to Ōtautahi, to Canterbury University, to do a customary tono (a request) to matua Angus. Professor Neville Blampied kindly lent matua Huata his van for the trip – a generous gesture. Matua Huata drove me around Christchurch pointing out sites of significance and sharing his extensive knowledge. Huata was determined and systematic in his tono. We met with Angus and Sonja Macfarlane, shared a kapu tī, and Huata did the mahi of asking Angus to consider joining the Executive as the kaumātua. This is where tikanga becomes deeply important – this was customary practice in action. It takes a village to convince someone with mana to lend their guidance and wisdom to a humble Executive.

Angus responded that he could not take on the role of kaumātua, as his own elders were still living in Te Arawa, and they would likely have something to say about him taking up that mantle – especially outside his rohe and for a Pākehā organisation. Instead, he offered to serve as the kaihautū – a guide and navigator.

"As kaihautū, Angus set the standard for all of us. He led by example, with exceptional kindness and patience, and usually spoke only when something truly needed to be said." – Waikaremoana Waitoki – Currently Kaihautū of the NZ Psychology Society, past President of the New Zealand Psychological Society

Professor Waikaremoana Waitoki (cont):

In this role, Angus set the standard for all of us. He led by example, with exceptional kindness and patience, and usually spoke only when something truly needed to be said. Topics either fell to the floor with his wisdom or took flight – and many of his ideas continue to carry us forward today.

On an international level, Angus also left a deep impression on our manuhiri nō tāwāhi – our guests from overseas. I remember him setting the context for the International Project on Competency in Psychology (IPCP) with a mihi whakatau. It was a busy February, and most visitors had been in Aotearoa for less than 24 hours. Angus delivered a warm welcome and, as is customary, invited those who had recently passed to be present with us in spirit. Many in the room wept – they were whānau pani, recently bereaved. The senior visitor of the group sang an ancient song from his hometown. Days later another visitor shared with me that he felt a family member's presence – something he had not felt before – a knowing.

As psychologists – or simply in our daily lives – we often compartmentalise our personal from our professional selves. Angus gently broke through that tendency, inviting us to bring our whole selves into the space. In doing so, he laid the foundation for working relationships grounded in a love for people and a belief in the uniqueness and potential of every person.

Koira ōkū maumaharatanga mōna.

Dr Hukarere Valentine

My first knowing of matua Angus was actually at a conference in Queenstown, during a presentation that I was giving relating to my thesis. Given my thesis topic was related to wairua and wellbeing, the people present during the presentation were important. Three people stood out in the crowd, one of them was matua, and the only one of the three I didn't know at all. Although I didn't know him then, his presence in the room was definitely felt by me, it was so strong that I was able to see where he was sitting in the room. It is one thing to know and feel the mana/mauri of a person whom you know, it is quite another to have that experience of someone you don't know in a full room of potential strangers. When I did come to know matua, personally, through the NZ Psychological Society, I learnt that what I had felt from him those few years earlier, was a significantly endearing quality that he lived by, and one that cannot be learnt.



Ko Te Tangata wharenui: Hukarere and Angus

Katie Harrison

I met Matua Angus through the pages of his research articles within my post graduate studies, long before I was fortunate enough to meet him kanohi ki te kanohi. The extensive rangahau that he has contributed to within education was inspirational to me as a burgeoning Māori educational psychologist. Particularly because it consistently and emphatically highlighted that culturally responsive schools and practices are critical to growing successful learners and future leaders. This resonated strongly for me on a personal and professional level. Matua Angus was even better in person. His āhua was warm and approachable and he demonstrated in his humble manner that everyone's contribution was important. Even from a lowly student rep sitting on the Psych Society Executive board, who was unfamiliar with governance and suffered from a severe case of imposter syndrome. Even in moments of tense conversations, he would calmly facilitate a path forward while upholding the mana of everyone involved. Matua Angus was a true leader and I feel very privileged to have spent a few years observing his wisdom and grace



Megan Fitzpatrick, Moana Waitoki, Sonja & Angus Macfarlane

Dr Hitaua Arahanga-Doyle

As a young psychologist with a firm identity as both Māori and NZ European, I was inspired by Matua Angus' He Awa Whiria – Braided Rivers model because he showed me that an integrated approach to psychology that included both Te Ao Māori and mainstream knowledge was possible and it could offer real benefit. More importantly, he gave me the confidence to actually try and do it.
Matua Angus once gave me the advice that 'the power typically comes from simplicity'. While this was primarily in reference to his He Awa Whiria model, he also told me that it held true for most things in academia because it is famous for including complexity for complexity's sake. I think his ability to make complex ideas simple was where so much of his genius lay. This drew people in and made them want to listen to him. This idea of simplicity is a lesson that I try my best to follow every day as an academic.

Megan Fitzpatrick

As a newly registered Māori Educational Psychologist, I was part of a panel discussion at the NZ Educational Psychologist Forum in 2018. After my kōrero, the first question directed to me was from Matua Angus. Horrified and humbled all in one breath, I slightly panicked, caught my breath, and realised the beautifully articulate way he crafted his question, was not a personal challenge at me, but he had graciously opened the door for me to challenge those around me with my response. He could've done a much better job than I, but I so appreciated the way in which he demonstrated the importance of humility and of supporting each other. A brief but powerful encounter, his constant humility and support of me and my journey as an Ed Psych never diminished.

"It was always a privilege to be in his presence. It is a privilege to continually be influenced by him." - Megan Fitzpatrick - Educational Psychologist

Professor Melinda Webber

Professor Angus Hikairo Macfarlane was my first and most enduring academic mentor. He reached out to me in 2008, as a fellow uri of Te Arawa, and never stopped teaching me, supporting my academic career, and gently folding me into his kupenga until his passing in late 2024. Like other emerging Māori scholars, I was very lucky to be loved and looked after by both Angus and his wife Sonja. I am a more connected, strengths-oriented and tenacious academic and researcher because of them. I can't actually talk about Angus without also talking about Sonja because she was his Hinemoa.

E taku rangatira e Angus – kaore e mimiti taku aroha mou. E mokemoke ana te ngakau i a koe.



Melinda and Angus

Quentin Abraham. Past President of the New Zealand Psychological Society

Maumaharatanga o tō tātou Kaihautū Whiria te kaha tuatinitini
Whiria te kaha tuamanomano

Me kore ake "He Awa Whiria" e te Ahorangi Angus Hikairo Macfarlane. By all metrics Angus was an outstanding contributor to Pākehā psychology and a rare person, in spite of so many barriers, who could also weave together mātauranga Māori, in such an inclusive and generous way. As an educational psychologist his writings continue to be core texts that help guide our practice.
His openness and willingness to collaborate with so many other academics and practitioners of all stripes and colours has been an antidote in this age of competitiveness, wielding his power in a gentle but firm manner.

Angus was the Kaihautū for the NZPsS for much of the time I served as the Director of Social Issues and later as President. I felt safe to approach him for advice regarding all matters but especially mātauranga Māori such as how to represent the NZPsS at a mihi whakatau or travelling overseas. He was unhesitating in his practical support.

For example, at one conference there was an unscheduled gap in the programme with the murmurings of the delegates which Angus and Sonja quickly filled with a group game. Another time I received a robust challenge for speaking te reo Māori. He made it clear to that I was operating under his korowai and urged them to direct their concerns to him. One NZPsS conference proceeded over the weekend during a Saturday a day where I only speak te reo Māori. Angus an others made it practically possible to uphold this commitment by sourcing a kaumātua to translate my te reo into te reo Pākehā.

Matua Angus, I miss your personable warmth, humour, generosity of spirit married with your perceptiveness and knowledge that is the mark of true wisdom and an example to us all.

Nō reira, e hotuhotu ana te manawa me te toto, moe mai rā e te rangatira, e whetūrangitia ki te taha ō tō whanaunga o ngā kāhui whetū o Ngāti Whakaue, ko koe tērā te whetū e tārake tīramarama mai rā.

Dr Carrie Clifford

Like Katie, I was fortunate to get to know Matua Angus personally when we were both student representatives on the Psychological Society executive. His words and mātauranga were so profound and considered; I often found myself taking notes on almost everything he said, even on unrelated executive matters. At this time, I was also finding his He Awa Whiria approach helpful in informing my doctoral thesis, which, in turn, made me incredibly nervous speaking in front of him. However, he quickly greeted me with gentle enthusiasm, asking where I was from and about my rangahau. Over the years we spent on the executive together, he continued asking about my thoughts and ideas surrounding the He Awa Whiria approach. In doing so, Angus was truly one of the first people who made me feel like I belonged in academia, and that I had something of interest and importance to add to scholarly conversations. Because I respected his judgement so much, I couldn't help but start to believe in myself, too. I wonder how many others he did this for—a truly transformative experience for which I am incredibly grateful.

Angus was very much like a Koro to me. He provided a grounded and safe space, wrapping an invisible korowai around each of us. He naturally set expectations yet was also generous and warm. Having lost my koro at a young age, I appreciated my time with him more than he likely realised.

Now, his book on my desk serves as a reminder to use He Awa Whiria in my work daily, and more importantly, to embody manaakitanga, even in challenging times. Matua, I treasure my notes about you, your inspiring scholarship, your encouraging emails, and the time we spent together.

Reflection

From the stories shared, Angus' impact on his colleagues' and friends' personal and professional lives was profound. Unsurprisingly to those who knew him, the sentiments shared highlight a deeply impactful and respected figure, a man of incredible integrity and mana, whose strong yet welcoming presence and mauri were deeply and immediately felt. Angus always sat with tremendous humility, curiosity, gratitude and endless patience. His generosity of spirit, kindness and character were matched by his abundance of wisdom, astuteness for detail, and high standards of scholarship. His excellence and manner continue to inspire many of us in psychology.

Matua Angus came to psychology and academia after an impactful career as a teacher and principal. These experiences allowed him to remain deeply aware of and committed to the needs of akonga and kaiako in education spaces. His wide-reaching success and leadership as an academic in Māori education and psychology was exemplified by him receiving numerous awards across research, teaching, service and innovation.

As a leader, Angus was deeply reflective and considerate in his processes and words to ensure everyone's mana was upheld, including those in the room - fellow researchers, psychologists, board members - and the community. His approach guaranteed we all worked together in supporting Māori akonga (learners) and communities to meet their greatest potential for the betterment of Aotearoa. From 2013-2022 Matua Angus served as the kaihautū (Māori cultural adviser) for the New Zealand Psychological Society (NZPsS) executive committee, supporting nine presidents. Angus' gentle, calm and wise leadership created an empowering and inclusive executive, allowing people to feel valued and heard, regardless of position or status, enriching the lives and experiences of many executive members. Moana writes:

"It was rare to have had a person within a predominantly Pākehā organisation who was able to provide that feeling of safety and belonging for its Māori members. His humble, calm and steadfast manner drew people to him, and his expertise in advancing Māori outcomes was unquestionable, seeing him playing key leadership roles in Māori psychology and education, thus directly impacting Māori health and wellbeing."



Embodying a strength-based approach in both research and practice, Matua Angus' optimistic and aspirational nature led him to focus on and draw out the potential and positive attributions of people and spaces. Matua Angus helped nurture and support many academic and psychology careers, particularly emerging Māori academics and those with a keen interest in biculturalism. Angus understood the value of creating an environment rich in knowledge and opportunity. He never missed a chance to nurture the potential in others, wholeheartedly believing in his students, colleagues, and the Mātauranga of our ancestors. His unwavering belief in others and te iwi Māori, continues to ground us and give us confidence moving forward.

Reflective of his profound contributions in advancing mātauranga Māori in psychology, in 2024, Angus was named the inaugural recipient of the Te Tihi o Manono Award, a joint award by the New Zealand Psychological Society and the New Zealand College of Clinical Psychologists (supported by Ngā Pae o te Māramatanga Centre of Māori Research Excellence). The Te Tihi o Manono Award acknowledged the journey Macfarlane took over many years, to produce scholarship, research, and professional practice relevant to Māori communities but that benefited all Kiwi learners. (New Zealand Psychology Society, 2024). Angus was able to achieve this due to his dedicated and unwavering work ethic and ability to nurture meaningful relationships. Noting that it was not uncommon for Matua to contribute to kaupapa in three different cities all in one day.

Matua Angus' groundbreaking research work, particularly in education and psychology, emphasised the importance of culturally responsive practices. He spent his career championing Mātauranga Māori, highlighting necessary cultural foundations that nurture success for Māori learners in primary, secondary and tertiary settings, and showing pathways to respectfully bringing this mātauranga alongside Western knowledge and systems.

Angus leaves us with the He Awa Whiria (Braided Rivers) approach as providing a clear pathway forward, one that respects mana whanau and the knowledge of mātauranga Māori and, where appropriate, welcomes Western science with the wellbeing of people and place in mind. Critically, Angus showed us how to weave two together - with respect and uplifting the mana of all people and knowledge systems involved.

For us in psychology, Angus leaves a deeply impactful legacy of influential scholarship and an exemplary standard of manaakitanga, whose contributions extend far beyond academia. Matua Angus, we were so fortunate to know you. Your influence has enriched us as individuals and the psychology profession and education spaces. You were ahead of your time; your manner will continue to guide us, and your work will only become more influential as more of us engage with your legacy.

We are profoundly grateful to Sonja and the whānau of matua Angus for their generosity in allowing us time with him. Your support sustained and enriched his many contributions, and we are privileged to have worked alongside someone so exceptional. We will continue to honour his memory and the deep loss you carry.

E te tohunga o te manaaki tāngata e oki.

Whaia te iti kahurangi

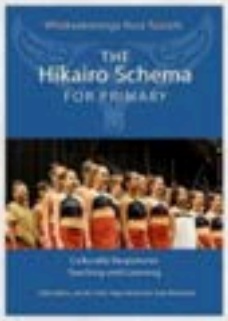














PROFESSOR ANGUS HIKAIRO MACFARLANE

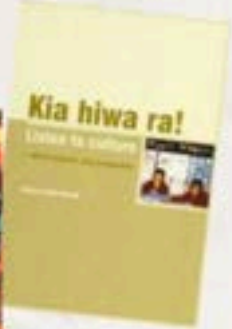
NGĀTI WHAKAUE

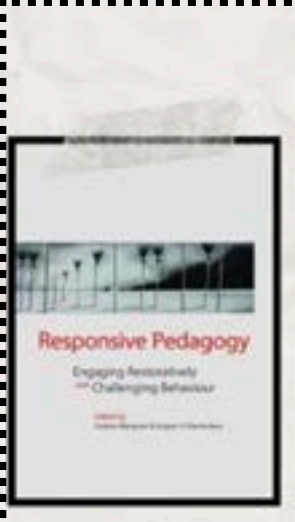
New Zealand Psychological Society
Rōpū Mātai Hinengaro o Aotearoa





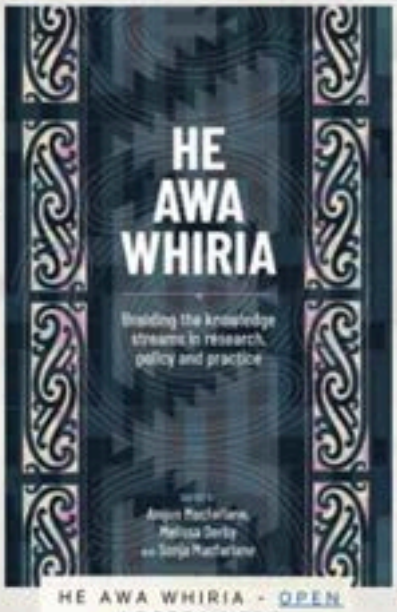












HE AWA WHIRIA - OPEN ACCESS HERE







Mana Whanau

Mana Motuhake

Mana Tū

Mana Ukaipo

Mana Tangatarua







2022 UNIVERSITY OF CANTERBURYINNOVATION MEDAL





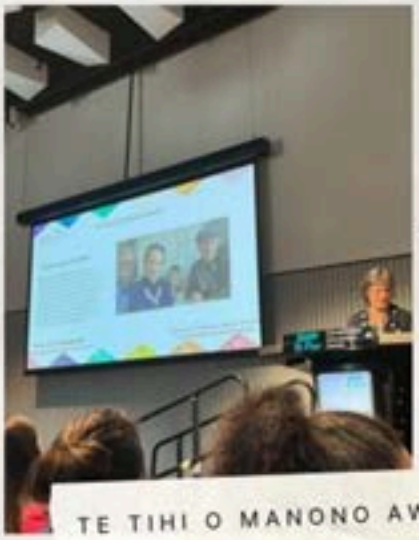




Koha to Angus from NSCBI and NZ Psychology Society.
Ka Awatea
carved by Mike Matchitt, muka and raukura by Donna Campbell









...ki te tuohu koe, me he maunga teitei

TE TIHI O MANONO AWARD





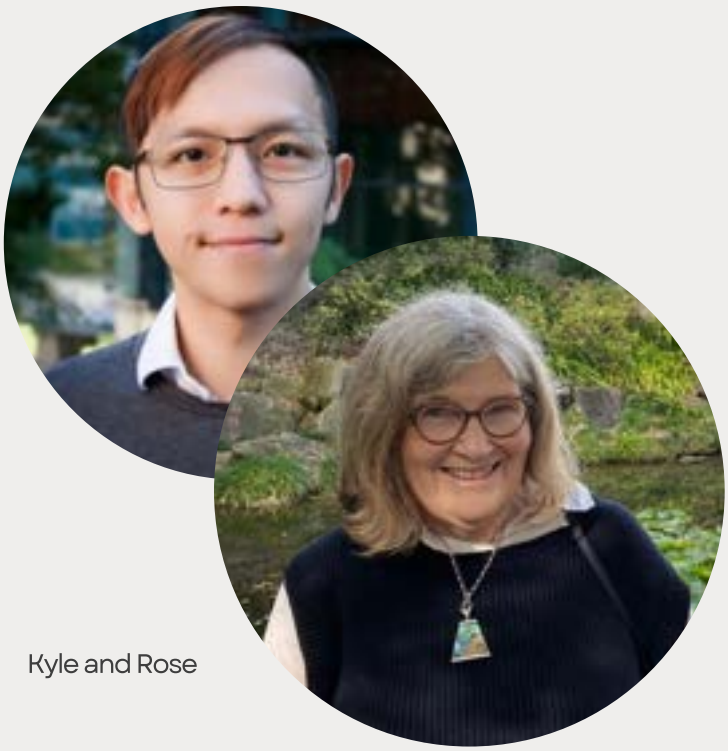
PROFESSOR ANGUS HIKAIRO MACFARLANE
COMPANION OF THE NEW ZEALAND ORDER OF MERIT FOR SERVICES TO EDUCATION, PSYCHOLOGY, AND MĀORI

NZPsS Kaihautū - Past, Present and Future

In 2011, Professor Angus Hikairo Macfarlane (CMZM) stepped into the role of kaihautū (Senior Māori Advisor) for NZPsS, succeeding kaumatua Huata Holmes (the first kaumatua for the Society). Angus served under multiple presidents and executive boards, playing a key role in expanding the Society's capabilities in honouring Te Tiriti o Waitangi. In his nomination for the Te Tihi o Manono award, which recognised Angus' achievements in advancing the collective aspirations of Māori in psychology, Māori psychologists expressed gratitude to him for always providing a feeling of 'home'. With the Executive team's endorsement, Angus formally handed the past president, Professor Waikaremoana Waitoki, "the rākau" to take on the kaihautū role in 2024.

The unfolding of an attack on the kaihautū's right to vote in Executive decisions at the 2024 NZPsS AGM is a moment to remember. Although the motion to obtain NZPsS members' consensus for recognising the kaihautū's voting rights was subsequently passed, there was a small pocket of individuals who opposed it. The opposition primarily stemmed from doubts about the kaihautū's credibility or whether they had the right qualifications to be part of the Executive team and influence the Society's direction. A few questioned the degree of democratic process underlying the appointment of the kaihautū.

All these discussions took place while the current kaihautu was sitting on stage, a very uncomfortable situation for her, as members debated her 'democratic' right to vote. A large part of the discussion seemed misinformed, with some voicing personal opinions without understanding the contributions of the kaihautū particularly in executive meeting, or how rarely voting was required in decision-making processes. It was also apparent that some were unaware of the esteemed status of both past and present kaihautu, in both te ao Māori and Pākehā, including Waikaremoana's training as a clinical psychologist. For Dr Rose Black, a community psychologist who has studied extensively on the makeup of Pākehā culture, the presence of Pākehā race talk was evident (Nairn & McCreanor, 1991).



Kyle and Rose

Long-time Society member and past-president Jack Austin proposed the motion and Rose was one of the members who stood up in support of kaihautū voting rights. In a conversation with Rose, she said she felt compelled to address the imbalanced power dynamics of Pākehā/tauiwi discussing whether Māori deserve a seat or a vote at the decision-making table. Since the establishment of NSCBI (now National Standing Committee of Te Tiriti; NSCTT), there have been decades of efforts by the Society to improve its relationship with Māori and increase Māori representation and engagement. As an NSCTT Pākehā caucus member, she could not afford to sit back passively and let a small minority ruin the progress made. For her, advocating for social justice was the right thing to do, even if it might be deemed unpopular.

From her time as an executive member, Rose appreciates the mana and wisdom both Huata and Angus brought to discussions and decision making which strengthened executive members understanding of inter-cultural relationships and Te Tiriti o Waitangi. With their guidance and generosity we were able to learn about, appreciate, and value te o Māori along with our Pākehā ways of doing things. The operations of the Society are greatly enriched by having kaumatua or kaihautū engagement, and this will continue with the current kaihautū who has been actively involved with the Society at local and international levels for many years.

The perception that Māori may be privileged by having representation on the Executive team and that it may be undemocratic corresponds to the wider anti-Māori societal discourses currently ongoing. An example is the Treaty Principles Bill, which proposes 'equality for everyone'. The NZPsS (2024) wrote a submission opposing the Bill's colourblind agenda and its intention to undermine Māori tino rangatiratanga. Such policies can have detrimental impacts on psychology practitioners and researchers in Aotearoa, as we have the responsibility to support all New Zealanders to thrive, including helping communities heal from colonisation, intergenerational trauma, and oppression.

The seeds that Angus planted remind us of the importance of cultural safety and the need to respect mātauranga Māori as knowledge with equal influence to that of western knowledge. These seeds must continue to grow. The current kaihautu has big shoes to fill. However, as members of NZPsS who have pledged to uphold He Whakaputanga and Te Tiriti o Waitangi in our practices, we can help dismantle the barriers for the kaihautu to guide us in becoming a culturally safe profession.

Reference

NZPsS. (2024). *Submission on Principles of Treaty of Waitangi Bill.* https://www.psychology.org.nz/about/news-media

Nairn, R. G., & McCreanor, T. N. (1991). Race talk and common sense: Patterns in Pākehā discourse on Māori/Pākehā relations in New Zealand. *Journal of Language and Social Psychology*, *10*(4), 245-262. https://doi.org/10.1177/0261927X91104002



Research-Practice-Education



Does Our Mental Health System Make Things Worse?

Sarah Whitcombe-Dobbs, PhD, is a senior lecturer and psychologist at the University of Canterbury, and the Programme Director for the child and family psychology postgraduate training programme.
Sarah also practises, primarily undertaking ACC service provision and assessments for the Family Court. She has worked in a range of roles and sectors with children, young people and whānau for more than 20 years. Her enduring interests are child maltreatment and the intergenerational transmission of trauma, with her research focusing on 'what works' for families involved with Oranga Tamariki. She has a pragmatic approach, and is deeply interested in interventions that reduce harm within families, and support children to develop according to their potential.



Over the past two decades, there has been a sharp increase in reported psychological distress among Aotearoa's youth, and in particular an increase in suicidality and self-harm (Sutcliffe et al., 2022). This mental health crisis has caused consternation among researchers, professionals, and the public, yet no significant improvements have occurred (Bradley, 2023; Menzies et al., 2020). Many sociocultural factors contribute to mental health outcomes (e.g. Hashemi et al., 2021; Telfar et al., 2023), and there is a simple mismatch between mental health needs among youth and available services. However, when youth with severe and complex mental health problems do access mental health services, these can be ineffective and family are left feeling frightened and frustrated (Every-Palmer et al., 2022; Government Inquiry into Mental Health and Addiction, 2018). Youth who present with chronic suicidality, are difficult to treat (Thabrew et al., 2018). Understanding why this is the case will help increase the effectiveness of mental health interventions.

Sutcliffe and colleagues (2024) conducted a cluster analysis of youth self-report data from the Youth'19 Survey. The findings were alarming, and if applied to the general population, more than one in five youth are in urgent need of mental health treatment that includes risk assessment, safety planning and monitoring (Sutcliffe et al., 2022; Sutcliffe et al., 2024). For these youth the answer is simple: there must be more resources allocated, and mental health workforce trained (Every-Palmer et al., 2022; Government Inquiry into Mental Health and Addiction, 2018). For high risk youth who intermittently receive tertiary services, there are more subtle consequences to this scarcity that are not well captured within the existing discourse.

There is a high degree of complexity and severity among most youth referred to Child and Adolescent Mental Health Services (CAMHS). By the time they are seen in person, youth may already have attempted suicide, and family are very frightened for their safety.

The intermittent schedule of reinforcement is a powerful driver for human behaviour; we know that actions that lead to a favourable outcome tended to be repeated. In a youth mental health setting, this means that unpredictable access to treatment can create a higher rate of bids for services. Mental health practitioners are aware of this, and youth suicidality can sometimes be seen by them and other young people as 'attention-seeking' or 'manipulative', with service responses escalated only if it is seen as serious and genuine (Crouch & Wright, 2004; Dixon-Ward & Chan, 2022). Phrases are used, such as saying a young person 'has an intent to die' to differentiate those who are deemed in need of treatment from those whose suicide attempts are deemed non-serious (and therefore may be safely ignored) (Andover et al., 2012). This interpretation is unethical. It is inaccurate to view self-harm and suicide attempts as non-serious – risk assessment is an imprecise science, and self-harm and former suicide attempts are predictors of completed suicide (Grandclerc et al., 2016).

Many youth with severe mental health needs are unable to self-regulate and self-soothe, and can engage in attachment-related 'resist-refuse' or 'push-pull' behaviours when professional validation is offered (Swee et al., 2020). Some of these may seem developmentally typical for the adolescent period, but are amplified in the context of distress (Pearse et al., 2020). This may look like: ignoring offers of help, expressing distress when help is ceased, or increasing distress when help is provided. For mental health professionals, this can be confusing and frustrating (Leddie et al., 2022), and sometimes help can be withdrawn as a result.

Typically, services are minimally sufficient to reduce unnecessary service provision. In the current climate, staff may consider whether a client's referral warrants a service when compared to others' needs. Thresholds are set for access to services, and some of the triaging work involves determining the severity of the client's presentation to aid in this decision (MacDonald et al., 2021).

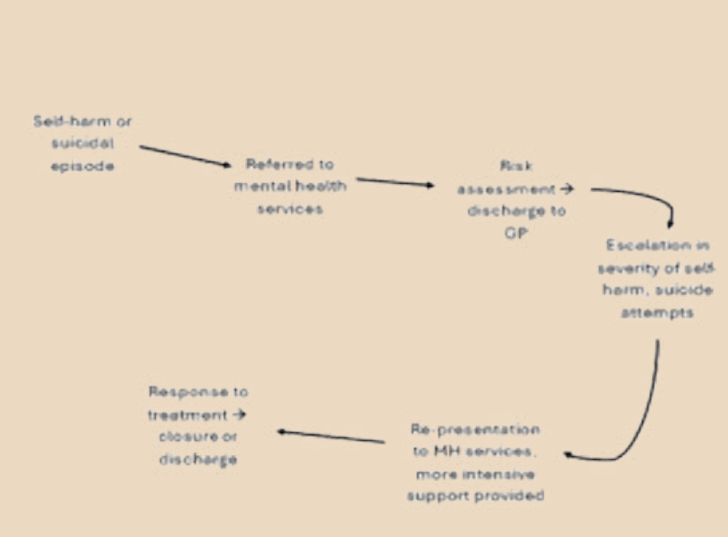


Figure 1. A simplified outline of service responses

A typical service response may proceed as follows, and is summarised in Figure 1. Following an incident of serious self-harm and referral to CAMHS, a risk assessment is undertaken followed by discharge to GP. Sometimes a safety plan is made, and sometimes this is not done. Things may settle initially, then there is another escalation resulting in a re-presentation to CAMHS. Sometimes, more intensive services are then provided with further assessment, some case management and access to a psychiatrist and/or some therapy (Thabrew et al., 2018). Following an improvement, they are then discharged and their case is closed. This is hypothetical; cycles occur and repeat in varying ways, yet the pattern remains – service access and withdrawal alternate, depending on services' estimations of the adolescent's level of risk.

It should be noted that many whānau are happy with the services that are provided. Practitioners in youth mental health care deeply about their work and often provide excellent care at the individual level (Saunders et al., 2012).

Young people's developmental experiences prior to treatment influence their perceptions. The Meihana Model describes the backdrop against which services are provided (Pitama et al., 2007). Māori youth and whānau carry the burdens and harms of colonisation. Youth may have experienced: child maltreatment, family dysfunction, family mental illness and addiction, poverty and housing problems, health problems, and prior experiences of discrimination (Appleby et al., 2024; Government Inquiry into Mental Health and Addiction, 2018).

These factors can contribute to feelings of shame, suspicion, and pessimism, and influence perceptions of health professionals.

Service responses should therefore consider the young person's attributions during the treatment pathway (see Figure 2). Feelings of shame and rejection frequently occur alongside self-harm or suicide attempts, and youth do not want to be a burden (Chu et al., 2017; Schienle et al., 2020). Recognition and a referral to CAMHS can be validating and hopeful. Health professionals are kind, reassuring, and take the situation seriously. When discharged, young people may interpret this as professionals thinking that there is nothing wrong, or that they were exaggerating (Dixon-Ward & Chan, 2022). When shame or rejection intensifies again, youth may not know how to express their distress without suicidality. When re-presenting to CAMHS, service again feels validating. When discharged sooner or later, youth may think that they are seen as no longer suffering. This is difficult when they are still feeling down, and it is again inadvertently invalidating. Throughout this cycle of service response and discharge or simply non-response (ignoring), micro-interactions also alternate between perceived validation and rejection; an intermittent schedule of reinforcement.

Several young people have gone to the media to explain this dilemma: "The way it goes is that you only get in there if you are suicidal. You have to be in crisis to get to that point" (Jane, quoted in Cooke, 2021).

They know that professionals are asking about suicidality to help decide whether they should get help. “I told them I was harming myself and that's when they cared. They only care when you're at risk, not anywhere before that. They never helped me with stuff that led me to do that. They never prevented it, until it was too late. It feels like no one is listening.” (Quinn, quoted in Cooke, 2021).

Health services rightly respond according to acuity and severity in order to save lives (MacDonald et al., 2021). Yet young people know this; in the case of self-injury there can be an interpersonal function, including the need to communicate to others the extremity of their felt distress (Steggals et al., 2020). Thresholds themselves can vary according to availability, meaning that sometimes suicidal ideation warrants response, yet at other times, only a suicide attempt warrants a service (Nock, 2008).



Figure 2 Young person’s thoughts and feelings occurring alongside service responses

It is therefore useful to frame mental health services as a participant within the therapeutic relationship. Some formulation models consider patterns between family and agencies (e.g. Connor & Fisher, 1997), but services themselves do not often evaluate themselves with these patterns in mind. If the agency was a parent, this parent would be alternating warm responsiveness with ignoring or dismissive behaviour. We know that this type of parenting elicits feelings of anxiety and uncertainty in children (Jones et al., 2015). Of course, services are not intentionally dismissive or ignoring concerns–they are overwhelmed. Capacity, stress, clinicians’ perceptions of what constitutes ‘severe’ problems all influence triage decisions (Thabrew et al., 2018). Staff turnover is high, with hefty caseloads being given to inexperienced staff members. Whānau who understand the system, and who can manage their emotions well correctly attribute system responses to the known problems related to system capacity, and do not take it as a personal rejection. Yet for those who struggle to take others’ perspective and to self-regulate (which is a high proportion of the CAMHS-referred population), the uncertainty and perceived invalidation elicits attachment-related distress.

How to manage this better? Rather than attributing blame to individual practitioners for factors outside their control, it is more useful to consider circular patterns. Just like a strong psychological formulation for an individual, this can lead to the identification of opportunities for change and better outcomes.

Several factors that are known to increase security within parent-child relationships. These include predictability, emotional availability, sensitivity and attunement, consistent boundaries, and meeting the child’s basic needs (Morris et al., 2017). These principles may help, when looking for feasible improvements.

Predictability may mean letting youth know the next steps, taking the time for careful communication. When in crisis and in an unfamiliar environment such as hospital, it can be hard to pay attention and remember what a professional has said. Youth often agree to suggestions, and say they have understood even when they have not. This is particularly true for Māori, Pacific peoples, and ethnic members whose English is a second language or who come from cultures where health professionals hold high status (Government Inquiry into Mental Health and Addiction, 2018). Therefore, providing an outline of options and next steps in written (or voice recorded) form gives young people and whānau a chance to go over information again at their own pace, and digest it.

Emotional availability from a professional means being accepting, curious and empathetic. Practitioners can be validating of the concerns, listen and take problems seriously without promising that a high level of service will be provided. Practitioners can directly address the possibility that young people may interpret discharge as a personal rejection. They can emphasise the seriousness of the problem, and acknowledge that case closure does not mean that all of the problems are solved. Sometimes, practitioners can justify their decision by emphasising all the positive aspects a person has reported, and in doing so, unhelpfully minimise the problems. Allowing young people and family to explain their continued worries, can prevent a feeling of being dismissed. It also provides the opportunity for a more detailed management plan to be created collaboratively, increasing youth safety (Simes et al., 2022). As part of this, reminding young people that a re-referral to mental health services is an option can reduce the feeling of rejection as it reminds them that they can return. This provides the sense of the service as

a ‘safe haven and secure base’

Sometimes there is repeated screening for suicidality, with a dismissal of less-serious worries. This can send the message that rapport-building only occurs with the goal of gaining an accurate suicide risk assessment. Sensitivity and attunement in practitioners can be manifested through noticing individual young people’s characteristics, remembering and showing this attention. When engaging, attending to emotional responses in the moment, and taking the time to understand these, shows sensitivity. Young people accessing treatment are astute observers and know when a practitioner is being genuine.

To sum up, systemic responses to youth suicidality can be lifesaving, but they can also inadvertently increase risk. Behavioural and attachment-related factors combine to drive suicidal behaviour in high-risk young people, and it is essential that psychologists understand and address these directly. Mental health professionals working in CAMHS settings are working in a context of crisis and scarcity, and there is a high rate of burnout. Yet services themselves should critically examine their own response patterns, and change these to increase care and safety for high-risk youth.

References

Andover, M. S., Morris, B. W., Wren, A., & Bruzzese, M. E. (2012, 2012/03/30). The co-occurrence of non-suicidal self-injury and attempted suicide among adolescents: distinguishing risk factors and psychosocial correlates. Child and Adolescent Psychiatry and Mental Health, 6(1), 11. https://doi.org/10.1186/1753-2000-6-11

Appleby, J., Staniforth, B., Kemp, S. P., & Connor, H. (2024). How should CAMHS work with young people who are involved with Oranga Tamariki? A literature review of principles for working with care-experienced young people. Aotearoa New Zealand Social Work, 36(2), 84–98. https://anzswjournal.nz/anzsw/article/view/1070

Bradley, A. (2023). The ‘rolling crisis’ in youth mental health that leaves thousands waiting weeks for help. https://www.rnz.co.nz/programmes/in-depth-special-projects/story/2018919377/the-rolling-crisis-in-youth-mental-health-that-leaves-thousands-waiting-weeks-for-help

Chu, C., Buchman-Schmitt, J. M., Stanley, I. H., Hom, M. A., Tucker, R. P., Hagan, C. R., Rogers, M. L., Podlogar, M. C., Chiurliza, B., Ringer, F. B., Michaels, M. S., Patros, C. H. G., & Joiner, T. E. (2017). The interpersonal theory of suicide: A systematic review and meta-analysis of a decade of cross-national research. Psychological Bulletin, 143(12), 1313-1345. https://doi.org/10.1037/bul0000123

Connor, D. F., & Fisher, S. G. (1997). An interactional model of child and adolescent mental health clinical case formulation. Clinical Child Psychology and Psychiatry, 2(3), 353-368. https://doi.org/10.1177/1359104597023004

Cooke, M. (2021). Teen shares experience of mental health system: 'It feels like no one is listening'. https://www.rnz.co.nz/news/national/457865/teen-shares-experience-of-mental-health-system-it-feels-like-no-one-is-listening

Crouch, W., & Wright, J. (2004). Deliberate Self-Harm at an Adolescent Unit: A Qualitative Investigation. Clinical Child Psychology and Psychiatry, 9(2), 185-204. https://doi.org/10.1177/1359104504041918

Dixon-Ward, K. C., & Chan, S. W. Y. (2022). ‘Faking it’: Exploring adolescent perceptions of depression (in)authenticity and ‘attention seeking’. British Journal of Clinical Psychology, 61(2), 177-196. https://doi.org/https://doi.org/10.1111/bjc.12339

Every-Palmer, S., Grant, M. L., & Thabrew, H. (2022). Young people don’t tend to ask for help more than once: Child and adolescent psychiatrists’ views on ailing mental health services for young New Zealanders. Australasian Psychiatry, 30(6), 684-688. https://doi.org/10.1177/10398562221115624

Government Inquiry into Mental Health and Addiction. (2018). He Ara Oranga : Report of the government inquiry into mental health and addiction. https://mentalhealth.inquiry.govt.nz/inquiry-report/he-ara-oranga/

Grandclerc, S., De Labrouhe, D., Spodenkiewicz, M., Lachal, J., & Moro, M.-R. (2016). Relations between nonsuicidal self-injury and suicidal behavior in adolescence: A systematic review. PLoS ONE, 11(4), e0153760. https://doi.org/10.1371/journal.pone.0153760

Hashemi, L., Fanslow, J., Gulliver, P., & McIntosh, T. (2021). Exploring the health burden of cumulative and specific adverse childhood experiences in New Zealand: Results from a population-based study. Child Abuse & Neglect, 122. https://doi.org/10.1016/j.chiabu.2021.105372

Jones, J. D., Cassidy, J., & Shaver, P. R. (2015). Parents’ self-reported attachment styles: A review of links with parenting behaviors, emotions, and cognitions. Personality and Social Psychology Review, 19(1), 44-76. https://doi.org/10.1177/1088868314541858

Leddie, G., Fox, C., & Simmonds, S. (2022). Nurses’ experiences of working in the community with adolescents who self-harm: A qualitative exploration. Journal of Psychiatric and Mental Health Nursing, 29(5), 744-754. https://doi.org/10.1111/jpm.12806

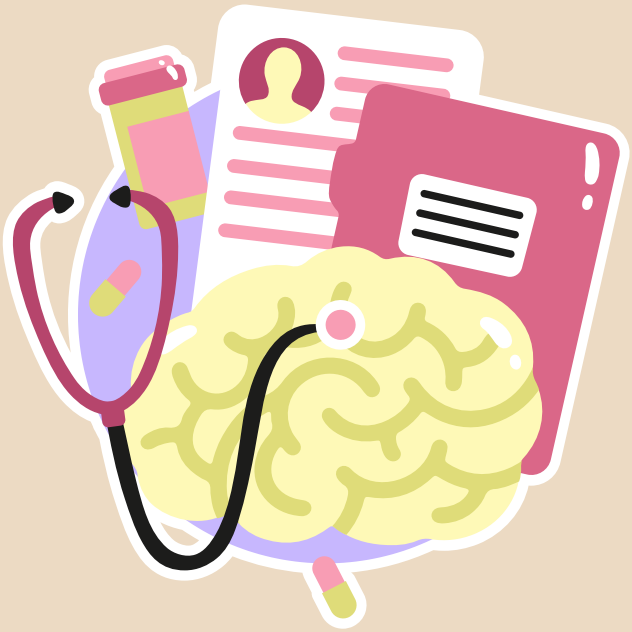
MacDonald, S., Sampson, C., Biddle, L., Kwak, S. Y., Scourfield, J., & Evans, R. (2021). Theorising health professionals’ prevention and management practices with children and young people experiencing self-harm: A qualitative hospital-based case study. Sociology of Health & Illness, 43(1), 201-219. https://doi.org/10.1111/1467-9566.13211

Menzies, R., Gluckman, P., & Poulton, R. (2020). Youth mental health in Aotearoa New Zealand: Greater urgency required. https://informedfutures.org/youth-mental-health-in-aotearoa-nz/

Morris, A. S., Criss, M. M., Silk, J. S., & Houltberg, B. J. (2017). The impact of parenting on emotion regulation during childhood and adolescence. Child Development Perspectives, 11(4), 233-238. https://doi.org/10.1111/cdep.12238

Nock, M. K. (2008). Actions speak louder than words: An elaborated theoretical model of the social functions of self-injury and other harmful behaviors. Applied and preventive psychology, 12(4), 159-168 https://doi.org/10.1016/j.appsy.2008.05.002

Pearse, E., Bucci, S., Raphael, J., & Berry, K. (2020). The relationship between attachment and functioning for people with serious mental illness: a systematic review. Nordic Journal of Psychiatry, 74(8), 545-557. https://doi.org/10.1080/08039488.2020.1767687
Pitama, S., Robertson, P., Cram, F., Gillies, M., Huria, T., & Dallas-Katoa, W. (2007). Meihana model: A clinical assessment framework. New Zealand Journal of Psychology, 36(3), 118-125. a 'safe haven and secure base'
Saunders, K. E. A., Hawton, K., Fortune, S., & Farrell, S. (2012, 2012/08/01/). Attitudes and knowledge of clinical staff regarding people who self-harm: A systematic review. Journal of Affective Disorders, 139(3), 205-216. https://doi.org/https://doi.org/10.1016/j.jad.2011.08.024
Schienle, A., Schwab, D., Höfler, C., & Freudenthaler, H. H. (2020). Self-disgust and its relationship with lifetime suicidal ideation and behavior. Crisis: The Journal of Crisis Intervention and Suicide Prevention, 41(5), 344–350. a 'safe haven and secure base'
Simes, D., Shochet, I., Murray, K., & Sands, I. G. (2022). A systematic review of qualitative research of the experiences of young people and their caregivers affected by suicidality and self-harm: Implications for family-based treatment. Adolescent Research Review, 7(2), 211-233. https://doi.org/10.1007/s40894-021-00164-3
Steggals, P., Lawler, S., & Graham, R. (2020). The social life of self-injury: exploring the communicative dimension of a very personal practice. Sociology of Health & Illness, 42(1), 157-170. https://doi.org/https://doi.org/10.1111/1467-9566.12994
Sutcliffe, K., Ball, J., Clark, T. C., Archer, D., Peiris-John, R., Crengle, S., & Fleming, T. (2022, 2023/02/01). Rapid and unequal decline in adolescent mental health and well-being 2012–2019: Findings from New Zealand cross-sectional surveys. Australian & New Zealand Journal of Psychiatry, 57(2), 264-282. https://doi.org/10.1177/00048674221138503
Sutcliffe, K., Wilson, M., Clark, T. C., Crengle, S., & Fleming, T. (2024). Distinct profiles of mental health need and high need overall among New Zealand adolescents – Cluster analysis of population survey data. Australian & New Zealand Journal of Psychiatry, 58(8), 678-692. https://doi.org/10.1177/00048674241243262
Swee, G., Shochet, I., Cockshaw, W., & Hides, L. (2020). Emotion regulation as a risk factor for suicide ideation among adolescents and young adults: Yhe mediating role of belongingness. Journal of Youth and Adolescence, 49(11), 2265-2274. https://doi.org/10.1177/00048674241243262
Telfar, S., McLeod, G. F. H., Dhakal, B., Henderson, J., Tanveer, S., Broad, H. E. T., Woolhouse, W., Macfarlane, S., & Boden, J. M. (2023). Child abuse and neglect and mental health outcomes in adulthood by ethnicity: Findings from a 40-year longitudinal study in New Zealand/Aotearoa. Child Abuse & Neglect, 145, 106444. https://doi.org/10.1016/j.chiabu.2023.106444
Thabrew, H., Gandeza, E., Bahr, G., Bettany, D., Bampton, C., Cooney, E., Coleman, N., & Tiatia-Seath, J. (2018). The management of young people who self-harm by New Zealand Infant, Child and Adolescent Mental Health Services: cutting-edge or cutting corners? Australasian Psychiatry, 26(2), 152-159. https://doi.org/10.1177/1039856217748248



Psychology in the Service of Peaceful Sleep: Theoretical Developments and Therapy Outcomes Relevant to Sleep Disturbance in Children

Neville Blampied is Emeritus Professor at University of Canterbury, School of Psychology, Speech and Hearing, Faculty of Science.

He is the recipient of the 2023 Hunter Award.

Neville was born in Devonport early in the baby boom era. He started school in one of the two rooms of the Whananaki North school and continued schooling in various parts of Northland, where his father was a dairy farmer. He decided to become a psychologist after reading a book by Hans Eysenck and studied at the University of Auckland (1964-1969), graduating MSc in 1969 with a thesis on hippocampal functioning in rats. He did some summer work at Oakley Psychiatric Hospital. Appointed Lecturer in Psychology at the University of Canterbury in 1970, he remained there until retirement in mid-2020, despite at first intending to stay only three years. He initially taught what was then called Physiological Psychology, but increasingly switched to teaching Learning, which became a major focus of his teaching and research, later including cognitive-behaviour therapy. With Bill Black he began teaching a graduate course in Behaviour Modification in the early 1970, continuing to teach updated/renamed versions of that course almost every year until 2022. Other courses he introduced to the Canterbury curriculum were Health Psychology and Family Psychology. His research also switched gradually from experimental to applied behaviour analysis projects, with a long-term interest in children's sleep disturbance (in collaboration with Karyn France, Jacki Henderson, and Laurie McLay, plus many wonderful graduate students). He has supervised over 100 thesis students and published 100+ academic papers. He served as Head of Department (2005 – 2012) and was National President of the Association of University Staff 2000-2001. He joined NZPsS in 1970 and was Director of Scientific Affairs 2004 - 2010. In retirement he continues to be active in research and supervision in Te Puna Toiora|Mental Health & Nutrition lab, and in the Goodnights programme developing and evaluating interventions for neurodiverse children and adolescents.

This paper is based on a Hunter Award address delivered at the NZ Psychological Society Annual Conference, Christchurch, 2024.
Author contact: Neville.blampied@canterbury.ac.nz



To experience sleep is to experience something very familiar to us all, as we have all slept for a substantial number of hours each day of our lives (except on occasion) and will continue to do so until the day we die. We are thus directly aware from personal experience of the benefits of sleep to our mood, emotion, cognition, and behaviour, and know how unpleasant and dysfunctional it can be to be deprived of sleep. Indeed, we now collectively recognise that sleep is one of the four pillars of human wellbeing along with social connection, nutrition, and exercise (Heffron, 2014). Yet, despite this individual and collective understanding of the importance of sleep, sleep difficulties and disturbances are common throughout the life span. This paper summarises a programme of research which has sought to help us, as psychologists, understand and treat these as they affect typically developing children and neurodiverse children and adolescents. Three research programmes have contributed to this: the Canterbury Sleep Project, the Good Nights Autism Project and the Good Nights Rare Genetic Neurodevelopmental Conditions (RGNC) project. These have all been collaborations with colleagues, PhD students and Masters and other postgraduate students; all of whom are most gratefully acknowledged, as are the families who participated, along with financial support from various sources (1).

Beginnings – The Canterbury Sleep Project

All parents, in anticipation of their child's birth, expect to experience sleep disruption while their child is an infant. And while there is an expectation that infants will ultimately learn to sleep through the night, the reality is that sleep disturbance can persist through infancy and early childhood. Local epidemiological research (Henderson et al., 2010) followed typically developing infants (~5% Māori) for the first 12 months of their life with parents completing a daily sleep diary for six days each month. The attainment of sleeping through the night was defined as having achieved one of the following criteria for five of the six nights: (1) no detected waking between 24.00 and 05.00 hours; (2) no detected waking in any eight hours; or (3) no waking between 22.00 and 06.00 (the family congruent criterion). At 12 months, 20% were still not sleeping through the night even by the most lenient criterion. This is consistent with international research that suggests that between 20 – 30% of children will experience sleep disturbance during childhood (Nunes & Bruni; 2015). Common elements of such disturbances in infancy are long latency to first go to sleep (sleep-onset delay; SOD), frequent and/or prolonged night wakings (NW), and unwanted bed-sharing with parents or siblings (wanted bed-sharing is not a clinical problem). In older children we can add bed resistance (escape/avoidance of bed preparation plus oppositional behaviour and tantrums at bedtime), curtain calls (repeated getting out of bed and/or demands for attention at bedtime) and early-morning waking (EMW; waking significantly earlier than desired or convenient for the household). These are measured primarily by means of a structured diary kept by the parents, from which data is later extracted. This may be supplemented by videosomonography (all-night video recordings of the child in bed) and/or by actigraphy (Horne & Biggs, 2013; Kuhn & LaBrot, 2022). Clearly, there is a need to understand how such problems develop and are maintained and to devise effective interventions for them.

A necessary first step was to answer the question 'is sleep a behaviour?'. The term 'sleep behaviour' is widely used, but we (Karyn France and I) decided early on that this was not helpful. Sleep is more properly viewed as a bio-behavioural state, like digesting lunch or being pregnant. Behaviour may be necessary to enter the state, remain in the state and emerge from the state, but the state is not itself a behaviour. What is remarkable about sleep is that the state is associated with the profound inhibition of overt behaviour (except for relatively rare parasomnias, such as sleep-walking), while waking up and resuming behaviour is not generally problematic. The focus for psychological understanding and treatment is, therefore, on entry into the state – getting to sleep, both on first settling into bed and subsequently if a night wake occurs (Blampied & France, 1993).

The conceptual groundwork for our research was laid in two classic papers. The first was a case study by Williams (1959) who reported

> *"successful treatment of tyrant-like tantrum behavior in a male child [age 21 months] by the removal of reinforcement. ...Consistent with the ... principle that ... behavior that is not reinforced will be extinguished, a parent ... put S to bed in a leisurely and relaxed fashion. After bedtime pleasantries, the parent left the bedroom and closed the door. S screamed and raged, but the parent did not re-enter the room. ... Extinction of the tyrant-like tantrum behavior then occurred."*

This paper demonstrated the importance of contingencies of reinforcement (specifically, parent attention and extinction by withdrawal of attention) in the maintenance and elimination of bed resistance and SOD. The second contribution was by Bootzin (1977) who stated

> *"Falling asleep is conceptualized as an instrumental act [i.e., an operant] emitted to produce reinforcement (i.e., sleep). Thus, stimuli associated with sleep become discriminative stimuli for ... reinforcement. Difficulty in falling asleep, then, may be due to inadequate stimulus control."*

This identified falling asleep as an operant behaviour, entering sleep as a reinforcing event, and emphasized the critical role of stimulus control, an idea central to Bootzin's Stimulus Control Therapy for (adult) insomnia which is a key component of Cognitive-Behavioural Therapy for Insomnia (CBT-I; Trauer, et al., 2015).

The Behavioural Model of Infant and Child Sleep Disturbance

On these foundations we built our behavioural model of infant sleep disturbance (Blampied & France, 1993). It has gone through a number of iterations and developments since, including casting it in a more developmental context (France & Blampied, 1999), extending it to cover the life span (Blampied & Bootzin, 2013), integrating it with functional assessment (Blampied, 2013) and adapting it to fit neurodiversity (specifically, autism; Blampied & van Deurs, 2022). I outline key elements of the model below.

Motivation: The motivational state for sleep is sleep pressure. This waxes and wanes over the 24-hour circadian cycle, growing with time awake and declining with hours asleep. We go to sleep most easily when sleep pressure is high so aligning bedtime with high sleep pressure is important.

The bed environment: A set of principles known as sleep hygiene (Stepanski & Wyatt, 2003) specify the optimum bed environment. Ideally, we should sleep in places that are dark, quiet, at a comfortable temperature and device-free. While these principles provide a useful checklist against which an individual's sleep setting can be judged and improved where possible, it needs to be recognised that these principles must be applied with recognition of the cultural context of the family (Jones et al., 2017) and the impact of factors such as poverty, levels of urban noise and light pollution, crime and strife, and the growing impact of global warming temperatures.

The bedtime behaviour chain: A consistent bedtime routine is important to successful sleep (Mindell & Williamson, 2018). A routine can be thought of as a behaviour chain – a standard sequence of behaviours that end in a terminal link, the link where the reinforcer is consumed by means of the consummatory response. Each link is signalled by a discriminative stimulus (SD; e.g., a parent saying 'Time for bed' or a clock showing 7.30pm) which also functions as a secondary reinforcer for completion of the prior link in the chain. Through these dual functions (discrimination and reinforcement) SDs hold the chain together and guide its completion. For the bedtime routine, the consummatory response in the terminal link is behavioural quietude (strictly, behavioural, cognitive and emotional quietude), a period marked by low levels of behavioural, cognitive and emotional arousal. This consumes the reinforcer of sleep. Thus, if an individual does not have a pre-bed routine it is important to establish one, and to ensure that the critical SDs are present, salient, and not overshadowed by other stimuli. SDs may be exteroceptive (e.g., an instruction or a specific clock time), interoceptive (feeling tired) and proprioceptive (postural; especially important in the terminal link). Critically, sleep resumption after a night waking requires that the SDs present in the terminal link are present to promote sleep resumption. For infants and children, if such SDs have been parent-provided (e.g., nursing, rocking, stroking) these must be reinstated if the individual is to go back to sleep. This results in children signalling that they are awake and parents necessarily responding to night wakings to reinstate the critical SDs, thereby providing reinforcement for the sleep disturbance and maintaining its occurrence.

Choice and its contingencies: The bedtime behaviour chain is technically a concurrent chain. Concurrent chains are chains of behaviour which have embedded choice points, at which a switch can be made to another chain, but once the choice is made the chosen behaviours must be emitted until the next choice point is reached. For example, one may enter the bathroom while preparing for bed, and have a choice of using the toilet, cleaning teeth, or having a shower. Choice of any one of these options (which are themselves behaviour chains) will preclude performing any of the others until the chosen behaviour is finished. Completion of the bedtime chain thus faces recurrent potential disruption from concurrently available alternative behaviours (e.g., watching TV; calling out to parents) and the reinforcement from engaging with these is often more immediate than the (delayed) reinforcer of sleep. So, as much as possible, competing behaviour chains should be placed on extinction in order to facilitate the completion of the bedtime routine. As a further treatment element it is often helpful to provide immediate reinforcement for completing intermediate steps in the bed-preparation chain. These can be faded out when the bed routine is well-established (2).

Evidence for the Model

What evidence is there for this model? Regarding motivation, we have not specifically manipulated motivational factors in our research, but we always negotiate age-appropriate and family congruent bed and wake times and discourage age-inappropriate naps (to promote sleep pressure at night). Where a child's actual going to sleep time is much later than their ideal bedtime (often because of bed resistance and/or prolonged SOD) a procedure called bedtime fading (Schreck, 2022) can be used to bring bedtime and sleep time into alignment. We do have good evidence that predictions from the model about SDs are correct. Henderson et al (2020) examined the longitudinal data of Henderson et al (2010) to look for early predictors (at one month) of later sleep problem status. The infants were grouped into those with and without sleep problems at six and again at twelve months, and then discriminant function analysis was used to identify factors at one month that best predicted group membership at six and 12 months. These best predictors included total number of parent-provided settling behaviours and parent presence at initial sleep onset, directly consistent with the model. Finally (following Williams, 1959), it has been clearly shown that placing crying and calling out on extinction after a child has been settled to bed is successful in reducing and often eliminating sleep onset difficulties (SOD) and night waking (France & Hudson, 1990).

Thus, what we have come to call unmodified extinction (or unmodified planned ignoring as a descriptive alternative term) works, often rapidly, to treat infant sleep disturbance. There is, however, a problem inherent in the use of extinction, which is the occurrence of extinction bursts, brief episodes where the frequency and/or intensity of the problem behaviour rises above baseline levels before the reduction in behaviour characteristic of extinction is observed. These extinction bursts can be clinically managed and parents supported to work through them, but they are aversive and provoke negative parent and professional opinion, so we (and many others) have looked for ways of modifying extinction to eliminate or reduce these bursts.

As an alternative we have settled on a procedure developed by Sadeh (1994), known as extinction with parental presence (parental presence for short; France, 2011). In this procedure, having completed their bedtime settling routine, the parent, rather than leave the room, lies on another bed or sits in a chair or on the floor, in a position where their child can see them, but the parent does not further interact with the child other than for safety reasons. The non-responsiveness is the extinction component. The continued visible presence of the parent is thought to activate and maintain attachment and thereby reduce/prevent distress. After the child goes to sleep the parent can leave the bedroom and once the child settles to sleep without incident for approximately seven consecutive nights the parent can cease using the parental presence procedure and just leave the room upon competing bedtime routines. It is sometimes necessary (especially for neurodiverse children) to modify this into a faded parental presence procedure, in which the parent moves their location in small steps over successive nights from near the bed to the doorway and out the door (Carnett & McLay, 2022).

We evaluated parental presence along with unmodified extinction and another modification called minimal check in a single-case research design randomised controlled trial (RCT; France & Blampied, 2005). All three treatments reduced waking, but the parental presence procedure was as effective as the unmodified extinction procedure in reducing NW. It was also associated with the least distress and found to be not particularly stressful for the parents to use. They also rated it as highly acceptable. For these reasons we consider it a preferable treatment than unmodified extinction. Nevertheless, the use of extinction procedures of any kind remains controversial.

Are Behavioural Sleep Treatments Harmful?

Several studies have addressed the question "Is exposure to extinction in behavioural sleep treatments (BST) harmful? In a local study, France (1992) examined changes in Infant Security and in Child Behavioural Characteristics (e.g., likeability, agreeableness, emotionality) in three groups of neurotypical infants, one who received extinction-based BST for sleep disturbance, one who had untreated sleep disturbance, and a control group without sleep disturbance who received no intervention. Infant security significantly increased in the treatment group with the others unchanged. In the treatment group likeability, agreeableness and emotionality changed to match the control group, and the only deterioration observed was in likeability in the untreated group. More recently, an Australian study (Price et al., 2012) reported a five-year follow-up of a RCT of BST and found no evidence of harm (nor of benefit) to either children or mothers.

While encouraging, this research does not address a central concern of critics of BST, namely the issue of impairment of infant attachment by withdrawing parent attention and responsiveness to instigate extinction. Gökçe Akodan, for her PhD research, recruited 18 families (17% Māori) each with a 12-month-old child with chronic and clinically severe sleep disturbance. Ten families agreed to undertake BST (choosing either the parental presence or minimal check procedure) while the remaining eight families declined treatment but participated in the same assessments as the treated group, including assessment of attachment using the Strange Situation. Treatment produced clinically significant reductions in sleep disturbance while the comparison group did not change. Attachment improved for nine out of ten treated children while remaining unchanged or deteriorating for children in the untreated group (Akodan et al., 2024).

In conclusion, the evidence is we can be confident for neurotypical infants and young children that BST based on applying the behavioural model outlined above will (given appropriate implementation and support to the parents) resolve sleep disturbances while being acceptable to parents, not generally seriously stressful, and without evident harm to the psychological wellbeing of the child.

The Good Nights Autism Programme

In 2014 the research added a new focus. Laurie McLay led the development of the Good Nights programme (https://www.canterbury.ac.nz/news-and-events/news/a-good-night-s-sleep-key-for-children-with-autism--study-shows) focusing on children and adolescents with autism. Autism is associated with

high prevalence of sleep disturbance in childhood and through adolescence, estimates ranging from 30% to 80% (Kotgal & Broomall, 2012). We continued to use single-case multiple-baseline across participants as the research design, parent-recorded sleep diaries as the primary data source supplemented by the Children's Sleep Habits Questionnaire (CSHQ; Owens et al., 2000) and the Sleep Problems Scale (SPS; a rating scale that summarised the diary data into a single score), and interventions that were parent-implemented. New features were the incorporation of a more explicit functional behavioural assessment (FBA) process (Blampied, 2013) to accommodate the more complex and challenging behaviours typically observed in autism, via the Sleep Assessment and Treatment Tool (Jin et al., 2013), and the use of the Guided Participation Model (Saunders & Burke, 2014) to communicate the findings of the FBA, the case conceptualization and the treatment plan to the parents [see the Clinical Handbook of Behavioral Sleep Treatment in Children on the Autism Spectrum (McLay et al., 2022) for a comprehensive overview of our autism research].

McLay et al (2021) reported the overall outcomes found across a series of studies involving 41 cases (median age = 7 years, range 3 – 15 years; ~10% Māori) rated as having moderate to severe autism, assessed by comparing baseline with immediate post-treatment and then short (~ two months) and long-term (~ 4 months) follow-up. Results were encouraging. On the SPS at post-treatment the effect size Cohen's d = 1.65, a conventionally large effect. The Percent Superiority effect size = 90%, showing that the probability of a randomly selected case having an improved sleep score at post-treatment was large. The improvement was maintained at follow-up, and ratings of parent acceptability were high. We also assessed a range of variables to see what were associated with increased baseline severity of the sleep problem and if these had any impact on response to treatment. At baseline, girls, younger children and those with more severe autism symptoms had more severe sleep problems, but none of these differences had any substantive effect on response to treatment. Importantly, those families who participated by telehealth had outcomes essentially equivalent to those who were seen face-to-face. We also looked for any collateral benefits of improving sleep (Hunter et al., 2020). For the children, there was a moderate reduction in autism symptoms (d = .53), an effect more evident for those with less severe symptoms at baseline. There were also small to moderate improvements in overall behaviour. Benefits for the parents included small-moderate reductions in mothers' anxiety and improvements in sleep quality, and a small improvement in fathers' relationship quality (McLay et al., 2022).

Given the positive findings regarding telehealth noted above and given the severe problems of access to services for autism experienced by many families, we then more systematically evaluated a telehealth intervention. Through two iterations of the curriculum, Monique Clark investigated a stepped-care telehealth approach, where all families first completed (at times convenient to the family) a six-module web-based psycho-education resource, then could select first, individualised tip sheets, and then if further support was needed, therapist coaching in group sessions. Fourteen families (28% Māori) with autistic children aged 12 – 18 years participated. At end of treatment most children's sleep had improved (d = 2.08; a large effect) and these gains were maintained at five to six months follow up (Clarke et al., 2024a; b). We also observed some collateral benefits for children's behavioural and emotional difficulties and health-related quality of life while parents reported some improvements in their own sleep and wellbeing (Clark et al., 2025).

Other autism-related research has looked at the problem of stereotypy and also at the extent to which the child/adolescent can participate in the design and implementation of their own treatment. Stereotypy of various kinds may occur both day and night, and when occurring at night can interfere with sleep (both that of the target individual and of other family members), although some stereotypy is said to be soothing (Hunter et al., 2022). Hunter et al (2021) reported successful treatment of night-time, sleep-interfering stereotypy by interventions directed at the motivation for and contingencies influencing the stereotypy behaviour. In another series of studies Jenna van Deurs demonstrated that autistic young people could successfully be involved in their own therapy, especially where this involved sleep hygiene and stimulus control elements. Where contingencies needed amendment additional parent support was often required (van Deurs, 2022; van Deurs et al., 2021).

The Good Nights RGNC Programme

Another group of neurodiverse individuals at high risk of sleep problems are those with RGND. These are rare conditions (<1 case/2000 individuals) associated with a range of chromosomal alterations. They include Angelman Syndrome, Smith Magenis Syndrome, Prader-Willi Syndrome and Di George Syndrome. These children have a high prevalence of sleep problems (~90%) along with intellectual

disability and medical fragility (McLay, et al., 2019). For her PhD research Emma Woodford recruited 26 families with a child aged 18mo to 19 years old (16 males, ~19% Māori) with some form of RGNC and sleep disturbance. Mostly by telehealth these families were enrolled in individualized, parent-implemented BST. Functional assessment showed that motivational factors, social attention and tangible reinforcement were common maintaining factors for the sleep disturbances. At end of treatment and at short- and long-term follow-up Wodward et al (2024a, b) reported that effect sizes for improved sleep were all large (all d > 1.2) and statistically reliable, and that the Percent Superiority ES were high (>90%). Acceptability was also rated as high.

As before, we looked for any collateral benefits of participation in treatment (Woodford et al., 2024c). For the children there were small-moderate (d = .42 - .56) improvements in pediatric quality of life, externalizing behaviour and the total difficulties score on the Strengths and Difficulties Questionnaire. For the parents (only mothers as there were insufficient responses from fathers for analysis) there was a large improvement (d = .90) in sleep quality, and moderate improvement in the Depression Anxiety and Stress Scale Total score (a measure of overall psychological distress).

Summary and Conclusions

Refreshing sleep is important to health and wellbeing throughout the life span. Unfortunately, many typically developing infants and children and their families experience chronic sleep disturbances, and for neurodiverse children such problems are even more common. It is highly desirable that psychologists can offer families evidence-based, effective and acceptable treatments. The BST we have investigated are grounded in a comprehensive theoretical model based on fundamental behavioural principles and there is evidence that supports core assumptions of the model, especially those relating to the importance of contingencies of reinforcement and stimulus control. There is ample evidence from our own and others' research that BST for sleep disturbance in neurotypical infants and children are effective, although the degree to which they are effective does depend on the understanding and cooperation of the parents and the extent to which they are supported through the first few days of implementation. We recommend the use of the parental presence procedure because it is effective while reducing infant distress and parent concerns, but other extinction-based procedures are also effective, although they may require more clinician support for the parents if they are to implement the treatment with sufficient fidelity and cope with any extinction bursts that may occur. Direct treatment benefits on sleep are maintained for at least several months, although more extensive follow-up research is clearly needed. So far there is no evidence that child wellbeing, security or attachment is harmed by exposure to BST. There is, unfortunately, a dearth of evidence on collateral benefits of treatment for the treated child, their parents and any siblings. Over all our studies we have found that the various BST we have examined have been rated as acceptable by parents, although the time and effort they require is often noted by parents as a disadvantage.

We have also shown that the model that underlies our BST can be extended trans- diagnostically to autistic children and adolescents and those with RGNC. In deploying the model in these contexts more explicit use needs to be made of functional behavioural assessment to accommodate the increase in severity and complexity encountered, and explicit use of the Guided Participation Model (adapted where necessary for the cultural context of the family) is recommended to facilitate parent understanding, cooperation and implementation with fidelity (France, 2022). The approach is adaptable to telehealth applications, although where the sleep disturbance is severe, the child diagnostically complex and the family is experiencing challenging circumstances, online (synchronous) coaching (individual or group) may well be required. Nevertheless, the effectiveness of the telehealth approach is encouraging, given the widespread barriers there are for families to access help for children's sleep disturbances.

There is, of course, a need for more research. Studies with long-term follow-up that examine a wide range of psycho-social, health and well-being outcomes are much needed. We also need researchers to more systematically examine collateral benefits for the target child and other family members over the longer term. It would be highly desirable to also investigate providing prevention interventions, not only for parents of new-born neurotypical infants but especially for parents who are receiving diagnoses of autism or RGNC for their children. Preventing the development of severe and chronic sleep disturbances in such cases would be of immense benefit to the families concerned. We should encourage the extension of BST research to other transdiagnostic contexts were sleep disturbances are known to occur, such as for infants born premature (Bennett et al., 2018). Finally, if psychology is to meet the challenge of promoting peaceful sleep and its benefits for everybody's general wellbeing, we need to rise to the challenge of effectively disseminating our knowledge and treatments to parents,

professionals and the health system generally. Only then will sleep become, in Shakespeare's words (Macbeth, Act 2, Scene 2), "chief nourisher in life's feast" for us all.

References

Akodan, G, Y., France, K., & Blampied, N. (2024). Effects of behavioral sleep intervention on infant attachment quality and parental wellbeing. Paper presented at the International Pediatric Sleep Association, Glasgow, Scotland, April 26-28, 2024

Bennet, L., Walker, D.W., Horne, R.S.C. (2018). Waking up too early - the consequences of preterm birth on sleep development. Journal of Physiology, 596, 5687-5708.

Blampied, N. M. (2013). Functional behavioral analysis of sleep in infants and children. In A. R. Wolfson, & H. E. Montgomery-Downs (Eds.). The Oxford Handbook of Infant, Child, and Adolescent Sleep and Behavior (pp. 169-188). Oxford University Press.

Blampied, N. M., & Bootzin, R. R. (2013). Sleep: A behavioral account. In G. J. Madden (Editor-in-chief.), APA Handbook of Behavior Analysis Vol 2: Translating Principles into Practice (pp. 425-453). American Psychological Association.

Blampied, N. M., & France, K. G. (1993). A behavioral model of infant sleep disturbance. Journal of Applied Behavior Analysis, 26(4), 477-492.

Blampied, N.M., & van Deurs, J. (2022). A conceptual framework for understanding and designing behavioral interventions for sleep problems in children on the autism spectrum. In L.K. McLay, K.G. France, & N. M Blampied (Eds.). Clinical Handbook of Sleep Treatment in Children on the Autism Spectrum (pp 59 – 74). Springer.

Bootzin, R.R. (1977). Stimulus control treatment for insomnia. In R. Stuart (Ed.). Behavioral self-management: Strategies and Outcomes (p176 – 195). Brunner-Mazel.

Carnett, A., & McLay, L.K. (2022). Behavioral extinction as a treatment for sleep problems in children on the Autism spectrum. In L.K. McLay, K.G. France, & N. M Blampied (Eds.). Clinical Handbook of Sleep Treatment in Children on the Autism Spectrum (pp 177– 189). Springer.

Clarke, M. A., McLay, L. K., France, K. G., & Blampied, N. M. (2024a). An evaluation of a stepped-care telehealth program for improving the sleep of autistic children. Research in Autism Spectrum Disorders, 112, 102356.

Clarke, M., McLay, L., France, K., & Blampied, N. (2024b). Telehealth-delivered behavioral sleep interventions for Autistic children: An evaluation of an enhanced stepped-care approach. Research in Autism Spectrum Disorders, 117, 102456.

Clarke, M., McLay, L., France, K., & Blampied, N. (2025). An evaluation of the collateral child and parent outcomes of telehealth-delivered behavioral sleep intervention for Autistic children. Research in Autism Spectrum Disorders, 119, 102514.

France, K. G. (1992). Behavior characteristics and security in sleep-disturbed infants treated with extinction. Journal of Pediatric Psychology, 17(4), 467-475.

France, K.G. (2011). Extinction with parental presence. In M.L. Perlis, M. Aloia, & B. Kuhn (Eds.). Behavioral Treatments for Sleep Disorders (pp275 – 283). Academic Press.

France, K. G. (2022). Including Parents of Children with Autism and Sleep Problems as Co-therapists: A Guide to Assessment and the Guided Participation Model. In Clinical Handbook of Behavioral Sleep Treatment in Children on the Autism Spectrum (pp. 19-34). Springer.

France, K., & Blampied, N. (1999). Infant sleep disturbance: Description of a problem behaviour process. Sleep Medicine Reviews, 3(4), 265-280.

France, K. G., & Blampied, N. M. (2005). Modifications of systematic ignoring in the management of infant sleep disturbance: Efficacy and infant distress. Child & Family Behavior Therapy, 27(1), 1-16.

France, K. G., & Hudson, S. M. (1990). Behavior management of infant sleep disturbance. Journal of Applied Behavior Analysis, 23(1), 91-98.

Heffron, T. M. (2014). Sleep well, be well: A national health priority. American Academy of Sleep Medicine. http://sleepeducation.org/news/2014/05/16/sleep-well-be-well-a-national-health-priority

Henderson, J. M. T., France, K. G., Owens, J. L., & Blampied, N. M. (2010). Sleeping through the night: The consolidation of self-regulated sleep across the first year of life. Pediatrics, 126(5), e1081-e1087.

Henderson, J. M., Blampied, N. M., & France, K. G. (2020). Longitudinal study of infant sleep development: Early predictors of sleep regulation across the first year. Nature and Science of Sleep, 12, 949-957.

Horne, R. S. C. & Biggs, S.N. (2013). Actigraphy and sleep/wake diaries. In A.R. Wolfson & H.E. Mongomery-Downs (Eds.). The Oxford Handbook of Infant, Child, and Adolescent Sleep and Behavior (pp197 – 203). Oxford University Press.

Hunter, J. E., McLay, L. K., France, K. G., & Blampied, N. M. (2020). Systematic review of the collateral effects of behavioral sleep interventions in children and adolescents with autism spectrum disorder. Research in Autism Spectrum Disorders, 79, 101677.

Hunter, J., McLay, L.K., France, K.G., & Blampied, N.M. (2021). Sleep and stereotypy in children with autism: Effectiveness of a function-based behavioral treatment. Sleep Medicine, 80, 301 – 304.

Hunter, J., McLay, L.K., France, K.G., & Blampied, N.M. (2022). The assessment and treatment of stereotypy in the sleep context. In L.K. McLay, K.G. France, & N. M Blampied (Eds.). Clinical Handbook of Sleep Treatment in Children on the Autism Spectrum (pp 191 - 207). Springer.

Jin, C. S., Hanley, G. P., & Beaulieu, L. (2013). An individualized and comprehensive approach to treating sleep problems in young children. Journal of Applied Behavior Analysis, 46(1), 161-180.

Jones, H. M., Barber, C. C., Nikora, L. W., & Middlemiss, W. (2017). Māori child rearing and infant sleep practices. New Zealand Journal of Psychology, 46, 30 – 37

Kotagal, S., & Broomall, E. (2012). Sleep in children with autism spectrum disorder. Pediatric Neurology, 47(4), 242-251.

Kuhn, B.R., & LaBrot, Z.C. (2022). Direct and indirect sleep assessment in children with Autism Spectrum Disorder. In L.K. McLay, K.G. France, & N. M Blampied (Eds.). Clinical Handbook of Sleep Treatment in Children on the Autism Spectrum (pp 47 – 58). Springer.

McLay, L., Roche, L., France, K. G., Blampied, N. M., Lang, R., France, M., & Busch, C. (2019). Systematic review of the effectiveness of behaviorally-based interventions for sleep problems in people with rare genetic neurodevelopmental disorders. Sleep Medicine Reviews, 46, 54–63.

McLay, L.K., France, K.E., & Blampied, N.M. (2022) (Eds.). Clinical Handbook of Behavioral Sleep Treatment in

Children on the Autism Spectrum. Springer Nature.
McLay, L., France, K., Blampied, N., van Deurs, J., Hunter, J., Knight, J., Hastie, B., Carnett, A., Woodward, E., Gibbs, R., & Lang, R. (2021). Function-based behavioral interventions for sleep problems in children and adolescents with autism: Summary of 41 clinical cases. Journal of Autism and Developmental Disorders, 51, 418-432.
McLay, L. L., France, K. G., Blampied, N. M., Hunter, J. E., van Deurs, J. R., Woodford, E. C., & Lang, R. (2022). Collateral child and parent effects of function-based behavioral interventions for sleep problems in children and adolescents with autism. Journal of Autism and Developmental Disorders, 52(5), 2258-2273.
Mindell, J. A., & Williamson, A. A. (2018). Benefits of a bedtime routine in young children: Sleep, development, and beyond. Sleep Medicine Reviews, 40, 93-108.
Nunes, M. L., & Bruni, O. (2015). Insomnia in childhood and adolescence: clinical aspects, diagnosis, and therapeutic approach. Jornal de Pediatria, 91, S26-S35.
Owens, J.A., Spirito, A., & McGuinn, M. (2000). The Children's Sleep Habits Questionnaire (CSHQ): Psychometric properties of a survey instrument for school-aged children. Sleep, 23(8), 1042 – 1052.
Price, A. M., Wake, M., Ukoumunne, O. C., & Hiscock, H. (2012). Five-year follow-up of harms and benefits of behavioral infant sleep intervention: randomized trial. Pediatrics, 130(4), 643-651.
Sadeh, A. (1994). Assessment of intervention for infant night waking: parental reports and activity-based home monitoring. Journal of Cnsulting and Clinical Psychology, 62(1), 63.
Sanders, M. R., & Burke, K. (2014). The "hidden" technology of effective parent consultation: A guided participation model for promoting change in families. Journal of Child and Family Studies, 23, 1289-1297.
Schreck, K. A. (2022). Bedtime fading and bedtime fading with response cost. In L.K. McLay, K.G. France, & N. M Blampied (Eds.). Clinical Handbook of Behavioral Sleep Treatment in Children on the Autism Spectrum (pp. 137-150). Springer Nature.
Stepanski, E. J., & Wyatt, J. K. (2003). Use of sleep hygiene in the treatment of insomnia. Sleep Medicine Reviews, 7(3), 215-225.
Trauer, J. M., Qian, M. Y., Doyle, J. S., Rajaratnam, S. M., & Cunnington, D. (2015). Cognitive behavioral therapy for chronic insomnia: a systematic review and meta-analysis. Annals of Internal Medicine, 163(3), 191-204.
van Deurs, J. R., France, K. G., McLay, L. K., & Blampied, N. M. (2021). Cognitive-behavioral treatment of sleep disturbance in children and adolescents with autism: Eight case studies using functional behavior assessment. Research in Autism Spectrum Disorders, 86, 101823.
van Deurs, J. (2022). Including children and adolescents on the Autism spectrum in the treatment of sleep disturbance. In L.K. McLay, K.G. France, & N. M Blampied (Eds.). Clinical Handbook of Sleep Treatment in Children on the Autism Spectrum (pp 251 - 270). Springer.
Williams, C. D. (1959). The elimination of tantrum behavior by extinction procedures. The Journal of Abnormal and Social Psychology, 59(2), 269.
Woodford, E. C., McLay, L. K., France, K. G., & Blampied, N. M. (2024a). The lighter touch: Less-restriction in sequentially implemented behavioral sleep interventions for children with rare genetic neurodevelopmental conditions. Journal of Autism and Developmental Disorders, 1-22. Published online 7th February, 2024.
Woodford, E. C., France, K. G., Blampied, N. M., Hanning, U., Swan, C. E., & McLay, L. K. (2024b). Behavioral sleep interventions for children with rare genetic neurodevelopmental conditions: A retrospective analysis of overall outcomes for 26 cases. Advances in Neurodevelopmental Disorders, 1-16. Published online 7th May, 2024.
Woodford, E. C., McLay, L. K., France, K. G., Blampied, N. M., & Swan, C. E. (2024c). Collateral Child and Parent Effects of Behavioral Sleep Interventions for Children with Rare Genetic Neurodevelopmental Conditions. Advances in Neurodevelopmental Disorders, 1-16. Published online 8th May, 2024.

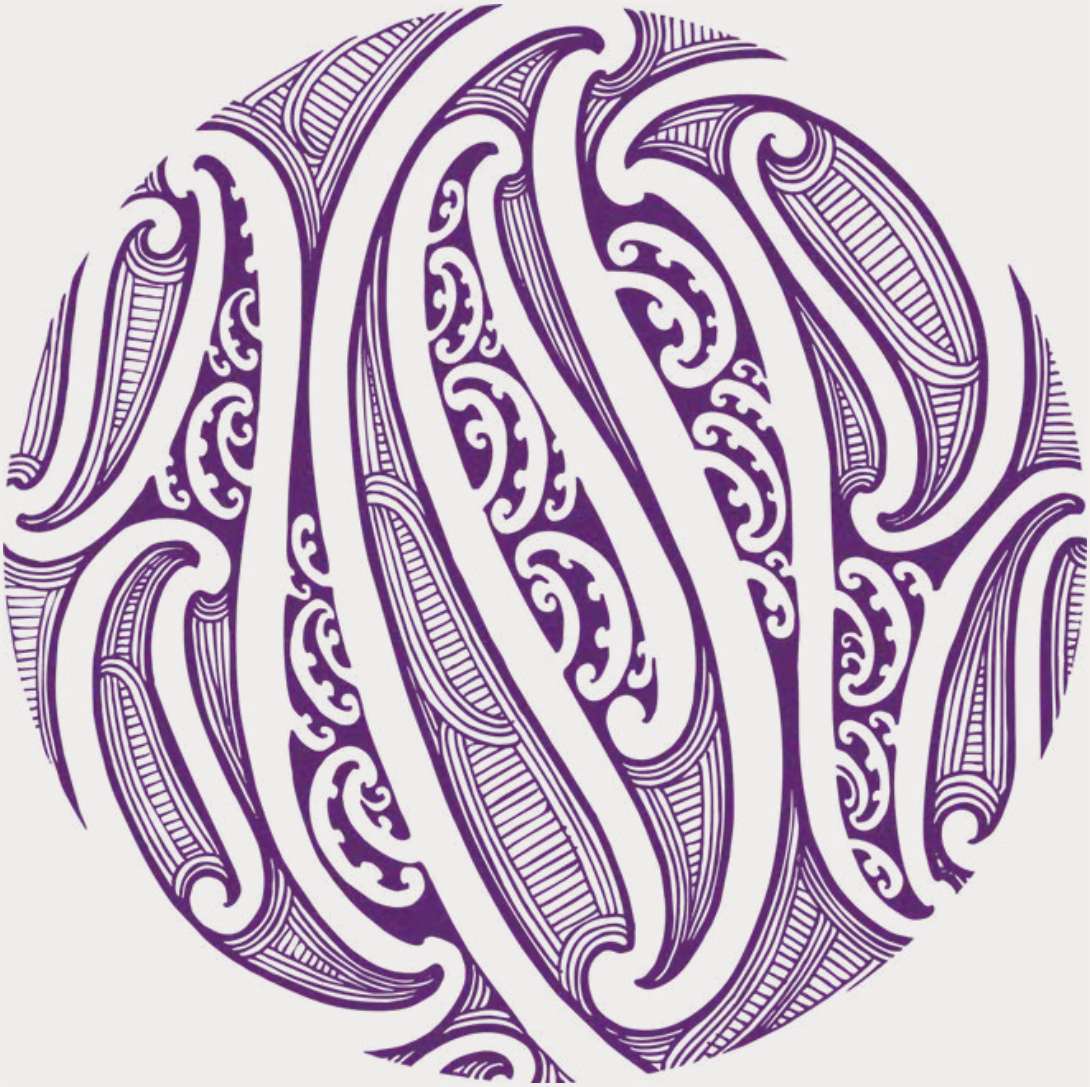
Footnotes

1. Principal Collaborators: Karyn France, PhD*; Jacki Henderson. PhD; Gökçe Akodan, PhD; Laurie McLay; PhD; Jenna van Deurs, PhD; Jolene Hunter, PhD; Monique Clark, PhD; Emma Woodford, PhD. Financial support has been provided by the University of Canterbury, the Health Research Council of NZ, IHC Foundation – NZ, Lotteries Health Research, and the Marsden Fund (Royal Society of NZ). All of these individuals and organizations are most gratefully acknowledged as are all the parents and children who courageously and generously participated in our research. *Karyn was the foundation Principal Investigator of the Canterbury Sleep Project.

2. There is more to the model than this (e.g., the role of Pavlovian processes) but I did not cover these in the conference address for time reasons.



International



Dialectical Behaviour Therapy (DBT) and the Role of the Asia-Pacific Association for DBT

Professor Shian-Ling Keng is the Chair of the Asia-Pacific Association for DBT. She is a Professor and the Head of the School of Psychology, Faculty of Medical and Life Sciences, at Sunway University, Malaysia. She is trained as a clinical psychologist, and her research focuses on the effects and mechanisms through which mindfulness-based interventions affect psychological and physical health.

Dr Long Kwan Ho is a Board Member of the Asia-Pacific Association for DBT. She serves as an Assistant Professor at the Nethersole School of Nursing, Faculty of Medicine, at the Chinese University of Hong Kong. Her research focuses on eliminating addictive behaviours such as alcohol drinking and tobacco use, as well as preventing non-communicable diseases.

Dr Kirsten Davis is the Co-treasurer of the Asia-Pacific Association for DBT. She is a founding member of DBTNZ and currently serves as the Director. She was involved in the development, implementation, and coordination of the first DBT programme in New Zealand for adolescents and their families.



Dialectical behaviour therapy (DBT) is a comprehensive, evidence-based psychotherapy that was originally developed to treat individuals with borderline personality disorder (BPD). Over time, DBT has been adapted and proven beneficial for various other mental health conditions, including emotional dysregulation, impulsivity, and distress tolerance challenges. In the Asia-Pacific region, the Asia-Pacific Association for DBT (APAC-DBT), a regional chapter of the World DBT Association (WDBTA), plays a crucial role in promoting the dissemination and practice of DBT. APAC-DBT offers opportunities for professionals and individuals interested in DBT to become members and participate in online webinars, fostering a community dedicated to advancing mental health treatment.

Core Components of Standard DBT

DBT combines cognitive-behavioural techniques with mindfulness while emphasising on behavioural strategies, validation, and dialectics (Linehan, 1993). It applies behavioural principles to help individuals in replacing maladaptive behaviours with healthier coping mechanisms, using techniques such as contingency management, chain analysis, skills training, and exposure. Validation, the process of acknowledging and accepting a person's emotions and experiences as understandable, fosters a balance between acceptance and change when working with patients.

Standard or comprehensive DBT comprises four core components. The first component is individual therapy, in which clients meet with a therapist one-on-one to address personal challenges, learn coping strategies, and apply DBT skills to real-life situations. The therapist helps the client in identifying problematic behaviours and working to reduce them while also fostering self-acceptance. The second component is skills training groups, which are structured group sessions in which clients learn and practice four essential skill sets: mindfulness, distress tolerance, emotional regulation, and interpersonal effectiveness (Linehan, 2014). These sessions resemble a classroom setting, with therapists

providing instruction, assignments, and opportunities for discussion and skill application.

The third component of DBT is phone coaching, which allows clients to access immediate support from their therapist when they experience distress or need guidance applying DBT skills in everyday circumstances. This component reinforces skill use outside of therapy sessions, allowing clients to integrate DBT into their daily lives. Finally, DBT includes a consultation team for therapists, where practitioners receive supervision, support, and guidance to maintain adherence to DBT principles and avoid burnout. This ensures high-quality treatment and helps therapists stay motivated and effective at work.

Conditions That Benefit from DBT

DBT was initially developed for chronically suicidal individuals with BPD. However, extensive research has since established its efficacy in treating a diverse range of mental health conditions characterised by emotional dysregulation, impulsivity, and maladaptive coping strategies (Dimeff & Koerner, 2007). For example, individuals with depressive and anxiety disorders frequently struggle with pervasive negative affectivity and maladaptive behaviours that hinder daily functioning. DBT equips these individuals with strategies to enhance emotion regulation, reduce engagement in maladaptive behaviours, and cultivate adaptive coping mechanisms that promote long-term resilience. DBT has also demonstrated efficacy in treating eating disorders, including binge eating disorder and bulimia nervosa (Ben-Porath et al., 2020). These disorders often involve dysregulated affect, impulsive behaviours, and maladaptive coping strategies related to food intake. DBT provides individuals with skills to manage emotional distress without resorting to disordered eating behaviours, fostering a healthier relationship with food and body image. Similarly, individuals with substance use disorders frequently struggle with impulsivity, distress intolerance, and emotion-driven cravings (Dimeff, 2008). DBT helps these individuals in developing alternative coping mechanisms, regulating affective states, and reducing reliance on maladaptive substance use as a means of self-soothing.

A substantial body of research has demonstrated DBT's effectiveness in reducing self-harming and suicidal behaviours, particularly among high-risk populations. Randomised controlled trials have consistently shown that individuals receiving DBT experience significant reductions in non-suicidal self-injury and suicide attempts compared to those receiving treatment-as-usual (Panos et al., 2014). Through its structured, multimodal approach, DBT empowers individuals to build a meaningful and fulfilling life, even in the midst of chronic emotional difficulties.

The Role of APAC-DBT in Promoting DBT Across the Asia-Pacific Region

As a regional chapter of the World DBT Association, APAC-DBT is committed to the advancement and dissemination of DBT across the Asia-Pacific region. The association promotes adherence to international standards that take into accounts the diverse cultural and clinical needs of different countries. Its mission includes promoting high-quality DBT by advocating for proper training and certification to maintain high standards in DBT delivery. By ensuring that clinicians adhere to evidence-based methods, APAC-DBT supports the effectiveness and integrity of DBT interventions.

Additionally, APAC-DBT provides a platform for professionals to connect, share ideas, and collaborate on DBT-related initiatives. This network facilitates the exchange of knowledge and best practices among practitioners across the region. The association also offers access to research publications, treatment manuals, and training materials, many of which are available in multiple languages. This ensures that DBT practitioners and clients from different countries can access high-quality resources that are tailored to their specific needs.

The APAC-DBT Association established a transitional board of directors at the inaugural membership meeting on the 4th August 2023. This board has developed the vision and mission, charters and bylaws and a membership structure. Much thought has gone into developing processes for promoting inclusion and representation. Currently representatives on the board come from countries across the region: Indonesia, China, Malaysia, Australia and Aotearoa New Zealand. Mike Batcheler (Board Member) and Kirsten Davis (Co-treasurer) are co-founders of DBT NZ and DBT Training Australia. Both organisations enable the implementation of high quality DBT services across Australasia and are international affiliates of the US based Linehan Institute, established by Dr Marsha Linehan. Both training companies offer training in collaboration and under licence from Behavioral Tech.

Membership Opportunities with APAC-DBT

Membership Opportunities with APAC-DBT

To foster a thriving DBT community, APAC-DBT offers different membership categories. Full membership is open to clinicians and practitioners who have completed at least 40 hours of didactic training in DBT and are actively involved in delivering DBT services. Benefits include networking opportunities, voting rights at APAC-DBT meetings, access to an annual newsletter, and discounted rates for professional webinars and conferences. Associate membership is designed for clinicians and peer workers involved in DBT work in the Asia-Pacific region. It offers networking opportunities, access to newsletters, and discounts for educational events. Guest registration allows individuals to register for APAC-DBT events without committing to full or associate membership.

Membership fees are structured based on the World Bank's income classifications of countries to ensure inclusivity. Individuals from high-income countries pay AU$36 per year for full membership and AU$25 per year for associate membership. Those from low- and middle-income countries pay AU$25 per year for full membership and AU$16 per year for associate membership.

APAC-DBT is dedicated to providing continual education through webinars and workshops. Several events are scheduled for 2025. On March 19, 2025, a 90-minute webinar on validation in DBT explores its fundamentals and address challenging scenarios. On April 16, a session titled "The 'D' in DBT: Teaching Dialectics in Concepts and Practice" will discuss dialectical strategies within therapy. On May 21, an online workshop on running an effective DBT skills group will be held. Lastly, on June 5, an advanced workshop will explore mastering chain analysis as a behavioural strategy in DBT.

For those interested in becoming members or participating in upcoming webinars, APAC-DBT provides ample opportunities to engage with the DBT community and advance their understanding of this evidence-based therapy. More details can be found on the official website: https://apacdbt.org/

References

Ben-Porath, D., Duthu, F., Luo, T., Gonidakis, F., Compte, E. J., & Wisniewski, L. (2020). Dialectical behavioral therapy: An update and review of the existing treatment models adapted for adults with eating disorders. Eating Disorders, 28(2), 101–121. https://doi.org/10.1080/10640266.2020.1723371

Dimeff, L. (2008). Dialectical behavior therapy for substance abusers. Addiction Science & Clinical Practice, 4(2), 39–47. https://doi.org/10.1151/ascp084239

Dimeff, L., & Koerner, K. (2007). Dialectical behavior therapy in practice: Applications across disorders and settings. Guilford Press.

Linehan, M. (1993). Cognitive-behavioral treatment of borderline personality disorder. Guilford Press.

Linehan, M. (2014). DBT Skills training manual. Guilford Press.

Panos, P. T., Jackson, J. W., Hasan, O., & Panos, A. (2014). Meta-analysis and systematic review assessing the efficacy of dialectical behavior therapy (DBT). Research on Social Work Practice, 24(2), 213-223. https://doi.org/10.1177/1049731513503047



What's in my kete?

Introducing the Cultural Safety Survey Tool (CSS)



My name is Dr **Elissa Elvidge** and I am an early career researcher at the University of Newcastle, Australia. The research that I do focuses on improving clinical and public health outcomes through community research partnerships. Before I started my PhD I worked in public health where I noticed a gap in the health policies that talked about the need for culturally safety in the health system but had no way of measuring it from the Aboriginal and Torres Strait Islander patient perspective. So I decided that I would develop a tool to fill this gap.

What is the CSS?

The Cultural Safety Survey (CSS) is a novel mixed methods tool developed to quantify cultural safety in hospitals specifically from the perspective of Indigenous patients. CSS performance was assessed in 59 hospitals in New South Wales, involving more than 400 Aboriginal and Torres Strait Islander participants. Using exploratory factor analysis we showed that it was a robust measurement model. Qualitative feedback from participating communities showed that it was an appropriate method and was a much better way of assessing cultural safety than the standard method where hospitals would assess it themselves without engaging with communities. To date the CSS has been adapted and implemented in seven countries in a variety of healthcare settings for First Nations and culturally and linguistically diverse (CALD) communities.

Where to now?

Our team have been working on a revised version of the CSS, the CSS2. For the CSS2 we have made a few adjustments based on community and subject matter expert feedback. We have made some changes based on the results from more in-depth analysis of the original study. One of the changes with the CSS2 is that it includes specific questions around experiences of racism in hospitals. We will also use a digital dashboard (fancy pants technology) to deploy the survey and remove the need for specialist statistical expertise to analyse the data.

The aim of the CSS2 is to create greater transparency of the performance of health services and make them more accountable to the communities that they serve. Our long-term goal is to improve health outcomes with and for members of First Nations communities by supporting the establishment of healthcare services that are culturally safe and free from racism. Ultimately, the value of the CSS2 will depend on the support, relevance and results of these efforts in addressing cultural safety and institutional racism in the Australian health system.

For more information on the CSS2 or if you would like to collaborate with our team please contact Elissa on Elissa.Elvidge@newcastle.edu.au

See: Elvidge, E., Paradies, Y., Aldrich, R., & Holder, C. (2020). Cultural safety in hospitals: validating an empirical measurement tool to capture the Aboriginal patient experience. Australian health review, 44(2), 205–211. https://doi.org/10.1071/AH19227



One-on-One with Usman Afzali



Usman Afzali (PhD Psyc, MD) is a Lecturer | Pūkenga in the Religion Programme | Mātai Wairuataka at the University of Otago | Ōtākou Whakaihu Waka. With a PhD in Psychology, his research explores the intersection of religion, human behaviour, and well-being. He leads the Muslim Diversity Study, examining how religion influences social attitudes, resilience, and flourishing compared to non-religious groups. Usman has expertise in quantitative and neuroscience research, with a focus on memory suppression and brainwave data. He supervises postgraduate students and teaches psychology of religion as well as the scientific study of religion.

One aspect of your role(s) that you find really satisfying
Coming from a background like mine – a migrant from Afghanistan who spent my formative years in a refugee camp, living in mud huts, with no electricity and enduring the stereotypes often associated with refugees – it is both amazing and liberating to work in such a prestigious institution as an academic. Teaching, researching, and collaborating with exceptional people both in Aotearoa New Zealand and globally feels surreal. If I sound too excited, it's because I truly am. It is rare for someone with my background to make it this far. With the utmost humility, I am one of the few individuals holding a PhD in psychology from Afghanistan on a global scale.

One event that changed the course of your career
When I first arrived, I had no career prospects here. I came with an MD (Medical) degree from Afghanistan, but it was deemed useless in New Zealand. For me, attending an IELTS prep course at Ara (formerly CPIT) in 2014 was a turning point – it made me realise how advanced the New Zealand education system is. I decided that if I didn't pursue my studies here, I would regret it for the rest of my life. Fast forward eleven years, and I now hold a PhD in psychology and work as a lecturer, which have completely transformed my identity.

One alternative career path you might have chosen
Before coming to New Zealand, I was a medical doctor in Afghanistan, so I already had another career. However, I don't think it would have been as fulfilling as my current path as a researcher.

One learning experience that made a big difference to you
During my PhD, I faced a challenge that caused a substantial delay in my data collection, which extended beyond the already considerable disruption caused by COVID-19. At one point, it felt as though I was being set up for failure due to factors outside of my control. However, I was fortunate to receive exceptional support from my supervisory team, the Head of School of Psychology (University of Canterbury), and my mentors. Their unwavering commitment and guidance were crucial in helping me overcome this obstacle and stay on track to complete my research successfully. From that experience, I learned not to share my professional goals with just anyone – even if they look like friends. Not everyone you meet is kind, and not everyone wants to see you succeed. This is a harsh but necessary lesson about the reality of the world we live in.

One book that you think all psychologists should read
While this book is now considered somewhat controversial, I found Outliers by Malcolm Gladwell to be incredibly inspiring. It is not strictly a psychology book. But it inspired me to be hopeful and to push the boundaries while recognising my limitations due to factors out of my control.

One challenge that you think psychology faces
While I might not be the best person to tackle this issue, I believe that psychology suffers from the underrepresentation of certain groups. We maybe sometimes think that the WEIRD perspective of psychology applies universally, but that is far from the case. A core reason behind my Muslim Diversity Study was to address the lack of representation of the

Muslim community – both as researchers and as participants.

One thing that psychology has achieved
In my opinion, the biggest achievement of the past century is psychology's establishment as a scientific discipline. It may sound strange, but institutions in Afghanistan (the only place I have direct experience with) still teach Freudian psychology and base diagnoses, interpretations, and explanations on it. By comparison, the West has advanced significantly.

One aspiration for New Zealand psychology
New Zealand's psychology community holds a unique position. We have two major longitudinal studies that could serve as models for the world: the Dunedin Multidisciplinary Health and Development Study, and the New Zealand Attitudes and Values Study (of which the Muslim Diversity Study is an offshoot). We have accomplished things here in New Zealand that many others could only dream of. These studies should be cherished, and we could aim to engage with them to ensure they become internationally recognised.

One social justice issue psychology should focus on
The underrepresentation of different ethnic groups is a key issue. While New Zealand is undeniably a bicultural nation, we have a growing number of other ethnic groups that must be considered. Many who wish to pursue careers as clinicians (and I am not one of them, but I have heard these stories) often don't fit neatly into predefined categories – they are neither tangata whenua nor they are considered stereotypical tangata tiriti due to their heritage from less prominent cultures in New Zealand. Legal issues aside, this presents a significant social justice issue that psychology in New Zealand could better address.

One big question
How do we create a psychology that serves everyone, not just the majority? This question keeps me motivated because answering it requires constant reflection, humility, and a willingness to adapt and evolve.

One regret
I regret not learning to code earlier. I only picked it up during my PhD out of necessity, but I wish I had started sooner. Learning to code has opened up new ways for me to be efficient, and to process and analyse data differently.

One proud moment
One of my greatest personal achievements was graduating with my PhD in psychology. My father had always dreamed of this for me, but unfortunately, he wasn't alive to see it. As one of the few academics from Afghanistan in New Zealand, this achievement was deeply personal. But more than that, it was a testament to the support of my mentors and family.

One thing you would change about psychology
I would like to see psychology shift away from a deficit model when studying about minoritised communities. Instead of focusing on what is "wrong", we should focus on resilience, strengths, and flourishing. Changing the narrative could significantly improve outcomes.

One piece of advice for aspiring psychologists
Don't wait for permission to study what matters to you. Psychology is broad enough to accommodate bold ideas, and sometimes the most impactful research comes from asking the questions that others overlook.



Event Review

Reflection on the Workshop: Addressing Unique Mental Health Needs in New Zealand's Chinese Population



Yi Zhang is a New Zealand trained and registered psychologist. She has a special interest in trauma work, rooted in her previous experience with Oranga Tamariki. She currently runs a private practice in West Auckland, where she focuses exclusively on adult clients and couples. Yi is an ACC Sensitive Claims provider, a certified Imago Relationship Therapist, and is trained in EMDR. She values working with clients from diverse cultural backgrounds and offers her services in both English and Mandarin.

Yi has noticed a stigma around seeking mental health support within the Chinese community, despite a significant need for it. To address this, she has been offering free online Zoom workshops since 2021 to raise awareness and improve access to mental health resources. Her efforts have led to the creation of over 40 workshop videos available on her YouTube channel: https://www.youtube.com/@yizhangpsychologist. In 2024, Yi began collaborating with psychologists in New Zealand and Australia to expand the range of content available to the Chinese community. Her YouTube channel addresses various topics, including parenting, relationship issues, and safeguarding children from sexual abuse.

There is Diversity Within Minorities – The Rainbow Might Be Small, But All the Colours Are Still Bright

When the New Zealand Psychological Society approached me to present a workshop on addressing the unique mental health needs of New Zealand's Chinese population, I saw it as a wonderful opportunity to involve as many Chinese psychologists as possible. Given that Chinese culture is inherently collective, why not approach this project in the same spirit? I gathered around 20 psychologists with an ethnic Chinese background and consulted with them online via Zoom. While I had the honour of presenting the workshop, the work itself was a true collaboration with the whole team.

The workshop took place in October 2024, so a few months have passed since then. However, looking back, the process of organising and delivering this workshop has had a surprisingly profound impact on me, and I'd like to share some of those reflections. I see this as a way to encourage myself to continue challenging both my personal growth and my work as a clinician. At the same time, I hope this might encourage others to step beyond their cultural comfort zones and try something new. I truly believe that a non-Chinese psychologist can offer so much value to a Chinese client. After all, deep down, we are all just humans, seeking meaningful connections and sharing the same fundamental emotional needs.

In the first Zoom meeting, almost everyone brought up the topic of diversity within the Chinese ethnic population in New Zealand. Even within our small group of Chinese psychologists, we or our families come from different countries and speak various languages other than English. As a result, we each have different passions and approaches when it comes to exploring the mental health needs of New Zealand's Chinese population. Some of us are passionate about how wars and resettlements impact intergenerational trauma, while others are curious about how second-generation individuals balance their heritage culture with local cultures and how this affects their mental health and identity. Naturally, we began discussing our work experiences with different Chinese clients, the challenges that arise from it, and how, despite speaking the same language, they may

come from different cultural, migrant, and/or religious backgrounds that we are not familiar with.

I felt so relieved and incredibly grateful that my Chinese colleagues had highlighted the importance of considering the rich diversity within the Chinese community. I had been carrying this guilt, that sometimes, when a Chinese client sits in front of me, we can communicate and connect with ease, but other times it feels like the only thing we have in common is the language.

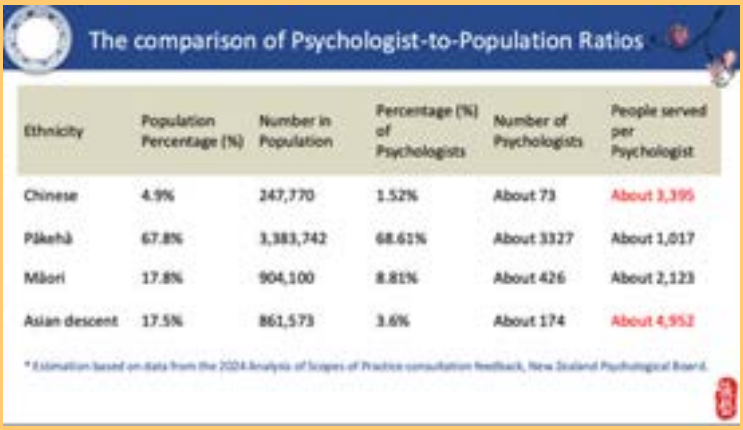
As I delved deeper into the topic of Chinese diversity in New Zealand while preparing for the workshop, I became increasingly aware of the wide range of backgrounds within the Chinese population here. Looking at a map of Asia, from Mongolia in the north to Indonesia in the south, you'll find ethnic Chinese communities in nearly every country. While the majority of Chinese individuals in NZ come from China, there is also a significant number from countries such as Malaysia, Indonesia, and Singapore. As a result, Statistics New Zealand divides the Chinese ethnic group into eight categories. I was also reminded that even in my home country, China, diversity is present, with 56 ethnic groups, each with their own unique languages and traditions.

So, when I occasionally struggled to communicate and connect with some Chinese clients, I felt guilty. Was I, in a way, expecting myself to connect with all of Asia? I would never expect my NZ colleagues to connect well with every client in New Zealand, so why would I place such an unrealistic expectation on myself?

With this question in mind, I began to look inward. I've been in NZ for over half of my life, and I've become accustomed to being in the minority. As a Chinese person, ethnically, I belong to a small group in NZ, and as a psychologist, I belong to an even smaller group among psychologists here. This sense of 'smallness' somehow led me to overlook the vastness of Asia and the incredible diversity within the Chinese population. It also made me to overlook my own individuality, as I feared that if I were too different from other Chinese people or Chinese psychologists, I would no longer have a group to belong to. As a result, I carried the expectation that 'I'm Chinese, so I should be able to connect with Chinese clients,' and when things didn't work out well, I blamed myself for 'not even being able to connect with my own people.'

I also began to wonder about the external influences, especially the pressure that a Chinese psychologist faces due to the shortage of psychologists from a Chinese ethnic background.

For this workshop, I made an estimation based on data from the 2024 Analysis of Scopes of Practice consultation feedback from the New Zealand Psychological Board (See Figure 1). The comparison of psychologist-to-population ratios reveals that for the Chinese population in NZ, the number of people served per psychologist is three times greater than for the NZ European population. The disparity is even more alarming for the Asian population in general, where nearly five times more people are served per psychologist compared to the NZ European population.


The comparison of Psychologist-to-Population Ratios

Ethnicity	Population Percentage (%)	Number in Population	Percentage (%) of Psychologists	Number of Psychologists	People served per Psychologist
Chinese	4.9%	247,770	1.52%	About 73	About 3,395
Pākehā	67.8%	3,383,742	68.61%	About 3327	About 1,017
Māori	17.8%	904,100	8.81%	About 426	About 2,123
Asian descent	17.5%	861,573	3.6%	About 174	About 4,952

Figure 1. The comparison of psychologist-to-population ratios

To be honest, the numbers surprised me. I thought I was aware of the shortage, given my experience of often being the only, or one of the few, Chinese individuals in both university training and various workplaces. But the situation is even worse than I had realised, which makes sense now. No wonder I frequently hear well-intentioned comments about making a cultural match between client and clinician, such as, 'Here's a good client for you; they're Chinese,' or 'This Chinese client has been looking for a Chinese psychologist, and we finally found you.'

As a way to manage the pressure I've felt due to this shortage, I overcompensated by working extremely hard to force a connection between myself and Chinese clients, hoping that the client would eventually achieve what they came for. I carried the fear that if this client and I don't work well together, finding another Chinese psychologist would become a long and painful journey for them. In short, I was trying to cope with the challenges that come with the shortage of Chinese psychologists as one individual, by pushing for positive outcomes, while likely overlooking the critical factor: the client's needs. Therefore, I began to wonder: with this well-intentioned Chinese client-to-Chinese psychologist match, is there more we can do to truly align the clinician with the client's needs?

As Figure 2 shows, for the Chinese population in New Zealand, while they all fall under the umbrella of Chinese ethnicity, they have very different backgrounds, experiences, and needs. When working with a Chinese client seeking therapeutic support, if we don't ask a few key questions, we might miss important details. For example, a Chinese client who is struggling with their mental health while trying to understand their sexual orientation. While we may notice their ethnicity, country of origin, and that English is their second language, and with the good intention of making a cultural match, we might refer them to a Chinese clinician who happens to have limited experience working with clients of rainbow communities.



Figure 2. Diverse backgrounds, experiences, and needs of Chinese population in New Zealand

There is absolutely no expectation to do a lengthy assessment before referring a Chinese client, but a few additional questions may be needed to better understand their needs for seeking therapeutic support. Figure 3 provides a list of directions you can explore, though you don't need to go through the entire list. For example, by asking a few more questions regarding language preference, I've personally found that not every Chinese client whose English is their second language prefers a Chinese-speaking psychologist. While many clients may want to express themselves in their native language, others might not feel ready to dive into difficult conversations and deep emotions in their first language. They may find that using English helps them express themselves more confidently and comfortably. Studies have shown that speaking in a second language can sometimes make it easier for people to express their feelings, as it provides a sense of detachment and makes them feel less vulnerable (Marian & Kaushanskaya, 2008; Caldwell-Harris, 2014).

Given the systemic shortage of Chinese psychologists, we need support and involvement from our non-Chinese colleagues. The challenges that come with this shortage cannot and should not be placed solely on the shoulders of a small group of Chinese psychologists. In fact, non-Chinese psychologists may be able to offer unique benefits to Chinese clients that Chinese psychologists cannot, especially if the client speaks fluent English and has expressed no particular preference regarding the ethnicity of their clinician. For example, if a Chinese client who is a new immigrant has a positive experience with a non-Chinese psychologist due to prior support received, they may build confidence in working with other non-Chinese professionals. This would remove one major barrier to accessing healthcare, as it means the individual has more access to various services and no longer has to wait for a Chinese professional to become available. As healthcare becomes more accessible, the individual may also start to feel less isolated and helpless, eventually feeling more accepted and integrated into New Zealand, which can have a positive impact on their mental health.

For me, the entire process of gathering Chinese psychologists, having Zoom meetings, preparing the workshop slides, and presenting them turned out to be more meaningful than I had initially thought. At first, my intention was simply to raise awareness among the NZ psychology community about the mental health needs of the Chinese population and introduce my colleagues, who come from various backgrounds and experiences. I didn't expect that this would lead to a meaningful exploration of my own identity. I had passively accepted the label of being a 'minority' and, in doing so, lost some of my curiosity about the diversity within the Chinese community. As a result, I had more or less overlooked my own diversity.

After the workshop, I began asking myself, over and over again, who am I? What kind of Chinese am I, and what kind of psychologist am I? Do I mind being seen as a Chinese psychologist who is expected to specialise in working with Chinese clients, or should I continue striving to be a psychologist with a Chinese background who is aware of and unafraid to show my own individuality, strengths and limitations? More importantly, is this completely okay? Perhaps it is the most human experience to struggle to connect with others, even with someone who is from the same country as you, speaking the same language as you. So at last, I can proudly say: There is diversity within minorities. The rainbow might be small, but all the colours are still bright. I also hope that, one day, more non-Chinese psychologists will feel both comfortable and confident working with Chinese clients, sharing their expertise, and making a meaningful impact on the lives of this population.

Assessing Diversity to Understand Mental Health Needs	
Factor	**Details / Examples**
General Background	E.g., Birthplace, Mandarin or Cantonese-speaking
Acculturation Levels	Levels of integration. E.g., recent immigrants or 2nd/3rd generation.
Language Proficiency	Proficiency in English and language preferences
Socioeconomic Status	E.g., education, occupation.
Cultural Values & Beliefs	E.g., Emphasis on achievements, tendency towards collectivism, respect for tradition
Migration Experience	The reasons for migration (e.g., better life style, for children's future). Difficulties with the migration process.
Experience of Discrimination	Experience of workplace bullying, being physically or verbally attacked in public, interactions with professionals
Intersections with Other Identities	Gender, sexual orientation, religion, neurodiversity etc.
Family Dynamics	Living arrangements, frequency of communication and visits
Help-Seeking Behaviour	Perspectives on MH, seeking support, preferences for alternative methods or Western psychology

Figure 3. An assessment list for Chinese clients seeking mental healthcare

Reference

Caldwell-Harris, C., Kronrod, A., & Yang, J. (2013). Do more, say less: Saying "I love you" in Chinese and American cultures. Intercultural Pragmatics, 10(1), 41-69. https://doi.org/10.1515/ip-2013-0002
Marian, V., & Kaushanskaya, M. (2008). Words, feelings, and bilingualism: Cross-linguistic differences in emotionality of autobiographical memories. The Mental Lexicon, 3(1), 72-91. https://doi.org/10.1075/ml.3.1.06mar



Student Forum

Editorial

Kia ora koutou katoa,



My name is Charlene D'Silva, and I'm honoured to serve as the 2025 Student Editor for Psychology Aotearoa. I was born in Mumbai, India, and am of East Indian ethnicity. Since migrating to Tāmaki Makaurau with my family at three years old, I've called Aotearoa one of my homes. I'm currently in my third year of doctoral study at Waipapa Taumata Rau, where my research explores how disaster experiences shape, and are shaped by, South Asian migrants' migration experiences. I focus on how disasters intensify existing challenges, while also centring cultural strengths and resilience strategies that emerge from migration practices that shape how communities prepare for and recover from disaster. Through my research, I aim to support disaster justice outcomes for South Asian communities in Aotearoa. Based on my research, I guest-lecture on applying psychological theory and arts-based participatory research to enhance disaster resilience for marginalised communities.

Central to my academic practice is my position as an Indigenous psychology scholar, and my belief that the psychology we produce and teach must reflect the lived realities of the communities it serves, and that knowledge must be rooted in relationality, cultural specificity, and justice. In this editorial role, as an Indigenous scholar, I carry my commitment to challenging psychology's Eurocentric roots and creating space for Indigenous psychologies, spaces where diverse ways of knowing and being can grow and advance. This vision is reflected in the theme for this issue of the Student Forum – Indigenous Psychologies: Decolonising Knowledge and Centring Communities.

The theme asks us to consider what it means to decolonise psychology by critiquing dominant frameworks and centring Indigenous knowledge systems, from Aotearoa, the Pacific, Asia, Africa, Latin America, and beyond. Indigenous psychologies are not 'alternative'; they are legitimate, rigorous, and grounded in centuries-old knowledge systems. Students across the motu are reimagining what psychology can be when it is community-driven, culturally grounded, and socially just. This issue aims to spotlight these emerging scholars working on Indigenous research.

In this section, you'll find powerful contributions from students who reclaim space, honour their whakapapa, and reflect on the psychologies embedded within their communities. Whether through research briefs or personal reflections, each piece offers a challenge and a gift, an invitation to listen deeply, question bravely, and collectively create space for Indigenous psychologies as psychological knowledge in Aotearoa.
This issue features the work of several students who responded to this special theme:

The first article is by Shelby Symons, who recently completed an honours degree in psychology. Shelby shares a research brief of her timely and important honours research, which explored how tauira Māori foster mental wellbeing and a sense of belonging at Waipapa Taumata Rau. Her study highlights the Tuākana programme as an invaluable source of support, connection, and affirmation for tauira Māori navigating their academic journeys.

The second article is a reflective piece by Carmen Peng, who recently completed a honours degree in psychology. In this thoughtful contribution, Carmen shares her journey as an emerging Indigenous psychology scholar, reflecting on how engaging with an Indigenous psychology course proved to be academically and personally transformative. She discusses how the course helped her navigate her identity and transformed her understanding of research.

The third article is a theoretical discussion piece by Lorisha Chandra, a current psychology honours student researching Pacific conceptualisations of anxiety in Aotearoa. Drawing on her recently completed Summer Research Scholarship, she explores mental health literacy within Pasifika communities. She highlights the critical need for culturally tailored approaches to increasing mental health literacy to support Pasifika wellbeing in Aotearoa.

The fourth article is a collaborative piece by Aron Pamoso, a PhD candidate at the Australian National University, and Jeremiah Silvestre, a psychology practitioner and researcher at the University of the Philippines. Together, they offer a reflective opinion piece grounded in their experiences as early-career Indigenous scholars working in Southeast Asia. They share thoughtful insights into navigating challenges within Indigenous research contexts and propose practical strategies for doing so.

The fifth article is a reflective piece by Paolo Aquino, who recently completed an honours degree in psychology. He shares a thought-provoking reflection on his psychology education, particularly his engagement with Indigenous psychologies. He illustrates the value of decolonising psychology curricula by examining Filipino migrants' health experiences in Aotearoa and the potential of teaching Sikolohiyang Pilipino to reduce health inequities.

Following the five articles, I present two student abstracts from recently completed honours projects: Paolo Aquino's research on 1.5-generation Filipino migrants' experiences with parent-child sex communication, and Olivia Clough's exploration of Māori sibling relationships and wellbeing.

To all our contributors, thank you for your courage and generosity in sharing your knowledge and experiences with us in this issue of Psychology Aotearoa.

To our readers, I hope you find inspiration in these pages and carry the kōrero into your spaces of study, work, and resistance.

If this theme resonates with you or you'd like to share your reflections, research, or creative work, I invite you to contribute to our November 2025 Student Forum. Feel free to contact me, I'd love to hear from you.
I leave you with a whakataukī, a reminder that small action grounded in justice and connection can create profound change:

"He iti te mokoroa, nāna i kati te kahikatea" – The mokoroa (grub) may be small, but it cuts through the great kahikatea tree.

Ngā mihi nui,
Charlene D'Silva
Student Editor | Psychology Aotearoa (charlene.d'silva@auckland.ac.nz)



"It's Just Home": Tauira Māori Experiences of Tuākana at Waipapa Taumata Rau

I te taha o taku māmā, ko Te Whakatōhea me Ngāti Pāhauwera ngā iwi. I te taha o taku pāpā, ko Ngāti Raukawa te iwi. Ko Shelby tōku ingoa. My Honours research explored tauira Māori experiences of fostering mental wellbeing and belongingness at Waipapa Taumata Rau, off of which this article is based. I'm currently in the Preparatory Bridging Programme of Clinical Psychology and working as a Tuākana mentor for the Graduate Diploma of Applied Psychology. In the future, I am interested in conducting further research into rangatahi Māori identity and mental wellbeing and continuing this focus into my practice.



There is a global student mental health crisis, with rates of psychological distress and mental health problems exceeding those in the general youth population (Kang et al., 2021; Sharp & Theiler, 2018). Loneliness caused by moving away from whānau and established support networks (Denovan & Macaskill, 2013), alongside financial and academic pressures (Sheldon et al., 2021), are key contributors, especially during the critical transition period where young people navigate growing independence and responsibility (Gale & Parker, 2013). These challenges are often intensified for Indigenous students, who may experience a more profound sense of disconnection due to the central role of whānau connection and cultural identity in their wellbeing while navigating cultural differences on campus (Durmush et al., 2024). While research on the experiences of tauira Māori remains limited, existing studies highlight the importance of cultural congruency (Theodore et al., 2017) and whanaungatanga (Major, 2017), aligning with wider literature on the positive influence of Te Ao Māori in our everyday lives.

This research project is one of the first in-depth, qualitative investigations into the wellbeing and belonging of tertiary tauira Māori, made possible by the generosity of the Spencer Foundation. Our kōrero interviews took place in the wake of the Tuākana "controversy", and currently, as an MP is drafting a bill proposing the removal of equity-driven educational spaces. We hope our research can contribute to a deeper understanding of the ways Tuākana spaces and other equity measures provide invaluable support for tauira Māori.

Methods

Our research was grounded in Kaupapa Māori methodology from conception through to dissemination, privileging and naturalising Te Ao Māori throughout the project. As researcher kaitiaki, we prioritised cultural responsiveness, conducting semi-structured interviews informed by kaupapa kōrero, naturally incorporating tikanga, whakapapa, and te reo into the research process (Ware et al., 2018). Verbatim transcription was used to preserve the unique stories of participants, which were then analysed using reflexive thematic analysis (Braun & Clarke, 2006).

Findings

Our findings highlight how tauira Māori are actively curating support systems and safe spaces that help them navigate difficult times and foster a sense of belonging within the university. The kōrero featured in this paper reflect the voices of six tauira, referred to by their pseudonyms: Jaime, Mal, Hinemoa, Rata, Riley, and Ānaru.

Whanaungatanga is often centralised in hauora (Koopu, 2023), and rangatahi often identify positive ethnic identity, whānau engagement, connection to whenua, holistic health practice, and personal growth as essential contributors to maintaining their hauora (Renfrew, 2022). Our research reaffirms these markers, showing whanaungatanga as a critical practice for fostering positive mental wellbeing among tauira Māori. Hamley et al. (2023) deconstruction of whanaungatanga into ko wai (a reciprocal connection), he wā pai (a genuine time and place), and he kaupapa pai (a genuine topic) highlights the importance of building new

connections for tauira Māori, especially for those separated from whānau support due to distance or whose whānau has limited experience with university. As a result, tauira are creating supplementary support systems with other students, curating spaces where they can be vulnerable, receive compassion and feel seen. Rata describes this sense of connection, derived from shared purpose, experiences, and backgrounds, which forms a foundation for which tauira Māori relationships can flourish:

"It's really nice to be surrounded by like-minded people who come from a similar background, who want to like, give back to the- the community that's raised them and like (. ...) I look at my friend group, and I'm like, everyone is like Māori and Pacific. Only cause like, we have a shared experience that we can connect to over, especially being in like, university."

The need for connection for tauira Māori is magnified by the underrepresentation of Māori on campus, which can be particularly jarring for those coming from predominantly Māori areas, as Riley shares:

"Especially because I'm- like I'm from South Auckland and I went to a school where everybody was all brown. And so it was like a shock, to come to uni and then, like there's- there's nobody that's like my culture that I'm surrounded with."

These support systems reflect what is familiar to them, helping tauira withstand the initial discomfort and isolation of being in a new environment, fostering a sense of belonging. Mal explains how connecting with other students transformed her engagement with the full university experience:

"But at times where I do feel connected, I love class. And I love all the assignments I work on and I'm proud of them and I'm engaged. And I also generally like enjoy the little things in my day, like taking the bus and routine."

Connections built through whanaungatanga, often within cultural spaces, foster belonging and positive hauora hinengaro through reciprocal relationships while simultaneously supporting academic success (Major, 2017). Current cultural spaces like Tuākana are identified as a significant resource for tauira Māori to whakawhanaungatanga with other students, and thus, should be the first site for more promotion and resourcing.

Founded in 1991 on the principles of the Tuākana-Teina relationship, Tuākana is an interfaculty programme that offers academic and social support through tutorials and workshops for Māori and Pasifika students. However, in 2024, the programme faced hostile online scrutiny following inflammatory political commentary (Perese, 2024). As these discussions unfolded without the voices of Māori or Pacific tauira, we encouraged our participants to discuss their experiences. However, it was often brought up voluntarily by tauira in our interviews, wanting to defend the mana of Tuākana spaces. Our findings echo those of Mayeda et al.'s (2014) study, with 90 Māori and Pasifika students at Waipapa Taumata Rau, which highlighted how Tuākana provided a vital support network for Māori and Pasifika students away from home and unable to relate to whānau. The inclusive, safe, and culturally responsive environment of Tuākana is a vital source of connection and belonging that overcomes isolation and underrepresentation that Māori and Pasifika students experience in the wider campus (Theodore et al., 2017). Jaime reflects on this, expressing similar sentiments:

"Um, cause everyone comes from different, you know, walks of life, and everyone has a different background. But I think the Tuākana space caters for that, but it also caters for people have something all in common, which is their ethnicity and also what our past ancestors have also gone through and who is going through it now um, with everything, with the government, Māori Health Authority, and etcetera. Um, yeah, it's just um, promoting inclusivity and a safe space."

The Tuākana space also creates room for diverse Māori experiences and identities, resisting colonial expectations that demand Māori must conform to narrow or stereotypical representations of Māoritanga, especially preconceived notions about their identity, as Ānaru explains:

"Where you can be free to be who you are, you don't have to put on a persona, it's sort of – you know spaces where you are true to yourself and others won't judge you or discriminate against you, um, that's what the, you know, kaupapa of those spaces are, it's true to be who you are."

Mal expressed similar feelings of validation, finding comfort in seeing other Māori like herself within Tuākana:

"Um, when I go into Tuākana spaces, I'm surprised quite often at how many people like me, you know, aren't super immersed in that world and are still Māori and are still there."

Ānaru and Mal's kōrero highlight how the safe environment of Tuākana spaces alongside the visibility of diverse Māori experiences validate their own, encouraging them to engage with their identity and peers. In this way, Tuākana resists coloniality, creating a culturally safe refuge for Māori to engage with their Māoritanga within a Western institutional space. Informed by Māori conceptualisations of hauora, the Tuākana space offers much-needed stability and whakawhanaungatanga as Hinemoa explains:

"And um, I like to think of Tuākana as kind of like a homeroom (. ...) And yeah, it's just a place you can drop in like, tell them how your life is going, how uni's going. And they- they listen, they understand as well. And then, yeah, and you can feel their genuine care of what you're going through and like how you are. (. ...)Like, it's just home, I think for me, and to everyone."

Conclusion

Our research affirms that Tuākana is invaluable for tauira Māori as a significant resource for fostering belonging and overcoming isolation at Waipapa Taumata Rau. It is, quite literally, a home away from home – a place where tauira can seek guidance and academic support from peers and more experienced students, while also engaging in whanaungatanga within a setting grounded in Māori values. As misinformed public and political scrutiny increasingly threatens the existence of the Tuākana programme, it is more important than ever for the university to uphold its own commitment to their policy – to provide a safe, inclusive, and equitable environment (The University of Auckland, 2024). Supporting and strengthening the Tuākana programme is essential, especially as the current political climate continues to foster hostility towards te iwi Māori across Aotearoa.

References

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. Qualitative Research in Psychology, 3(2), 77-101. https://doi.org/10.1191/1478088706qp063oa

Denovan, A., & Macaskill, A. (2013). An interpretative phenomenological analysis of stress and coping in first-year undergraduates. British Education Research Journal, 39(6), 1002-1024. https://doi.org/10.1002/berj.3019

Durmush, G., Craven, R. G., Yeung, A. S., Mooney, J., Horwood, M., Vasconcellos, D., & Franklin, A. (2024). Indigenous youth wellbeing in higher education: a systematic literature review of qualitative studies. Cambridge Journal of Education, 1-21. https://doi.org/10.1080/0305764X.2024.2353032

Gale, T., & Parker, S. (2014). Navigating change: a typology of student transition in higher education. Studies in Higher Education, 39(5), 734-753. https://doi.org/10.1080/03075079.2012.721351

Hamley, L., Le Grice, J., Greaves, L., Groot, S., Latimer, C. L., Renfrew, L., Parkinson, H., Gillon, A., & Clark, T. C. (2023). Te Tapatoru: a model of whanaungatanga to support rangatahi wellbeing. Kotuitui: New Zealand Journal of Social Services Online, 18(2), 171-194. https://doi.org/10.1080/1177083X.2022.2109492

Kang, H. K., Rhodes, C., Rivers, E., Thornton, C. P., & Tamar, R. (2021). Prevalence of Mental Health Disorders Among Undergraduate University Students in the United States: A Review. Journal of Psychosocial Nursing & Mental Health Services, 59(2), 17-24. https://doi.org/10.3928/02793695-20201104-03

Koopu, K. M. (2023). Honouring our Past, Fostering Our Future: A Kaupapa Māori Exploration of Identity, Whanaungatanga, and How this Supports Rangatahi Māori Hauora and Well-being [Master's thesis, The University of Auckland]. The University of Auckland Research Repositories. https://hdl.handle.net/2292/64460

Major, D. N. (2017). "Everything has shaped you": Contributors to young Māori university students' ability to flourish [Master's thesis, University of Waikato]. https://hdl.handle.net/10289/11334

Mayeda, D. T., Dutton, H. D., 'Ofamo'oni, 'I., & Keil, M. (2014). "I don't think I would have made it through that first year without the Tuākana programme": A Technical Report for the Faculty of Arts, Equity Office. The University of Auckland. https://researchspace.auckland.ac.nz/bitstream/handle/2292/27502/I dont think I would have made it throu.pdf?sequence=6

Perese, D. (2024, March 27). Act Party condemns Auckland University tuākana rooms as 'segregated spaces'. Te Ao Māori News. https://www.teaonews.co.nz/2024/03/27/act-party-condemns-auckland-university-tuakana-rooms-as-segregated-spaces/

Renfrew, L. (2022). Whakaahua Taiao, Whakaahua Whānau: Rangatahi relationalities with the[ir] environment [Unpublished master's thesis]. The University of Auckland.

Sharp, J., & Theiler, S. (2018). A Review of Psychological Distress Among University Students: Pervasiveness, Implications, and Potential Points of Intervention. International Journal for the Advancement of Counselling, 40, 193-212. https://doi.org/10.1007/s10447-018-9321-7

Sheldon, E., Simmonds-Buckley, M., & Bone, C. (2021). Prevalence and risk factors for mental health problems in university undergraduate students: a systematic review with meta-analysis. Journal of Affective Disorders, 287. 282-292. https://doi.org/10.1016/j.jad.2021.03.054

Theodore, R., Gollop, M., Tustin, K., Taylor, N., Kiro, C., Taumoepeau, M., Kokaua, J., Hunter, J,. & Poulton, R. (2017). Māori University Success: What Helps and Hinders Qualification Completion. AlterNative: An International Journal of Indigenous Peoples, 13(2), 122-130. https://doi.org/10.1177/1177180117700799

The University of Auckland. (2024). What is a safe, inclusive and equitable University. https://www.auckland.ac.nz/en/about-us/about-the-university/equity-at-the-university/about-equity/a-safe--inclusive-and-equitable-university/what-does-safe--inclusive-and-equitable-mean-.html

Ware, F., Breheny, M., & Forster, M. (2018). Kaupapa Kōrero: a Māori cultural approach to narrative inquiry. AlterNative: An International Journal of Indigenous Peoples, 14(1), 45-53. https://doi.org/10.1177/1177180117744810

Finding My Place: Reclaiming My Hakka-Chinese Heritage Through Research

Kia ora koutou, ko Carmen tōku ingoa. I am Hakka-Chinese, with roots in Southern and Northern China. My mum is from the south, and my dad is from the north. My heritage and upbringing have shaped my passion for decolonial approaches in research. I recently completed an honours degree in psychology, where I explored the lived realities of rangatahi, focusing specifically on their perceptions and experiences with leisure. Moving forward, I'm eager to continue using decolonial and community-centred methodologies in research to advocate for equitable outcomes.



Brief Reflection on Submission

This opinion piece reflects on my journey engaging with Pacific Psychologies during postgraduate study, particularly through the course PSYCH 765: Special Topics in Pacific Psychologies at Waipapa Taumata Rau. I explore how learning from Indigenous knowledge systems challenged my assumptions about culture and encouraged me to reconsider my own cultural identity. Growing up Hakka-Chinese in Aotearoa, I often felt pressured to assimilate into Pākehā norms. However, engaging with Indigenous Psychologies shifted this perspective. I came to understand that culture is not something to distance myself from, but rather a rich source of strength and knowledge. This realisation opened the door to viewing research and culture in a new light. I now recognise the forms of resistance and decolonisation that can emerge from embracing my Hakka-Chinese heritage within academia.

Before beginning this reflection, I would like to clarify my use of terminology. Throughout this piece, I will refer to the terms Asian and Pacific Peoples; I acknowledge the significant limitations of these labels, which risk homogenising diverse communities and complex identities into overly simplified labels. As such, I use these terms cautiously, intending to highlight shared experiences across Pan-Pacific and Pan-Asian communities rather than erase their distinctiveness (Park, 2008; Scheyvens et al., 2024). Additionally, while I draw on concepts and principles from Asian and Pacific worldviews, I acknowledge that these are broad understandings and how these ideas are lived and practised can vary significantly across different communities (Naepi, 2019).

Finding My Place: Reclaiming My Hakka-Chinese Heritage Through Research

Growing up, I struggled to reconcile the tension between being proud of my Hakka-Chinese heritage and wanting to be a "Kiwi." There was an unspoken pressure to conform to what was considered "normal," which often meant distancing myself from my Asian identity and assimilating into Pākehā norms to "fit in" with my peers. At home, my parents and family did their best to preserve our cultural roots. They taught us Mandarin and Hakka, celebrated Lunar New Year and the Autumn Festival, and made culturally significant foods like lei cha. Yet, I often felt that this part of my identity had to be kept separate from my life outside the home.

Of course, my experience is far from unique. Zhuang (2019) shared their experiences growing up as Chinese in Aotearoa, feeling the need to dissociate from their Asian heritage to form a sense of 'acceptable' identity. For both of us, it was through distancing ourselves from our Asian identities that we could avoid being stereotyped as "just another Asian" and be seen as a "Kiwi"– someone with their own identity, someone who fitted in. Similarly, Dam (2022), who is of Chinese, Cambodian and Thai descent, describes the tug-of-war they experienced growing up in Aotearoa between wanting to become a New Zealander and navigating the identity available to them. At school, they were reminded that their Asian culture was incompatible with the idea of becoming a New Zealander, yet at home, they could not escape aspects of their culture. As a result, they found themselves participating in cultural traditions only in

private spaces. This tension continues to persist for Asian youth as captured in the Ethnic Evidence report (Ministry for Ethnic Communities, 2024), which revealed that Asian rangatahi continue to struggle with expressing their identity. More broadly, rangatahi from ethnic minority communities often experience bullying and face challenges in finding a sense of belonging.

It was not until I started university that I began to confront the shame I felt towards my Asian heritage. With aspirations of becoming a researcher, I initially found that research was mostly taught from a Western perspective, where Eurocentric methodologies and worldviews were often privileged, and research was presented as "objective" and "universal" (Groot et al., 2018; Sanga & Reynolds, 2017). While I had not questioned this then, doing more courses grounded in Indigenous and non-Western worldviews opened my eyes to alternative knowledge forms beyond a Eurocentric framework. This ignited my eagerness to learn more during my postgraduate studies, leading me to take Psychology 765: Special Topic in Pacific Psychologies.

What I had not anticipated when taking the course was how transformative and confronting learning about Pacific Psychologies would be for me. It became a journey that helped me recognise the strength and value my culture and lived experiences could bring to research.

One aspect that stood out was how Pacific scholars unapologetically embraced Pacific knowledge systems and methodologies within academia. I found the work of Pacific scholars to challenge my long-held belief that research must be objective. Instead, I began to see how cultural identities, histories, and ways of knowing are essential to informing research that truly meets the needs of communities (Anae 2019; Kapeli, 2023).

A specific concept that resonated with me was relationship-building in Pacific communities, particularly the value placed on building strong and lasting relationships. In a research context, this means building trust and warmth while valuing Pacific peoples' cultural knowledge and lived expertise when working with Pacific communities (Anae et al. 2001; Airini & Mila-Schaaf 2010). The importance of relationships is also reflected in concepts such as Teu le vā – a Samoan concept meaning to "value, cherish, nurture and take care of the vā" (Anae, 2010). The concept acknowledges the interconnectedness of all aspects of human life and emphasises protecting these connections to ensure everyone's well-being is protected (Anae, 2010). Teu le vā is also an aspirational principle that focuses on maintaining harmonious relationships, which can lead to solutions that support and sustain both communities and the environment (Anae, 2019).

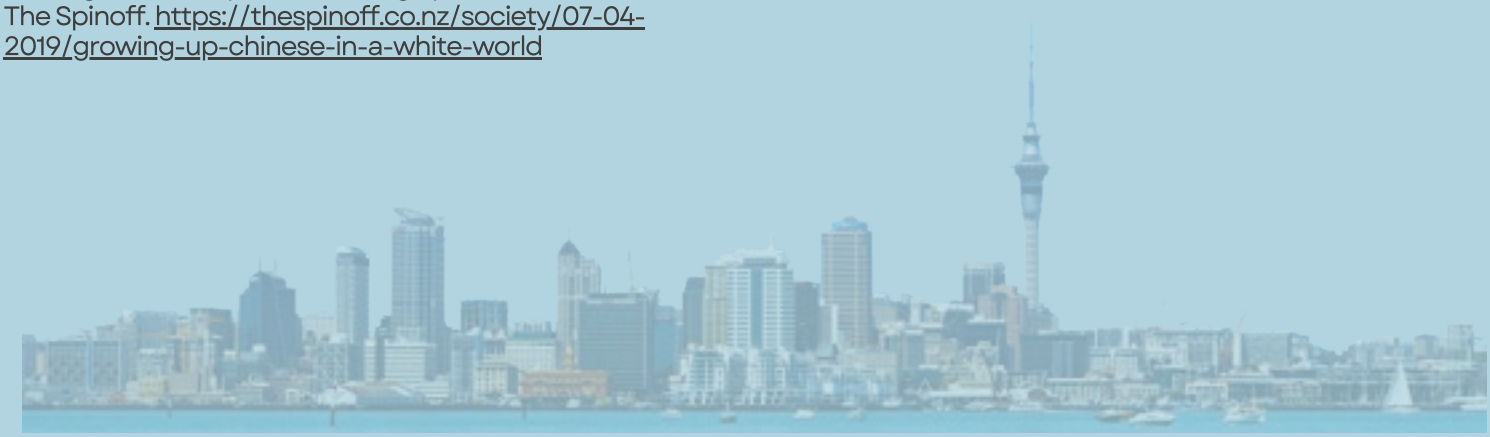
Reflecting on the importance of relationships within Pacific communities, I was reminded of similar values embedded in my Chinese upbringing, especially those taught to me by my nainai (grandma). One concept that stood out is the virtue of ren (仁). While ren is often translated as "benevolence" or "humanity" (Shek et al., 2013), it carries a much deeper meaning, emphasising the importance of embodying kindness, compassion, respect, and empathy (Chan, 2004). This virtue guides our interpersonal relationships and is central to fostering social harmony and collective well-being (Chan, 2004; Shek et al., 2013). Reflecting on this, I saw clear parallels between ren and the Pacific concept of teu le vā, as both emphasise the importance of cultivating meaningful and enduring relationships. Both concepts highlight that maintaining strong connections within relationships is not only an ethical responsibility but also a foundation for enhancing and protecting collective wellbeing (Anae, 2019; Chan, 2004; Shek et al., 2013).

Recognising the overlaps between Pacific and Chinese cultural values and seeing how Pacific scholars draw on their values, worldviews, and knowledge systems to shape culturally responsive research has reshaped how I perceive research. The learning I gained through the Pacific psychology course allowed me to acknowledge that the cultural knowledge my nainai passed down to me is valid and can meaningfully inform and enrich the way I approach research.

I realise now that embracing my culture in research can also be an act of decolonial resistance, one that affirms Asian ways of knowing as being legitimate and valuable (Tasker & D'Silva, 2025). Drawing on Indigenous knowledge systems is essential not only for research that seeks to understand and serve the communities they focus on, but also for contributing to the broader global movement toward culturally grounded psychologies. As Nikora (2016) notes, in relation to Pacific psychologies, countries such as India, China, Australia, Iran, and the Philippines are all navigating similar journeys to build psychologies that reflect and respond to their unique cultural contexts, traditions, and contemporary realities. By confronting the racism that seeks to undermine Indigenous ways of knowing and being, we not only resist our marginalisation but stand in solidarity with other minoritised groups, recognising that there is much we can learn from one another (Nikora, 2016; Tasker & D'Silva, 2025).

References

Airini AM, Mila-Schaaf K. 2010. Teu le va-relationships across research and policy in Pasifika education: a collective approach to knowledge generation & policy development for action towards Pasifika education success: Report to the Ministry of Education by Airini, Melani Anae and Karlo Mila-Schaaf with Eve Coxon, Dinae Mara & Kabini Sanga. Ministry of Education.
Anae M, Coxon E, Mara D, Wendt-Samu T, Finau C. 2001. Pasifika education research guidelines. Report to the Ministry of Education, Auckland Uniservices. Wellington, New Zealand: Pasifika Education Research Division, Ministry of Education.
Anae M. 2010. Research for better Pacific schooling in New Zealand: Teu le vā – a Samoan perspective. Mai Review. 1:1–24.
Anae, M. (2019). Pacific Research Methodologies and Relational Ethics. Oxford Research Encyclopedia of Education https://oxfordre.com/education/view/10.1093/acrefore/9780190264093.001.0001/acrefore-9780190264093-e-529.
Dam, L. (2022). Be(com)ing an Asian tangata tiriti. Kōtuitui New Zealand Journal of Social Sciences Online, 18(3), 213–232. https://doi.org/10.1080/1177083x.2022.2129078
Groot, S., Grice, J. L., & Nikora, L. W. (2018). Indigenous psychology in New Zealand. In Routledge eBooks (pp. 198–217). https://doi.org/10.4324/9781315158358-11
Kapeli, S. A. (2023). Pasifika perceptions of Pacific men and women and their interrelationship with mental health in Aotearoa New Zealand. Waka Kuaka: The Journal of the Polynesian Society, 132(4), 463–494. https://search.informit.org/doi/10.3316/informit.T2024032600002300122693305
Ministry for Ethnic Communities 2024. Ethnic Evidence report. https://www.ethniccommunities.govt.nz/assets/Resources/MECEthnicEvidenceReport2024.pdf
Naepi, S. (2019). Pacific research methodologies. Oxford Research Encyclopedia of Education. https://doi.org/10.1093/acrefore/9780190264093.013.566
Sanga, K.F., & Reynolds M. (2017). To know more of what it is and what is not: Pacific research on the move. Pacific Dynamics, 1(2), 198-204.
Tasker, K., & D'Silva, C. (2025). Asians in Aotearoa: Visibilising and Dismantling Their Oppression in Psychology. New Zealand Journal of Psychology, 54(1), 94–109. https://doi.org/10.63146/001c.132293
Zhuang, E. (2019, April 6). Growing up Chinese in a white world. The Spinoff. https://thespinoff.co.nz/society/07-04-2019/growing-up-chinese-in-a-white-world



Mental Health Literacy: A Key to Pasifika Well-Being in Aotearoa, New Zealand



Born and raised in Suva, Fiji, Lorisha is a dedicated student and recent graduate from the Bachelor of Science (Psychology) programme at the University of Auckland. She also gained research experience as a Summer Science Research Scholar, supervised by Dr Sarah Kapeli in their exploration of Mental Health Literacy in Aotearoa's Pasifika community. This experience sparked her interest in Pacific and Indigenous Psychology and her passion for researching culturally-informed mental health frameworks to improve Pasifika well-being. Currently, Lorisha works as a research assistant while completing her honours degree, researching Pacific people's conceptualisations of anxiety in Aotearoa.

Brief Reflection on Submission

This submission entails a research brief that unpacks Mental Health Literacy within the Pasifika community in Aotearoa, New Zealand (Aotearoa hereafter). The aim of this piece was to unpack the current discourse on mental health literacy and how this is viewed as a collective experience in Pasifika psychologies. Increasing Mental Health Literacy in Pasifika communities could lead to better mental health and wellbeing outcomes. It fosters awareness of existing barriers to seeking help and promotes more culturally appropriate frameworks and resources to foster Talanoa (open and transparent dialogue) about a complex and stigmatised topic like Mental Health. This piece was written as an assigned task for the completion of my Ngā Motu Whakahi Summer Research Scholarship granted by the University of Auckland (November 2024 – February 2025) to explore Mental Health Literacy and its historical context for Pasifika peoples under the supervision of Dr Sarah Kapeli (School of Psychology, University of Auckland).

Mental Health Literacy: A Key to Pasifika Well-Being in Aotearoa

"O lupe sa vao ese'ese ae ua fuifui faatasi" – "We are from different parts of the forest but connected in one cause" (Le Va, 2024b). This Samoan proverb reflects the importance of collective effort and unity, values that are central to Pacific peoples who form an ethnic minority group in Aotearoa. When applied to Mental Health Literacy (MHL), the proverb reminds us within Pasifika communities, MHL is not just an individual endeavour but a collective journey drawing upon cultural and spiritual strengths. Hence, increasing the MHL of Pacific communities in Aotearoa could lead to better mental wellbeing outcomes for Pacific communities. While enhancing MHL appears to be a straightforward solution to improving mental wellbeing outcomes, various barriers are preventing its implementation in Pasifika communities, such as stigma and a lack of culturally appropriate mental health services.

Improving MHL in Pasifika communities can tackle and prevent the overrepresentation of Pasifika in Aotearoa's mental health trends, which currently indicate Pasifika adults were 1.5 times more likely than non-Pacific adults to report experiencing psychological distress (Ataera-Minster & Trowland, 2018). Furthermore, research shows that MHL is lower for Pasifika than non-Pasifika. Given its advantages, MHL can serve as a protective factor for mental wellbeing when effectively promoted. By equipping Pasifika individuals and their families with knowledge and tools, MHL empowers them to enhance their mental health outcomes (Kapeli et al., 2020).

Establishing 'Mental Health Literacy'

"Mental Health Literacy", a concept developed by Jorm et al. (1997), refers to the knowledge and beliefs about mental disorders that aid in their recognition, management, or prevention. It encompasses key components, such as the ability to identify mental health disorders, understanding risk factors and causes, awareness of self-help strategies, and attitudes that support recognising and seeking professional assistance (Jorm et al., 1997). MHL has proven to be a powerful skill in promoting individual

and collective well-being. Research indicates that higher levels of MHL can lead to earlier recognition of mental health issues (Moss et al., 2021). Furthermore, studies using psychometric measures and performance-based measures have demonstrated the effectiveness of MHL in addressing the mental health needs of children and adolescents.

For Pasifika, MHL reflects deeply rooted cultural values centred on collective and holistic well-being, shaped by traditional worldviews and spirituality. As such, MHL must be culturally tailored to align with Pacific worldviews, particularly spiritual conceptualisations of mental health, which are often overlooked in Western psychological perspectives and practices. Tissera and Tairi (2020) highlight the ongoing need for culturally tailored education programs that recognise and respond to mental health challenges through a Pasifika lens and foster greater community engagement. Tailored MHL initiatives are a vital step towards promoting Pasifika mental wellbeing among Pasifika in Aotearoa, helping to shift perceptions, encourage help-seeking behaviours and address the historical and systemic factors of oppression contributing to their over-representation in mental health statistics (Tissera & Tairi, 2020). Crucially, mental health services in Aotearoa have not been designed to always meet the specific needs of Pasifika peoples, which contributes to low levels of MHL and further disengagement from available support systems (Te Hiringa Mahara, 2024).

Context

As of 2023, Pacific peoples constitute 8.9% of Aotearoa's population (StatsNZ, 2024). However, since the initial waves of migration from their respective homelands, Pacific peoples have encountered numerous unique challenges in Aotearoa. The New Zealand Health Survey highlighted several disparities between Pacific peoples compared to other population groups. For example, psychological distress (K-10) scores were higher in Pacific peoples' [14.6] compared to those identifying as 'Other' [13.9] who did not identify as of Pasifika descent. Moreover, nearly one-quarter of Pacific respondents expressed that they were unaware of mental health support services for themselves or others (Ataera-Minster & Trowland, 2018). This underscores the urgent need for improvements in MHL within the Pasifika community.

Cultural beliefs often play a significant role in shaping attitudes and beliefs towards mental health. In many Pasifika cultures, mental health issues are viewed as spiritual or private familial issues rather than a mental health condition. Research by Dr Sione Vaka (2014) highlighted that many Tongan individuals view mental illness not solely as a medical condition but as a disruption of spiritual harmony and community relationships. This emphasises the role of family and community in the healing process, alongside restoring spiritual harmony. This contrasts with Western approaches to addressing mental health, which predominately focus on addressing maladaptive thoughts and behaviours on an individual level. Moreover, the continued use of Western approaches for addressing Pasifika peoples' mental health needs in clinical practice within Aotearoa's mental health system will evidently fail to provide culturally responsive care by overlooking holistic and collective worldviews. This risks further marginalising Pasifika communities by not aligning with their values, experiences and indigenous ways of healing.

The lack of MHL within the Pasifika community can also be linked to their historical marginalisation in Aotearoa, particularly during periods of significant migration. One of the most prominent examples is the Dawn Raids of the 1970s and 1980s, where Pasifika people were disproportionately targeted in a racist campaign to deport overstayers. The trauma from these events continues to reverberate through generations, contributing to ongoing mistrust in Aotearoa's health systems, leading to low levels of engagement with such systems. Aotearoa's government has also been slow to acknowledge the unique challenges faced by Pasifika communities linked to their marginalisation in Aotearoa (Aberdein-Tapuai, 2024), such as institutional racism and economic disparities, which act as a barrier that pushes Pacific people further away from opportunities to develop their MHL.

The Importance of MHL

MHL is a critical concept for Pasifika communities across Aotearoa; it can empower individuals and their families to recognise, understand and respond to mental health challenges in culturally appropriate ways. By increasing awareness of early signs of mental distress, MHL can encourage timely help-seeking and reduce the risk of escalation. Although MHL alone may not guarantee help-seeking behaviour, research shows a positive link between higher levels of MHL and positive help-seeking behaviours (Tissera & Tairi, 2020). This can lead to earlier diagnoses, more effective interventions, and stronger relationships between Pasifika individuals and the healthcare system, ultimately contributing to better long-term health outcomes.

A lack of MHL is recognised as continuing to

exacerbate the mental health challenges Pasifika communities face, rooted in their historical and ongoing marginalisation in Aotearoa, contributing to persistent health disparities (Tulane University, 2024). Community-tailored initiatives such as Le Va's FLO Talanoa (Le Va, 2024a) demonstrate the effectiveness of culturally tailored MHL approaches, which have been shown to reduce stigma and increase help-seeking behaviours. Supporting this, research shows that adolescents with higher levels of MHL are more likely to display psychological resilience during periods of stress, particularly for those from lower socioeconomic backgrounds (Zhang et al., 2023). Taken together, these findings highlight the potential of culturally adapted MHL initiatives as a preventative and empowering intervention for Pasifika communities.

Several initiatives in Aotearoa have begun addressing the need for improved MHL in Pasifika communities. For example, organisations like Le Va are offering culturally tailored mental health education and support services to Pasifika communities. These programmes emphasise the importance of collective well-being, which is grounded as a cultural strength to promote MHL. When Pasifika communities have access to MHL, the benefits extend beyond the individual level. Families, villages, wider communities, and social institutions have become more equipped to support one another and reduce the burdens on Aotearoa's healthcare systems. Communities become more resilient and stronger, creating a more supportive environment for one another.

The opening proverb, "O lupe sa vao ese'ese ae ua fuifui faatasi", speaks directly to how MHL should function within Pasifika communities. Just as the proverb highlights, unity despite diverse individual experiences, MHL fosters collective understanding and shared responsibility for mental health and wellbeing. Integrating Pasifika worldviews with MHL is, therefore, a powerful catalyst for improving mental health outcomes, as it aligns with the cultural values and community strengths of Pasifika communities.

References

Aberdein-Tapuai, A. (2024). Se Talanoaga auā le Soifua Maloloina o le Mafaufau Young New Zealand-born Samoan Perspectives on Talking about Mental Health [Unpublished master's thesis]. Open Access Te Herenga Waka-Victoria University of Wellington. https://doi.org/10.26686/wgtn.27108781

Ataera-Minster, J., & Trowland, H. (2018). Te Kaveinga: Mental health and wellbeing of Pacific peoples. Results from the New Zealand Mental Health Monitor & Health and Lifestyles Survey. Health Promotion Agency. https://doi.org/10.60967/healthnz.26536384.v1

Carvalho, D., Sequeira, C., Querido, A., Tomas, C., Morgado, T., Valentim, O., Moutinho, L., Gomes, J., & Laranjeira, C. (2022). Positive mental health literacy: A concept analysis. Frontiers in Psychology, 13, 1-9. https://doi.org/10.3389/fpsyg.2022.877611

Jorm, A.F., Korten, A.E., Jacomb, P.A., Christensen, H., Rodgers, B., & Pollitt, P. (1997). "Mental Health Literacy": A survey of the public's ability to recognise mental disorders and their beliefs about the effectiveness of treatment. Medical Journal of Australia, 166(4), 182-186. https://doi.org/10.5694/j.1326-5377.1997.tb140071.x

Kapeli, S.A., Manuela, S., & Sibley, C.G. (2020). Understanding Pasifika Mental Health in New Zealand. A New Zealand Journal of Indigenous Scholarship, 9(3), 250-267. https:/doi.org/10.20507/MAIJournal.2020.9.3.7

Le Va. (2024a). FLO Talanoa. https://www.leva.co.nz/workshops-training/flo-talanoa/

Le Va. (2024b). Samoan Language Week. https://leva.co.nz/

Moss R., Gorczynski P., Sims-Schouten W., Heard-Laureote K., Creaton J. (2022). Mental health and wellbeing of postgraduate researchers: exploring the relationship between mental health literacy, help-seeking behaviour, psychological distress, and wellbeing. Higher Education Research & Development, 41(4), 1168-1183. https://doi.org/10.1080/07294360.2021.1906210

StatsNZ. (2024). 2023 Census national and regional data. https://www.stats.govt.nz/infographics/2023-census-national-and-regional-data/

Te Hiringa Mahara. (2024). Achieving equity of Pacific mental health and wellbeing outcomes. Mental health and Wellbeing Commission. https://www.mhwc.govt.nz/news-and-resources/achieving-equity-of-pacific-mental-health-and- wellbeing-outcomes/

Tissera, N., & Tairi, T. (2020) Mental Health Literacy: New Zealand Adolescents' Knowledge of Depression, Schizophrenia and Help-Seeking. New Zealand Journal of Psychology, 49(1), 14-21. https://www.proquest.com/scholarly-journals/mental-health-literacy-new-zealand adolescents/docview/2437439012/se-2?accountid=8424

Tulane University. (2024). Mental Health Literacy: Definition, Importance, and Impact. https://publichealth.tulane.edu/blog/mental-health-literacy/

Vaka, S.L. (2014). A Tongan talanoa about conceptualisations, constructions and understandings of mental illness [Unpublished doctoral thesis]. Massey University. http://hdl.handle.net/10179/5777

Zhang, X., Yue, H., Hao, X., Liu, X., & Bao, H. (2023). Exploring the relationship between mental health literacy and psychological distress In adolescents: A moderated mediation model. Preventive Medicine Reports, 33, 1-6. https://doi.org/10.1016/j.pmedr.2023.102199

Underfunded, Underrepresented, Yet Undeterred: Navigating Indigenous Research as Early-Career Scholars in Southeast Asia

Aron Harold G. Pamoso is a PhD candidate in Psychology at the School of Medicine and Psychology at the Australian National University. His work, grounded in a researcher-activist perspective, explores how overlapping forms of marginalisation shape health outcomes across different cultural contexts. He is particularly interested in how communities facing multiple forms of disadvantage come together through lived experience, leadership and collective action to promote health equity and social justice.





Jeremiah Paul Silvestre is a faculty member in the Department of Anthropology, Sociology, and Psychology at the College of Social Sciences, University of the Philippines, Baguio. His research focuses on governance, public policy analysis, and citizen participation. He is deeply committed to advancing mental health, Indigenous psychology, and human rights advocacy through his academic and community-based work.

Inequities in education continue to have a pervasive impact on students, particularly those from ethnic minority backgrounds in Southeast Asia. Many of these students frequently face stigma due to their Indigenous identities (Kovats Sánchez, 2020), which can hinder their access to and participation in higher education (Anderson et al., 2022). This stigma they encounter is shaped due to their unique socio-cultural contexts (Pamoso et al., 2025) and is deeply rooted in experiences of marginalisation. However, students often respond to these stigma-related challenges with resilience, employing various coping strategies to navigate the barriers they face. Motivated to capture the nuances of these experiences of stigma, we created a research project aimed at amplifying the voices of these students. Our research project focused on the stigma and coping experiences of ethnic-minority students in Indonesia, Malaysia, and the Philippines, seeking to uncover their recommendations for how they navigate and manage the stigma they experience. Our findings underscored how stigma and coping mechanisms vary across time, context and culture. Students' narratives revealed that marginalisation from stigma is nuanced and complex, ranging from subtle microaggressions to more overt acts of violence. Despite these challenges, students' stories showed a sense of resistance against the marginality they experience.

This opinion piece explores our experiences conducting this research project within a diverse group of researchers, each with various research experiences and expertise. Completing our project represented a significant opportunity for us as student researchers and early-career scholars; however, we encountered several challenges and barriers throughout the research project. The most formidable challenge we faced was the scarcity of resources necessary to complete our research project. This led to numerous obstacles to ensuring the sustainability of our research efforts. Despite these challenges, we could continue thanks to the small seed grant funding provided by the Southeast Asian Indigenous Psychology Network, the Asian Association of Social Psychology, and the

International Association for Cross-Cultural Psychology. Although the financing proved to be limited, we found ways to make do and developed strategies to ensure the continuity and delivery of our project.

This issue, however, reflects the surface of a much larger systemic problem that we, as student researchers and early-career scholars, confront – the underrepresentation and underfunding of Indigenous Psychology. This challenge is especially prominent in cross-country research projects. We face challenges such as insufficient funding for research initiatives that are not categorised as scientific, as well as bureaucratic obstacles in data collection and securing ethical clearance in the countries where we conducted our data collection activities. Financial constraints are further exacerbated, particularly by the need to compensate our translators for their assistance in translating transcripts from participants' local languages into English, ensuring that research outputs are accessible for all and suitable for peer review. These challenges have led us to question whether pursuing a career in Indigenous Psychology research remains a worthwhile endeavour. Nevertheless, our research team persevered through our commitment to completing and delivering the project, and we are grateful for the opportunity to have created and completed this important research.

Below, we share three reflections on the challenges we encountered when conducting Indigenous research with Indigenous communities and how we, as researchers, can mitigate these challenges. These insights are drawn from our own experiences in the field:

1. Authentic Engagement of Participants.

We need to acknowledge that the nature of academic and scientific research often comes with a power imbalance between us, the researchers, our participants, and their communities, which we focus on within our studies. This dynamic creates a siloed system where researchers are positioned as the sole experts and authorities, while participants and their communities are reduced to mere data sources. In this system, they are often denied a more active role in the research process and a 'seat at the table'.

To address this, researchers must challenge the existing framework of research and the challenging, unbalanced power dynamic it creates, while recognising participants and their communities as experts. They possess valuable knowledge through their lived experiences and should have a say in shaping research that affects them. Their deep and invaluable insights are essential and should guide the direction and outcomes of research. Therefore, researchers have an ethical responsibility to engage meaningfully with participants and their communities throughout the research process.

While researchers often use terms like 'lived experience' or 'community engagement', these concepts are too often applied superficially rather than meaningfully in practice. In such cases, communities and their knowledge are acknowledged in name but are not genuinely integrated into the research's design, interpretation or dissemination (Scholz et al., 2024). This limited involvement reduces participants to passive providers of data, rather than collaborators whose insights can shape the direction and outcomes of the project. As a result, the research process risks becoming tokenistic, where the language of inclusion is used to legitimise the research, but the benefits, decisions and power remain concentrated in the hands of the researchers, while the perspectives of the participants and their communities are sidelined.

To mitigate this, we encourage researchers to prioritise the long-term and meaningful involvement of participants and communities from the earliest stages of a project. Their voices should not only be captured through data collection but should also influence every stage of the research process. This shift is vital to moving beyond tokenism and towards research that genuinely centres and serves the communities it seeks to understand, fostering lasting benefits for participants and their communities. However, we acknowledge that challenges remain, despite widespread calls for more inclusive participant involvement in research.

2. Building Long-Term, Meaningful Community Partnerships

While authentic engagement of participants is an essential foundation, sustaining their involvement requires deeper, long-term investment in community partnerships. Achieving the goal of meaningful, enduring collaboration means building genuine and equal relationships between researchers, participants, and their communities from the earliest stages of the project and continuing through to dissemination. An essential first step towards this goal is the equal valuing and sharing of expertise, recognising that knowledge does not reside solely with researchers but is also deeply embedded in the lived experiences of participants and their communities.

We also acknowledge that sustaining this level of involvement can present challenges, particularly in securing sufficient funding and institutional support. These structural barriers often make it difficult to foster and maintain long-term relationships with

participants and their communities, especially within the constraints of short-term research timelines and grant cycles.

Nonetheless, building long-term partnerships with participants and their communities is both necessary and worthwhile. Such relationships provide the foundation for more ethical, inclusive and impactful research, leading to outcomes and reforms that genuinely reflect the needs and aspirations of the communities involved.

3. Promote reflexive practices in research and beyond

To foster long-term community involvement in research, we must intentionally adopt reflexive practices throughout the research process, from conceptualisation to final dissemination. A growing body of literature highlights the importance of reflexivity and positionality, particularly within qualitative and Indigenous research. Put simply, reflexivity involves ongoing self-reflection on our role as researchers, the relationships we build with participants and communities, and the ways these relationships shape our research process and outcomes. Positionality, on the other hand, pertains to our worldviews – the social, political, cultural, and structural beliefs and values that shape us as individuals and researchers, as well as how these worldviews influence the research we conduct. These are not just theoretical ideas; they were practices we found necessary to engage with in fundamental and tangible ways throughout our project.

Drawing from our experiences researching with ethnic minority students in Southeast Asia, we actively promoted reflexive practices both within and beyond the research space. One of the key challenges of working in a diverse research team was navigating the complexity of differing positionalities. At times, we held contrasting and even conflicting perspectives on specific topics. Engaging in open, respectful dialogue and allowing space for disagreement became essential to maintaining collaboration and coherence across the project. Through trial, error, and continuous learning, we reconciled differences and reached consensus on how to interpret our data and steer the direction of our research. Our diversity was not a hindrance but a source of strength that unified our efforts.

Fostering a collaborative and reflexive environment also required a form of leadership that valued the research process as much as its outcomes. The success of any research project relies not only on collective effort but also on the ability of the primary investigator(s) to lead, unify and support the research team. Reflexive leadership is especially critical in this context, as it requires a conscious awareness of team dynamics, power imbalances, and the diverse positionalities that inform each team member's contributions to the project. In our case, leadership emerged organically, with different members stepping forward when needed to guide and support the project. This fluid, shared leadership approach was made possible by cultivating open, reflexive dialogue and a foundation of mutual respect that sustained our collaboration from beginning to end.

This opinion piece calls for a shift towards developing meaningful and authentic partnerships with our research participants and their communities. Our experiences conducting research across Southeast Asia demonstrate how academic and research systems can often be siloed and hierarchical, positioning participants at a disadvantage throughout the research process. However, we believe researchers have the power to challenge these structures by embracing reflexivity, positionality, and long-term community engagement. By integrating these practices into our work, we can contribute to systematic reforms that make research more equitable, authentic and collaborative – ultimately ensuring that the outcomes are more impactful for the communities we aim to understand and support.

References

Anderson, P., Blue, L., Pham, T., & Saward, M. (2022). Indigenous Peoples and Higher Degrees by Research in Higher Education. Springer briefs in education, 1-10. https://doi.org/10.1007/978-981-19-5178-7_1

Kovats Sánchez, G. (2020). Reaffirming Indigenous identity: Understanding experiences of stigmatization and marginalization among Mexican Indigenous college students. Journal of Latinos and education, 19(1), 31-44. https://doi.org/10.1080/15348431.2018.1447484

Pamoso, A. H. G., Liem, A., Balmores-Paulino, R., Muhiddin, S., Zay Hta, M. K., Wetherick, F. K., Silvestre, J. P. C., & Kiling, I. Y. (2025). "I don't understand why we have to favor just one ethnicity": Stigma and coping experience perspectives from ethnicminority students in Indonesia, Malaysia, and the Philippines. Culture & Psychology, 1354067X251315732. https://doi.org/https://doi.org/10.1177/1354067X251315732

Scholz, B., Stewart, S., Pamoso, A., Gordon, S., Happell, B., & Utomo, B. (2024). The importance of going beyond consumer or patient involvement to lived experience leadership. International Journal of Mental Health Nursing, 33(1), 1. https://doi.org/https://doi.org/10.1111/inm.13282

Toward a Decolonised Psychology Curriculum: Prioritising Indigenous Knowledge Sources for Aotearoa's Diverse Communities

Paolo Jan-Rafael Palasan Aquino was born in Davao City, Philippines, and migrated to Aotearoa in 2009. A 1.5-generation Filipino who speaks Tagalog and Bisaya, he completed a Bachelor of Science with First Class Honours in Psychology at the University of Auckland. His Honour's research explored how young Filipino migrant men in Aotearoa navigate parent-child communication about sex. Paolo works as a Lived Experience Youth and Child Peer Support Worker at Asian Family Services and tutors classes at the university on how culture and psychology intersect. Grounded in decolonial and strengths-based values, he is committed to advancing mental health research, practice, and policy for immigrant communities.



This article begins by reflecting on my experience of encountering the dominance of Western, Educated, Industrialised, Rich, and Democratic (WEIRD) psychology (Henrich et al., 2010) at the University of Auckland (UoA). I then shift focus to Sikolohiyang Pilipino (SP), a world-leading Indigenous scholarship that challenges WEIRD knowledge sources and their 'fantasy of creating a universal psychology' (Groot et al., 2018). Lastly, I discuss the importance of integrating SP into psychology curricula in Aotearoa, which is critical for creating culturally responsive education and improving health outcomes for our communities.

Studying Psychology in a Culturally Diverse Aotearoa

I enrolled in psychology at UoA with the goal of becoming a therapist. My motivation stemmed from witnessing my whānau navigate Aotearoa's mental health system, where, from my perspective, they had not received culturally sensitive care. These experiences left us feeling a sense of cultural mistrust towards a health system meant to support us. As I progressed through the psychology programme, class after class, I felt let down by the lack of content that addressed the needs of my migrant Filipino community. Over time, it became apparent that the limited cultural support available to my community in the health care system (Zhu, 2021) was not solely a shortcoming of the providers. Instead, it reflected a deeper systemic issue within the education offered by the country's largest university – a university that states in its graduate profile the expectation for students to "appreciate the importance of belonging and diversity" (University of Auckland, 2024).

If the school expects my classmates and me to "advocate for just and equitable societies" (University of Auckland, 2024), I questioned the pathway set for us, as students, to meet that goal. In my first year in 2021, the introductory psychology course, Individual, Social and Applied Psychology, allocated only two weeks to Indigenous psychologies out of the twelve weeks. Likewise, in Mind, Brain, and Behaviour, only one lecture out of a total of 33 lectures covered Indigenous perspectives. This lecture was scheduled as the final class of the semester – a slot known for low student attendance. Moreover, the lecture's content was not examinable, further reducing students' incentive to engage with the material deeply or to attend the lecture.

In the subsequent year, I noticed that dedicated courses on Indigenous psychologies were still unavailable. Students fortunate to enrol in the Stage II course, Social Psychology, would have encountered Indigenous psychologies, although this was limited to two weeks out of the twelve-week semester. In other Stage II courses, such as "Theories of Personality and Development" and "Foundations of Developmental Psychology", Indigenous perspectives, when included, were often confined to a single week of content. These experiences left me reflecting on how Indigenous knowledge was incorporated across the curriculum and questioning whether its limited inclusion allowed for meaningful engagement beyond tokenistic representation.

It was not until my third year of formal psychology education that I encountered a course which unapologetically centred Indigenous ways of being and doing. PSYCH 320: Culture and Psychology profoundly reshaped my understanding of the

discipline and marked the beginning of a long journey of (un)learning, one that continues to influence my research and practice in transformative ways. For the first time, I felt that the psychology I was engaging with had the potential to address the injustices faced by my community. This shift from WEIRD psychology to Indigenous psychology deepened further in my Honours year, where nearly every course I took prioritised Indigenous scholarship. The inclusion no longer felt like a tokenistic gesture or a box-ticking exercise, but a genuine engagement with the rich legacy of Indigenous and decolonial scholars who had long been advocating for change.

This meaningful learning experience compelled me to critically reflect on what it truly means to decolonise the psychology curriculum. If the University is committed to its goal of producing graduates who can "advocate for equitable societies" (University of Auckland, 2024), then the integration of Indigenous psychologies must go beyond isolated weeks or optional papers. A sustained and embedded approach is needed – one that positions Indigenous knowledge as foundational, rather than supplementary. While I delve into the broader implications of this curricular gap later in the article, I now turn to a specific community that remains underrepresented in psychological discourse in Aotearoa: the Filipino population. First, I examine the historical application of WEIRD psychology in the Philippines, followed by an exploration of SP. I then return to the Aotearoa context, arguing that including SP within psychology curricula is timely and crucial in preparing culturally-responsive graduates capable of providing safe, affirming care for our Filipino whānau, ultimately contributing to efforts reducing health inequities.

WEIRD Psychology in the Philippines & A Liberated Psychology: Sikolohiyang Pilipino

As American ships colonised the Philippines, they not only brought their artillery but also their social sciences (including psychology) as instruments of their imperialism (Ong & Yacat, 2018). Much of the psychological studies conducted during this period were done on Filipinos rather than with Filipinos, often by foreigners with no cultural insights. As a result, these studies frequently reinforced the imperialist and racist agenda of the Americans, portraying Filipinos as primitive, backwards, exotic, and uncivilised (Said, 1979). Applying WEIRD psychology to Filipino communities, both in the Philippines and within diasporic communities globally, can be harmful. These frameworks privilege knowledge production rooted in Eurocentric perspectives, which inherently emphasise values like individuality, autonomy, and competition (Nikora et al., 2017). These values, central to WEIRD psychology, often stand in stark contrast to the community-based values at the heart of Filipino culture. As a result, Filipino ways of being and knowing are framed as the problem, needing change and alignment with Western ideals. This process can be deeply recolonising, as it dismisses the validity of indigenous knowledge and community practices.

Fortunately, SP offers an Indigenous Filipino psychology aimed at liberating ourselves from the chains of Western ways of being and doing (Pe-Pua & Protacio-Marcelino, 2000). SP has exposed the political nature of earlier psychological work done in the Philippines, which had been unapologetically presented as 'truth' under the guise of 'objective and good science'. In response, Enriquez (1978) revalidated the core Filipino value of kapwa. My preferred translation of kapwa is from Reyes (2015): "together with the person". This concept teaches us to understand ourselves not as separate, self-contained beings, like hard-boiled eggs, but rather like eggs being fried together in a pan, where it is impossible to pinpoint where one egg begins and where the other ends. This beautiful conceptualisation of community at the heart of Filipino identity offers a pathway to a psychology that genuinely reflects the lived experiences of Filipinos, narrated by the community themselves.

The Filipino Community in Aotearoa & Addressing Health Inequities

The Filipino community in Aotearoa reached 72,612 in 2018, more than tripling its population numbers from 2006 (Statistics NZ, 2014; 2018). The growth in the Filipino migrant population continues to make significant contributions to Aotearoa's diverse demographic, representing 1.55% of the total population in 2023 (Statistics NZ, 2023). Research has established that ethnic minority groups experience poorer health and wellbeing outcomes when compared to majority ethnic groups (Karlsen et al., 2019). These disparities have been attributed to the persistence of monocultural approaches to health, which can fail to account for the diverse needs of minority populations (Came et al., 2016).

Moreover, Montayre et al. (2017) found that some Filipinos in Aotearoa felt their cultural practices were overlooked when interacting with local health services. For example, in the Philippines, it is common for family members to stay overnight in hospital rooms to care for relatives – a practice deeply rooted in the Filipino value of kapwa. Without an understanding of Indigenous knowledge systems and practices like this, Filipinos in Aotearoa are often seen as 'not normal', reinforcing the narrative that cultural practices must be replaced by Western ones.

The limitations of culturally insensitive care in Aotearoa were further highlighted in a report by Asian Family Services (Zhu, 2021), which found that Filipinos, out of all Asian ethnic groups, experience the greatest difficulty in regularly accessing culturally appropriate support when using health services in Aotearoa (i.e., the ability to access support was commonly reported as ranging from "sometimes" to "never").

In a country as culturally diverse as Aotearoa, addressing the dominance of monocultural approaches in health care, and perhaps more importantly, within our education systems, is essential if we hope to improve equitable access to health services and outcomes. Indigenous knowledge systems like SP offer meaningful guidance on how we might foster culturally-responsive care within psychology and across health services in Aotearoa.

To truly foster equitable health outcomes and create culturally safe spaces in Aotearoa, it is essential that psychology curricula meaningfully incorporate Indigenous knowledge sources like SP. Without this shift, future practitioners risk perpetuating monocultural frameworks that overlook the lived realities of diverse communities, including the growing Filipino population. Embracing Indigenous psychologies not only challenges the dominance of Western paradigms but also equips students with the critical skills and cultural understanding needed to serve all communities with empathy and respect. If overlooked, we risk continuing cycles of exclusion and cultural mismatch in psychological practice and research, but if embraced, the path opens for more just, inclusive, and culturally grounded approaches to psychology in Aotearoa.

Conclusion

This article has critiqued the dominance of WEIRD knowledge sources and has offered a vision for a more Indigenous-centric psychology education. By focusing on the Filipino migrant community in Aotearoa, I have highlighted how increasing the inclusion of Indigenous psychology, with particular emphasis on SP, can help future graduates provide culturally safe care for our Filipino whānau. Ultimately, I hope this article contributes to the ongoing efforts to decolonise psychology and ensure that psychology education reflects the diverse needs of Aotearoa's communities.

References

Came, H. A., McCreanor, T., & Simpson, T. (2016). Health activism against barriers to Indigenous health in Aotearoa New Zealand. Critical Public Health, 27(4), 515-521. https://doi.org/10.1080/09581596.2016.1239816
Enriquez, V. G. (1978). Kapwa: A core concept in Filipino social psychology. Philippine Social Sciences and Humanities Review, 42(1-4), 100-108.
Groot, S., Grice, J. L., & Nikora, L. W. (2018). Indigenous psychology in New Zealand. In Asia-Pacific Perspectives on Intercultural Psychology (pp. 198-217). Routledge.
Henrich, J., Heine, S. J., & Norenzayan, A. (2010). The weirdest people in the world? Behavioral and Brain Sciences, 33(2-3), 61-83. https://doi.org/10.1017/s0140525x0999152x
Karlsen, S., Roth, M., & Bécares, L. (2019). Understanding the influence of ethnicity on health. In Understanding 'race' and ethnicity (2nd ed., p. 159–180). Bristol, UK: Policy Press. https://doi.org/10.51952/9781447339694.ch008
Montayre, J., Neville, S., & Holroyd, E. (2017). Moving backwards, moving forward: The experiences of older Filipino migrants adjusting to life in New Zealand. International Journal of Qualitative Studies on Health and Well-being, 12(1). https://doi.org/10.1080/17482631.2017.1347011
Nikora, L. W., Masters-Awatere, B., Rua, M., Hopner, V., Alefaio-Tuiga, S., Stewart, L., King, P., Perkins, B., Hodgetts, D., & Carr, S. (2017). Indigenised Internationalisation: Developments and Lessons from Two Aotearoa/New Zealand Universities. In G. J. Rich & H. Takooshian (Eds.), Internationalising the Teaching of Psychology (pp. 192-142). Charlotte, North Carolina, USA: Information Age Publishing.
Ong, M., & Yacat, J. (2018). Negotiating Filipino identities and intercultural encounters: From colonisation to globalised migration. In Asia-Pacific perspectives on intercultural psychology (pp. 118-139). Routledge.
Pe-Pua, R., & Protacio-Marcelino, E. A. (2000). Sikolohiyang Pilipino (Filipino psychology): A legacy of Virgilio G. Enriquez. Asian Journal of Social Psychology, 3(1), 49-71. https://doi.org/10.1111/1467-839x.00054
Reyes, J. (2015). Loób and Kapwa: An Introduction to a Filipino Virtue Ethics. Asian Philosophy, 25(2), 148-171. https://doi.org/10.1080/09552367.2015.1043173
Said, E. W. (1979). Orientalism. New York, NY: Vintage Books.
Statistics New Zealand. (2014). 2013 Census QuickStats about culture and identity. www.stats.govt.nz
Statistics New Zealand. (2018). Filipino ethnic group. https://www.stats.govt.nz/tools/2018-census-ethnic-group-summaries/filipino
Statistics New Zealand. (2023). International migration: September 2023. https://www.stats.govt.nz/information-releases/international-migration-september-2023/
University of Auckland. (2024). Graduate Profile. https://www.auckland.ac.nz/assets/on-campus/life-on-campus/Graduate%20Profile_FINAL.pdf
Zhu, A. (2021). New Zealand Asian Wellbeing & Mental Health Report. Asian Family Services. https://www.asianfamilyservices.nz/media/rsmi2s4a/asian-family-services-new-zealand-asian-wellbeing-mental-health-report-2021-trace-research.pdf

Honours Abstract



Student Name: **Paolo Aquino**

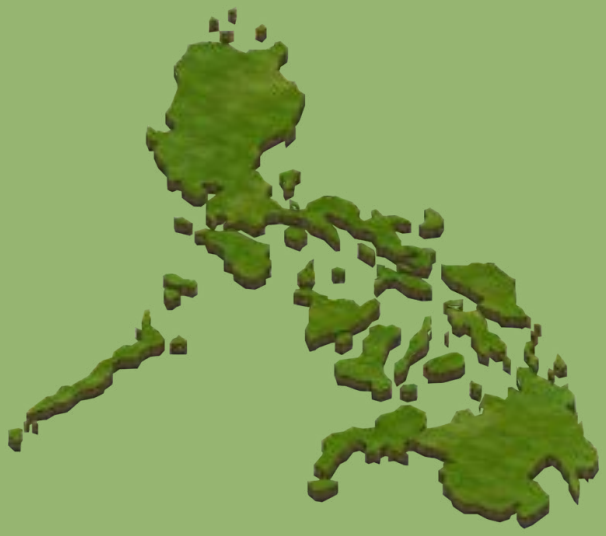
Supervisor: Dr Sam Manuela

Parent-child sex communication (PCSC) is crucial for shaping adolescents' sexual health knowledge and behaviour, yet factors such as migration, cultural values, and religion are often overlooked in extant research. This study investigates how Filipino adolescent migrant males in Aotearoa New Zealand experience and perceive PCSC, focusing on the sociocultural factors that influence these conversations.

A Filipino Indigenous qualitative approach was employed, with 11 Filipino males aged 16 to 25 participating in kwentuhan (storytelling) sessions. Participants were recruited through snowball sampling strategies. Reflexive thematic analysis was applied to identify patterns in participants' accounts, specifically how cultural values, migration, religious beliefs, and familial expectations shaped their experiences.

Four key themes were constructed: (a) Parental Disengagement, (b) Use of Alternative Sources, (c) Cultural and Religious Influences, and (d) Hiding Ourselves. Findings show that cultural taboos and perceived parental discomfort hinder open communication, leading participants to seek information from external sources. Many also concealed their sexual behaviours and identities to avoid conflict, particularly those with non-heteronormative identities.

This research underscores the need for culturally sensitive sexual health education and family-centred interventions to promote open communication within Filipino migrant families. Future studies should explore PCSC from the parental perspective and develop strategies to support communication in migrant communities.



Student Name: **Olivia Clough**

Supervisor: Hineatua Parkinson, Larissa Renfrew

Ko Wetakia me Piripiri ōku maunga
Ko Te Aumiti me Waitohi ōku awa
Ko Tainui tōku waka Ko Te Ātiawa, Ngāti Koata, Ngāi Tahu me Tainui ōku iwi
Ko Ngāi Tuahuriri me Ngāti Tahina ōku hapū
Ko Whakatu, Waikawa me Ooraeroa ōku marae
Ko Olivia Clough tōku ingoa

I hold a Bachelor of Science in Psychology, a Bachelor of Arts in Criminology, and a Bachelor of Science (Hons) in Psychology from te Waipapa Taumata Rau. My research interests lie in mātauranga hinengaro kaupapa Māori (Māori psychology), with a focus on Māori mental health and wellbeing. As a wahine Māori, I am passionate about centring te ao Māori in psychological research and practice, and I strive to contribute to the decolonisation of knowledge systems by expanding the academic landscape of mātauranga Māori within the field of Psychology.

Siblings, a relationship that spans a lifetime, are among the most important for rangatahi, taking on reciprocal roles and responsibilities that support development and play a fundamental role in upholding the collective whānau. Whanaungatanga (nurturing of kin-like relationships) significantly predicts the wellbeing of rangatahi Māori (Greaves et al., 2021; Hamley et al., 2022). This research aimed to explore the ways in which rangatahi Māori understand their sibling relationships and how they contribute to their wellbeing.

Grounded in Kaupapa Māori methodology, this qualitative study centres Māori rangatiratanga, conducted by, with, and for Māori. This study drew from a wider project, Harnessing the Spark of Life, which engaged 51 rangatahi Māori (12-22 years) from Te Tai Tokerau (Northland), Tāmaki Makaurau (Auckland) and Waikato in photo-elicitation-based interviews focused on whanaungatanga. The narratives of nine rangatahi collaborators were analysed using reflexive thematic analysis. This identified five themes: Mana, Kotahitanga, Kare ā-roto, Aroha and Whakawhanaungatanga, of which two themes, Mana and Kotahitanga, are discussed.



The findings of this study emphasised that siblings are important whanaunga that guide rangatahi Māori through colonial barriers and positively inform their wellbeing. Siblings responded to the desires and aspirations of rangatahi Māori, enacting whanaungatanga to meet one another's physical, emotional and social needs.

This study advocates for the wellbeing of rangatahi Māori, emphasising the importance of encouraging rangatahi Māori to engage in strategies that bolster and support their wellbeing. This approach considers the sibling relationship's protective and enriching role with future implications for research and practice.

References

Greaves, L. M., Le Grice, J., Schwencke, A., Crengle, S., Lewycka, S., Hamley, L., & Clark, T. C. (2021). Measuring whanaungatanga and identity for wellbeing in rangatahi māori: Creating a scale using the Youth19 Rangatahi Smart Survey. MAI Journal, 10(2), 93–105. https://doi.org/10.20507/MAIJournal.2021.10.2.3

Hamley, L., Le Grice, J., Greaves, L., Groot, S., Lindsay Latimer, C., Renfrew, L., Parkinson, H., Gillon, A., & Clark, T. C. (2022). Te Tapatoru: A model of whanaungatanga to support Rangatahi Wellbeing. Kōtuitui: New Zealand Journal of Social Sciences Online, 18(2), 171–194. https://doi.org/10.1080/1177083x.2022.2109492

The New Zealand Psychological Society PO Box 10536, Wellington
Box Lobby Wellington 6011

Tel: 04 473 4884 Email: office@psychology.org.nz

New Zealand Psychological Society website
www.psychology.org.nz

Advertising - For rates and deadlines contact the advertising manager at office@psychology.org.nz Phone: 04 473 4884 or visit https://www.psychology.org.nz/about/news-media/advertise-us

Disclaimer

Publication of material in or distribution of material with Psychology Aotearoa does not constitute endorsement by the Society of any views expressed. Equally advertisements are accepted for publication at the discretion of the Editors, having regard to the perceived relevance of the products or services advertised to NZPsS members. Their inclusion does not constitute endorsement by the Society. The Editors reserve the right to edit all copy for publication.

Copyright© The New Zealand Psychological Society