THE ORGANIZATIONAL SUSTAINABILITY OF
PACIFIC MENTAL HEALTH SERVICES IN NEW ZEALAND:
WHAT INFLUENCES SUCCESS?

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A THESIS SUBMITTED FOR THE DEGREE OF

DOCTOR OF PHILOSOPHY

AT THE UNIVERSITY OF OTAGO, NEW ZEALAND

2017
ABSTRACT

INTRODUCTION

The growing burden of mental disorders in New Zealand as elsewhere is of particular concern to the health sector. In New Zealand, the over-representation of Pacific people in mental health statistics led to the establishment and growth of ethnic-specific services. Reforms and policy directives have changed the focus from growth to sustainability, without establishing a translational evidence-base that describes how organizational sustainability operates and is influenced in this context. An empirically grounded collective understanding of sustainability would provide services and stakeholders a common language base, thus, minimising ambiguities. This study sought to define organizational sustainability as it applied to the New Zealand Pacific mental health context and to develop a conceptual framework to help stakeholders identify the key factors that influence sustainability and are critical for success.

METHOD

A methodological framework was developed, combining the key elements of talanoa (a Pacific approach to dialogue and engagement), strengths-approach and narrative analysis. In-depth, face-to-face interviews were conducted with thirty-one senior Pacific mental health providers, policy makers and academics. Observation notes and key documents supplemented the interviews. Three key narrative analysis techniques - thematic, structural and interactional - were used to analyse the data. The collective story of organizational
sustainability was categorised via themes and examined in light of the research questions.

**RESULTS**

Two conceptual frameworks for organizational sustainability were developed; one, embedded within a Pacific outrigger canoe image, while the second illustrated how the factors interacted. A guide to sustainability was also developed to translate the findings into a resource for services to address sustainability issues.

Participants sought to define organizational sustainability using their experiences and observations from the mental health sector. They struggled considerably with this task, raising concerns about the lack of dialogue in the sector. The reform environment within which the interviews occurred influenced participant definitions, thus, associating organizational sustainability with funding and performance reporting aspects.

The factors influencing sustainability were grouped in one of four categories: internal contextual factors, external contextual factors, over-arching factors and critical success factors. The internal factors were the Individual, the Team, the Leader, and the Organizational climate. Political and Financial factors comprised the external context. Culture, Hierarchies and Organizational Stigma were identified as the over-arching factors. The critical success factors were Effective communication, Shared values & beliefs, Stakeholder engagement & understanding, and Relationship strength.
CONCLUSIONS

Reforms and policy directives are pushing New Zealand Pacific mental health services to demonstrate sustainability, and are perceived as threats to service delivery. At its core, sustainability concerns the ability of an organization to maintain its activities at a certain rate or level, and can only be achieved if the challenges are examined via a systems approach to understand the key factors and their influence on sustainability. This study acknowledges the collective story of those working in the sector. The results indicate a need for Pacific mental health services to build resilience and flexibility to mitigate ill-effects, and generate their own solutions, which are strongly embedded in the cultural values underpinning their identity to deliver sustainable services for generations to come.
ACKNOWLEDGEMENTS

As with all journeys, that of my doctoral thesis came with problems to solve, lessons to learn and experiences to behold. I am deeply indebted to a number of people who have walked this journey by my side, and as I attempt to use a smattering of words to acknowledge their support, my gratitude goes beyond these expressions.

I begin with my profound and heartfelt thanks to my supervisors, Professor Sunny Collings and Professor Tony Dowell for their wisdom, guidance and tremendous support during this journey, without whom, this thesis would not exist today. My sincere thanks go to the Ministry of Health for the Doctoral Fellowship, which allowed me to pursue this dream without the financial worries that accompany postgraduate study. A warm thank you to Dr Debbie Peterson for her thorough, honest and constructive feedback while reviewing this thesis. A sincere thank you to Dr Karlo Mila for her insights, advice and support during the initial development phase. To Ms Debra Tuifao, Tagaloa Taima Fagaloa and Dr Jemaima Tiatia-Seth: vinaka vaka levu, sisters for your encouragement, advice and expertise.

My warm and heartfelt thanks go to Ms June Atkinson and Ms Silke Kuehl for their friendship, kindness and aroha. My colleagues and fellow doctoral students of the Social Psychiatry & Population Mental Health Research Unit: thank you for always greeting me with a smile, stopping for a chat, and being ready to listen. I thank my family for their tireless patience, support and unconditional love; with you, I have realised that the present moment is all I ever have and that nothing exists outside the Now.
To the countless unnamed people who supported me with their words, hugs and endless cups of tea: thank you for sharing this journey with me. Finally, to the thirty-one courageous people who shared their stories with me: thank you for your passion, commitment and efforts to improving health outcomes for our Pacific community. Your words, expressions and stories have shaped this thesis. This is for you.

*Even when the sky is heavily overcast, the sun hasn’t disappeared. It’s still over there on the other side of the clouds.*

Eckhart Tolle
# TABLE OF CONTENTS

ABSTRACT .......................................................................................................................... II

ACKNOWLEDGEMENTS ................................................................................................. V

TABLE OF CONTENTS .................................................................................................... VII

LIST OF TABLES ................................................................................................................ XII

LIST OF FIGURES ............................................................................................................. XII

ABREVIATIONS & GLOSSARY ....................................................................................... XVI

## SECTION 1: BACKGROUND & CONTEXT .................................................................... 1

### CHAPTER 1: CONTEXT AND SIGNIFICANCE OF THIS STUDY ................................. 1

  - INTRODUCTION ........................................................................................................ 1
  - BACKGROUND LITERATURE ............................................................................ 2
  - ORIGINS OF THIS RESEARCH ........................................................................... 7
  - PURPOSE AND AIMS OF THIS THESIS ................................................................. 10
  - PARAMETERS OF RESEARCH ......................................................................... 11
  - CENTRAL ARGUMENT ...................................................................................... 12
  - TERMS USED IN THIS THESIS ......................................................................... 13
  - RELEVANT PUBLICATIONS ............................................................................. 14
  - OVERVIEW OF THESIS .................................................................................... 14
  - SUMMARY ........................................................................................................ 19

### CHAPTER 2: FRAMING THE RESEARCH QUESTIONS: A REVIEW OF SUSTAINABILITY LITERATURE ........................................................................................................... 20

  - INTRODUCTION .................................................................................................... 20
  - WHAT IS SUSTAINABILITY? .............................................................................. 21
  - THE TRIALS OF TERMINOLOGY ....................................................................... 22
  - THE DEFINITION DEBATE ............................................................................. 23
  - LACK OF EMPIRICAL FOUNDATION ................................................................. 25
  - THEORETICAL PROPOSITIONS FOR THIS THESIS ......................................... 29
  - SUSTAINABILITY MODELS & FRAMEWORKS .................................................. 31
CHAPTER 3: FRAMING THE RESEARCH QUESTIONS: A REVIEW OF MENTAL HEALTH
LITERATURE ........................................................................................................ 53
INTRODUCTION ................................................................................................. 53
ORGANIZATIONAL SUSTAINABILITY & THE MENTAL HEALTH SECTOR .......... 54
THE NEW ZEALAND STORY ............................................................................... 57
THE PACIFIC MENTAL HEALTH CONTEXT ...................................................... 61
CULTURE & MENTAL HEALTH ........................................................................ 63
THE DEVELOPMENT OF PACIFIC MENTAL HEALTH SERVICES ...................... 65
DEFINING A ‘PACIFIC’ SERVICE ....................................................................... 67
SUSTAINABILITY & PACIFIC MENTAL HEALTH ............................................ 68
FUNDING & DISTRIBUTION .............................................................................. 72
SUMMARY ........................................................................................................... 75

SECTION 2: METHODOLOGICAL FRAMEWORK & METHODS ......................... 77
CHAPTER 4: DEVELOPING A METHODOLOGICAL FRAMEWORK ......................... 77
INTRODUCTION ................................................................................................. 77
THE CHOICE OF RESEARCH PARADIGMS .................................................... 78
AN APPROPRIATE METHODOLOGICAL FRAMEWORK .................................. 83
THE ROLE OF RESEARCHER & PARTICIPANT .................................................. 100
BRINGING IT ALL TOGETHER: A PACIFIC METHODOLOGICAL FRAMEWORK ....... 101
SUMMARY ........................................................................................................... 105

CHAPTER 5: HOW THIS STUDY WAS CONDUCTED ........................................ 107
INTRODUCTION ................................................................................................. 107
ETHICAL APPROVAL PROCESSES ................................................................. 108
ETHICAL CONSIDERATIONS .......................................................................... 109
PACIFIC ADVISORY GROUP ............................................................................ 117
STUDY POPULATION ....................................................................................... 117
DATA COLLECTION METHODS ......................................................................... 119
DATA ANALYSIS ............................................................................................. 130
RIGOUR, RELIABILITY & TRUST ....................................................................... 133
SUMMARY ........................................................................................................... 135
SECTION 3: ANALYSIS & INTERPRETATION ................................................................. 137
CHAPTER 6: RESULTS: AN EXPLANATION OF KEY THEMES ........................................... 137
  INTRODUCTION ........................................................................................................ 137
  DEMOGRAPHIC CHARACTERISTICS .................................................................... 139
  OVERVIEW OF FINDINGS ..................................................................................... 140
  THEMES .................................................................................................................. 141
  DEFINING ORGANIZATIONAL SUSTAINABILITY .................................................... 144
  INTERNAL & EXTERNAL CONTEXTUAL FACTORS INFLUENCING ORGANIZATIONAL
  SUSTAINABILITY .................................................................................................... 151
  INTERNAL CONTEXT ............................................................................................. 153
  THE INDIVIDUAL .................................................................................................... 155
  THE TEAM ............................................................................................................... 158
  THE LEADER .......................................................................................................... 161
  THE ORGANIZATIONAL CLIMATE ....................................................................... 167
  EXTERNAL CONTEXT ............................................................................................. 172
  POLITICAL .............................................................................................................. 174
  FINANCIAL .............................................................................................................. 177
  OVER-ARCHING FACTORS ..................................................................................... 183
  CULTURE .................................................................................................................. 186
  HIERARCHY .............................................................................................................. 191
  ORGANIZATIONAL STIGMA .................................................................................. 195
  CRITICAL SUCCESS FACTORS ............................................................................ 197
  EFFECTIVE COMMUNICATION ............................................................................. 199
  SHARED VALUES & BELIEFS .................................................................................. 201
  STAKEHOLDER ENGAGEMENT & UNDERSTANDING ......................................... 203
  STRENGTH OF RELATIONSHIPS .......................................................................... 204
  SPECIFIC INTERACTIONAL EFFECTS .................................................................. 206
  SUMMARY .............................................................................................................. 208

CHAPTER 7: THE CONCEPTUAL FRAMEWORKS ......................................................... 210
  INTRODUCTION ...................................................................................................... 210
  GUIDELINES FOR DEVELOPING CONCEPTUAL FRAMEWORKS ......................... 211
  BRINGING IT ALL TOGETHER: A PACIFIC FRAMEWORK FOR SUSTAINABILITY .... 219
  INTERNAL CONTEXT ............................................................................................. 221
  EXTERNAL CONTEXT ............................................................................................. 224
  OVER-ARCHING INFLUENCES .............................................................................. 225
  CRITICAL SUCCESS FACTORS ............................................................................. 226
  THE SECOND FRAMEWORK: ILLUSTRATING THE KEY INTERACTIONAL EFFECTS .. 228
  SUMMARY .............................................................................................................. 229
REFERENCES ......................................................................................................................................... 335

APPENDIX A: CONSULTATION LETTER ............................................................................................ 373

APPENDIX B: ETHICS APPROVAL LETTER ......................................................................................... 375

APPENDIX C: INTERVIEW GUIDE .......................................................................................................... 377

APPENDIX D: RESEARCH PROTOCOLS .................................................................................................. 381

APPENDIX E: PARTICIPANT INFORMATION SHEET .............................................................................. 388

APPENDIX F: PARTICIPANT CONSENT FORM ...................................................................................... 390

APPENDIX G: GUIDE TO SUSTAINABILITY ............................................................................................ 391
LIST OF TABLES

TABLE 1: ELEVEN KEY FACTORS AND THEIR INFLUENCE ON SUSTAINABILITY

TABLE 2: DISTRIBUTION OF PACIFIC MENTAL HEALTH SERVICES IN NEW ZEALAND, AS AT 2001

TABLE 3: A DETAILED VIEW OF PARTICIPANT DEMOGRAPHICS

TABLE 4: A CHRONOLOGICAL OUTLINE OF REFORMS IN THE NEW ZEALAND HEALTH SECTOR

TABLE 5: ELEVEN KEY FACTORS AND THEIR INFLUENCE ON SUSTAINABILITY – RECAP

TABLE 6: FOUR SPECIFIC FACTORS AND THEIR INFLUENCE ON SUSTAINABILITY

LIST OF FIGURES

FIGURE 1: OUTLINE MAP OF CHAPTER ONE

FIGURE 2: OVERVIEW OF THE FIVE SECTIONS OF THE THESIS

FIGURE 3: OUTLINE MAP OF CHAPTER TWO

FIGURE 4: SUSTAINABILITY RESEARCH: KEY ISSUES AND SOLUTIONS

FIGURE 5: HOW SUSTAINABILITY MODELS AND FRAMEWORKS EVOLVED OVER TIME
FIGURE 6: SYSTEMS FRAMEWORK FOR ORGANIZATIONAL SUSTAINABILITY

FIGURE 7: DIFFUSION OF INNOVATIONS MODEL

FIGURE 8: THE PROCESS OF ORGANIZATIONAL SUSTAINABILITY

FIGURE 9: A SUSTAINABILITY MODEL FOR THE NHS

FIGURE 10: THE KEY INFLUENCING FACTORS AND THREATS TO ORGANIZATIONAL SUSTAINABILITY

FIGURE 11: OUTLINE MAP OF CHAPTER THREE

FIGURE 12: TIMELINE OF MENTAL HEALTH SERVICES IN NEW ZEALAND

FIGURE 13: SUMMARY OF THE MENTAL HEALTH OF PACIFIC PEOPLE LIVING IN NEW ZEALAND

FIGURE 14: THE EVOLUTION OF PACIFIC MENTAL HEALTH SERVICES

FIGURE 15: OUTLINE MAP OF CHAPTER 4

FIGURE 16: SUMMARY OF THE KEY METHODOLOGICAL APPROACHES FOR THIS STUDY

FIGURE 17: THE METHODOLOGICAL AND ANALYTICAL FRAMEWORK FOR THIS STUDY

FIGURE 18: OUTLINE MAP OF CHAPTER FIVE

FIGURE 19: SUMMARY OF THE KEY ETHICAL ISSUES
FIGURE 20: A SNAPSHOT OF PARTICIPANT DEMOGRAPHICS

FIGURE 21: OVERVIEW OF THE DATA COLLECTION PROCESS

FIGURE 22: OUTLINE MAP OF CHAPTER SIX

FIGURE 23: HOW PARTICIPANTS DEFINED ORGANIZATIONAL SUSTAINABILITY

FIGURE 24: FACTORS INFLUENCING ORGANIZATIONAL SUSTAINABILITY

FIGURE 25: OVERVIEW OF THE KEY THEMES COMPRISING THE INTERNAL CONTEXT

FIGURE 26: OVERVIEW OF THE KEY THEMES COMPRISING THE EXTERNAL CONTEXT

FIGURE 27: OVERVIEW OF THE KEY THEMES COMPRISING THE OVER-ARCHING FACTORS

FIGURE 28: OVERVIEW OF THE KEY THEMES COMPRISING THE CRITICAL SUCCESS FACTORS

FIGURE 29: OUTLINE MAP OF CHAPTER SEVEN

FIGURE 30: SUMMARY OF HOW THE FRAMEWORKS WERE DEVELOPED

FIGURE 31: A PACIFIC CONCEPTUAL FRAMEWORK FOR ORGANIZATIONAL SUSTAINABILITY

FIGURE 32: A CONCEPTUAL FRAMEWORK ILLUSTRATING THE INTERACTIONAL INFLUENCES
FIGURE 33: OUTLINE MAP OF CHAPTER EIGHT

FIGURE 34: OVERVIEW OF THE KEY THEMES COMPRISING THE INTERNAL CONTEXT

FIGURE 35: OVERVIEW OF THE KEY THEMES COMPRISING THE EXTERNAL CONTEXT HIGH

FIGURE 36: OVERVIEW OF THE KEY THEMES COMPRISING THE OVER-ARCHING FACTORS

FIGURE 37: OVERVIEW OF THE KEY THEMES COMPRISING THE CRITICAL SUCCESS FACTORS

FIGURE 38: OUTLINE MAP OF CHAPTER NINE

FIGURE 39: OUTLINE MAP OF CHAPTER TEN
### ABBREVIATIONS & GLOSSARY

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td>Bottom-up approach</td>
<td>Service changes led by clinicians and managers</td>
</tr>
<tr>
<td>Coconut wireless</td>
<td>A Pacific term referring to the way information is spread through the community via word of mouth.</td>
</tr>
<tr>
<td>Consumer</td>
<td>A person who uses mental health services. The term ‘service user’ is used interchangeably in this thesis.</td>
</tr>
<tr>
<td>DHB</td>
<td>District Health Board</td>
</tr>
<tr>
<td>DHBRF</td>
<td>District Health Board Research Fund</td>
</tr>
<tr>
<td>HRC</td>
<td>Health Research Council</td>
</tr>
<tr>
<td>Fono</td>
<td>A Pacific word for meeting or gathering to dialogue about particular issues</td>
</tr>
<tr>
<td>Hui</td>
<td>A Māori term for a social gathering or meeting</td>
</tr>
<tr>
<td>Like Minds, Like Mine</td>
<td>Anti-stigma and discrimination public awareness programme for mental health in New Zealand</td>
</tr>
<tr>
<td>Māori</td>
<td>Indigenous people of New Zealand</td>
</tr>
<tr>
<td>Matua</td>
<td>Pacific elder</td>
</tr>
<tr>
<td>Matai</td>
<td>A person of chiefly status</td>
</tr>
<tr>
<td>MOH</td>
<td>Ministry of Health</td>
</tr>
<tr>
<td>NGO</td>
<td>Non Government Organization</td>
</tr>
<tr>
<td>NHS</td>
<td>National Health Service</td>
</tr>
<tr>
<td>OS</td>
<td>Organizational sustainability. The term ‘service sustainability’ is used interchangeably in this thesis.</td>
</tr>
<tr>
<td>Pakeha</td>
<td>Māori term for New Zealand Europeans</td>
</tr>
<tr>
<td>Term</td>
<td>Definition</td>
</tr>
<tr>
<td>-------------</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Palangi</td>
<td>Pacific term for non-Pacific people, primarily New Zealand European</td>
</tr>
<tr>
<td>Pasifika</td>
<td>May refer to indigenous peoples of the Pacific Islands or the Pacific way of doing things</td>
</tr>
<tr>
<td>Sevusevu</td>
<td>A Fijian term, describing a small token of offering</td>
</tr>
<tr>
<td>Talanoa</td>
<td>A Pacific approach to dialogue and engagement</td>
</tr>
<tr>
<td>Top-down approach</td>
<td>Changes driven by policy makers and external funders</td>
</tr>
<tr>
<td>UK</td>
<td>United Kingdom</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organization</td>
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SECTION 1: BACKGROUND & CONTEXT

CHAPTER 1
CONTEXT & SIGNIFICANCE OF THIS STUDY

INTRODUCTION

This chapter introduces the key mental health, Pacific and organizational sustainability literature framing this study, before describing the key developments that led me to this research. It explains the study aims and research questions, and describes the parameters within which I conducted the study, before presenting an overview of the thesis and methods. It also explains the terminology used in this thesis, and draws attention to the publications relevant to this study. Figure 1 provides an overview of the chapter and the topics covered.
BACKGROUND LITERATURE

ORGANIZATIONAL SUSTAINABILITY

The focus of this study, i.e. organizational sustainability, is a complex area of research with varied and conflicting approaches (Boström, 2012; Greenhalgh et al., 2004a; Ilott et al., 2013; Linnenluecke & Griffiths, 2010). Despite global efforts, there is a still a
paucity of evidence on how to sustain change in organizations (Greenhalgh et al., 2004b). Furthermore, studies that do focus on sustainability in organizations are overwhelmingly skewed towards investigating in one or more factors, without acknowledging their interactions and the organizational context, which invariably leads to poor outcomes (Greenhalgh et al., 2004a).

Further challenges include the use of ambiguous terminologies that fail to bring about meaningful change (Daly, 1990; Buchanan et al., 2003), failure to develop a context-specific definition, which is void of pre-conceived indicators and has emerged through stakeholder consultation (Bell & Morse, 2008; McKenzie, 2004) and the lack of an empirical foundation, given the multi-layered, complex and contextually based phenomena of sustainability and the variable quality of studies (Buchanan et al., 2003). A number of sustainability models and frameworks have been developed for the business sector (Coblentz, 2002; Dunphy, 1981; Dunphy & Stace, 1990; Faber et al., 2005; Golembiewski, 1979; 2000), however, these are context-specific and tailored to the organizations being studied, and cannot easily be adapted to other settings.

HEALTH SYSTEMS

Globally, health systems have always struggled with sustainability issues (WHO, 2009). Prior to the 1990s, they were caught in a “vicious resource cycle” with increasing resource allocation without an examination of cost effectiveness or efficiency (Lega, Prenestini & Spurgeon, 2013, p. S47). In the drive for improvement, they have undergone small and large changes at different levels within organizations in response to internal and
external influences (Berman, 1995). Health organizations reliant upon government funding have been often been caught in political debate, which has added further pressures to the sustainability issue (Stuart & Adams, 2007), resulting in an increased focus on examining how sustainability operates and its associated influences (Buchanan et al., 2003; 2007; Greenhalgh, 2004a; 2004b; Olsen, 1998). In New Zealand, the planning and implementation of changes to bring about sustainability in the health sector has largely been conducted as part of healthcare reforms (Cumming & Mays, 2002). By its very nature, reform implies that the changes would be extensive, significant and sustained, thereby resulting in an improvement from the status quo (Berman, 1995).

**Mental health**

New Zealand mental health services, being part of the greater health system, are not dissimilar from those of other countries where external influences such as government and policy makers dictate the agenda for organizational sustainability (Gask et al., 2008; Mental Health Commission, 2012a; 2012b). Unlike the greater healthcare sector, which has seen the development of a number of sustainability models and frameworks from the work of Buchanan and colleagues (2003) and others (Chambers et al., 2013; Olsen, 1998), mental health services, remain to some extent uncharted. The few emerging studies that have sought to address the question of organizational sustainability and mental health have relied on a combination of literature from multiple genres to establish some type of empirically grounded platform (Brooks et al., 2011).
This is of particular concern, given that global burden of mental disorders shows a worrying increase “14% of the global burden of disease, measured in disability-adjusted life years (DALYs)” attributed to mental, neurological, and substance use (MNS) disorders (WHO, 2008, p. 4). To combat the growing burden of mental disorder, a number of mental health programmes and services have been initiated; however, there have been ongoing challenges associated with inadequate resourcing, effective stakeholder consultation and political pressures (WHO, 2008).

The New Zealand mental health sector evolved from the prevailing Western European paradigm of sending people to geographically isolated asylums (Branton, 1985; Smith, 1991; Williams, 1987). Issues of over-crowding and inadequate care were compounded as bylaws allowed local hospitals, charities and poor families to send high-risk patients to asylums (Williams, 1987). Health sector reforms and policy changes occurred over the decades as a consequence of multiple political agendas (Ashton, 2001; Gauld, 2001; Gibbs et al., 1988; Morgan & Simmons, 2009) and following reviews and inquiries into mental health services (Mason, 1988; New Zealand Board of Health, 1987).

**Pacific mental health**

The impetus to establish Pacific mental health services in New Zealand did not fully transpire until new evidence emerged following the Te Rau Hinengaro: The New Zealand Mental Health Survey, which indicated that the burden of mental illness was particularly high among Pacific people, with 25% experiencing mental disorders compared to 20.7% of the general population (Foliaki et al., 2006). Nearly half of Pacific people (46.5%) had had
some experience of mental illness in their lifetime (Foliaki et al., 2006). Furthermore, only 25% of Pacific people who had been diagnosed with a serious mental illness accessed mental health services (Foliaki et al., 2006).

Significant gaps in provision of mental health services and service-use trends had also been identified for Pacific people (Ministry of Health, 2008). Further research showed that the lack of culturally appropriate services for Pacific people was of significant enough concern to prevent Pacific consumers from accessing help (Malo, 2000; Samu & Suaalii-Sauni, 2009). For Pacific people, traditionally, the role of culture has been so intrinsically bound to the Pacific worldview of self and the inter-relationships that it affects every interaction Pacific people are likely to have with others (Helu Thaman, 1995; Te Pou, 2010). This extends to mental health being viewed as a spiritual possession caused by some breach of the sacred covenant between the person and their ancestral spirits, god or other familial relationships (Agnew et al., 2004; Suaalii-Sauni et al., 2009; Tamasese et al., 2005).

With lobbying efforts from community groups (Agnew et al., 2004), and the development of Pacific mental health policies (Ministry of Health, 2008), Pacific mental health services were formally established in New Zealand in the early 2000’s, starting with a community NGO in South Auckland (L. Foliaki, personal communication, August 15, 2011; Mental Health Commission, 2001a). Since their inception, the focus for these services has predominantly been on delivering culturally appropriate care and improving Pacific consumers’ access to mental healthcare, both of which have been a high priority for governments (Le Va, 2009; Minister of Health, 2005; 2006; Ministry of Health, 2000). Recent years, however, have shifted the focus onto sustainability issues, requiring services to

Since their establishment, funding for Pacific mental health has increased, and the number of culturally specific services has decreased (Mental Health Commission, 2001a; Ministry of Health, 2008). The current national data collection system, although improving, still fails to adequately monitor and evaluate service delivery as the mental health sector undergoes change following repeated healthcare reforms. The changes have seen the focus move away from growth to that of consolidation and having to demonstrate sustainability, primarily to ensure effective use of finite resources to adequately meet the growing needs of the Pacific population (Ministry of Health, 2010a; 2010b). This turbulent period for the sector has been largely driven by external funders and policy makers, and this ‘top down,’ approach has proven particularly difficult for mental health services to understand and implement, given not only the poor communication between stakeholders but also the lack of organizational sustainability research for the New Zealand Pacific context.

ORIGINS OF THIS RESEARCH

In 2009, in conjunction with colleagues, I worked on a study looking at the key knowledge gaps in primary care mental health among New Zealand District Health Boards (DHBs). The Toolkit project, as it was called, was funded by the District Health Board
Research Fund (DHBRF) and administered by the Health Research Council (HRC). The focus of the project was heavily geared towards translational research i.e. working closely with select DHBs to develop a range of evidence-based tools, which could be implemented by the primary mental health sector. The team, mindful of the considerable work already been done in New Zealand’s primary mental health care, sought to build on these findings (Collings et al., 2010a; Collings et al., 2010b).

One of my tasks during this project was to lead the Māori and Pacific components of the study. Although I had worked on a number of studies over the previous five years, on topics ranging from injury prevention (Marsh, McGee, Nada-Raja & Currey, 2007; Simpson & Currey, 2007; 2009); suicide prevention (Currey & Nada-Raja, 2007); to Pacific partner violence (Currey, 2011), this was my first opportunity to delve deeply into mental health sector research. My interviews with ethnic service providers provided valuable insights into how the sector was faring in light of the challenges associated with service delivery. These observations, coupled with the paucity of literature, particularly for Pacific mental health were the initial seeds for a study looking at Pacific mental health services in New Zealand. The study’s focus, i.e. organizational sustainability emerged as one the key challenges facing the sector as part of the Toolkit project. Meanwhile, my conversations with key sector leaders further strengthened the case for a study looking at Pacific mental health service sustainability.

On a personal front, my family experienced a number of deaths by suicide both in New Zealand and in the Pacific islands, which although were never directly linked to poor service delivery, became a sore point of focus for bereaved family members looking to
explain their loss and ascribe blame. Knowing that I worked in mental health research and in the past, had been a telephone counsellor, family members were keen to share their stories, believing it to be a somewhat cathartic experience. These interactions, although difficult at times, served as on-going reminders of my promises to look at ways of improving services in the sector such that consumers (and their families) felt well supported and on a journey towards recovery, rather than untimely death.

In the meantime, with the Toolkit project complete, I continued to collaborate on a range of other studies looking at media and suicidal behaviour (Collings et al., 2011); consumer mental health research (Peterson, Currey & Collings, 2011); developing multi-level interventions for suicide prevention (Collings et al., 2012a; 2012b) as well as co-supervising student research such as Pacific prisoners’ mental health (Feki, 2013); improving Pacific peoples’ access to mental health services (Kularatna & Currey, 2012) and culture and Pacific suicide prevention (King & Currey, 2013). The topic of organizational sustainability for the Pacific sector cogitated and developed in the background until 2011 when I freed up enough hours to begin my doctoral journey. This process was supported greatly by the timely award of a Doctoral Fellowship funded by the Ministry of Health for the duration of the study.

Pacific friends and colleagues in the sector were re-visited, who were delighted that I was finally embarking on the study. The perceptions in the sector were that the previous years had been somewhat turbulent for mental health services and many felt that it was only the beginning tremors, so to speak. Their assertions were proven correct as sector-wide reforms continued to stretch many Pacific services to breaking point, and yet others to
collapse. The need for services to demonstrate sustainability was becoming more prominent in national policies (Mental Health Commission 2012a; 2012b), yet no one seemed to have asked the sector for its views on the issue. Nor were there any evidence-based guidelines on how sustainability influenced service delivery.

In light of these developments, many viewed a study on organizational sustainability as timely, if not well overdue. My review of relevant literature shed valuable light on the complexities and challenges of organizational research (Buchanan et al., 2003; Faber, Jorna & Van Engelen, 2005) and in the case of the Pacific mental health sector, the absence of studies to help services identify how to even begin to understand and address sustainability. In view of these considerations and consultations, a set of aims and research questions emerged.

**PURPOSE ANDAIMS OF THIS THESIS**

This study had two aims:

1. Define organizational sustainability as it applied to Pacific mental health in New Zealand; &

2. Develop a conceptual framework to help services identify the key factors, which influence organizational sustainability and are crucial for success.

In line with these two aims, the study sought to answer the following research questions:

- What is organizational sustainability in the context of Pacific mental health?
- What factors influence organizational sustainability?
• What are the critical success factors for organizational sustainability?

PARAMETERS OF RESEARCH

In the interest of generating detailed, yet succinct findings that were of translational value to the sector and could be produced within the boundaries of a doctoral thesis, I chose to limit the study sample to the New Zealand Pacific mental health sector. Initial conversations and consideration had raised the possibility of including a select few Pacific Island nations such as Samoa, Tonga and Fiji, which have mental services at various stages of development (WHO, 2005). Of these, New Zealand services were by far the most developed, in terms of the number of organizations, their service delivery and consumer reach. Given the context-dependant nature of organizational sustainability studies, the decision was made to focus on the New Zealand sector, with the anticipation that findings from this research could be adapted to other service contexts.

Reviews of other organizational studies had indicated that one of the best ways to study sustainability was via longitudinal approaches, with the aim of gathering rich, multiple streams of data across a multi-month to multi-year time period (Dawson, 2003). This approach, while tempting from an academic stance was considered, before being rejected in light of its implications for my workload and the burden it would pose on an already over-stressed sector.

The merits and drawbacks of a quantitative versus qualitative research paradigm were evaluated against the aims, research questions, study design and literature from other
organizational studies and those pertaining to Pacific communities’ preferences (Buchanan et al., 2007; Finau, 2011). The prominent use of qualitative approaches, with particular recommendations from organizational studies for interviewing, observations and documents (Dawson, 2003) skewed the balance in their favour. Ways of successfully engaging with what would be a predominantly Pacific ethnicity study sample also needed serious thought, given my Pacific background (Fijian, with Indian and English influences) and the likely expectation of participants that I would be at least cognizant of cultural protocols and processes.

In light of the above considerations, the study sample was limited to the New Zealand Pacific mental health sector and as such, comprised primary, secondary and community-based Pacific mental health services from around the country. Mainstream services with a significant number of Pacific service users were also included in the study sample. A methodological framework grounded in Pacific epistemologies was developed specifically for this study. A qualitative research method was employed. Data gathering was accomplished via single-point interviews, which were supplemented with observational notes and key documents from the sector.

CENTRAL ARGUMENT

The central argument of this thesis relates to the significant, yet complex nature of organizational sustainability in New Zealand’s Pacific mental health sector and the influence of various factors, some overt, others hidden on service delivery. Given the paucity of sustainability studies in this sector, this thesis provides emerging insights into what these
factors are and how they interact and influence the organizational sustainability of Pacific mental health services. A key conclusion from this study is the contextual story of organizational sustainability, as constructed by those working in the Pacific mental health sector, which influences the degree or level of importance that is ascribed to a particular factor. Any efforts to address organizational sustainability need to account for the perspectives, experiences and observations of those working in the sector. Given the dynamic nature of organizations, any significant shifts in perceptions also need to be considered, which at the very heart of this issue, begin with honest, open communication to hear the stories of the stakeholders involved.

**TERMS USED IN THIS THESIS**

Since the majority of organizational literature uses the ‘ize’ spelling in lieu of ‘ise’ I chose to follow this convention. For the few studies that have chosen to use ‘ise’ this decision has been respected and words left in their original form. In one of the most comprehensive sustainability studies to date, Buchanan and colleagues (2007, p. xxvii) faced similar challenges and have explained their choice to use ‘ize’ spelling as follows: “The use of ‘z’ is widely regarded as American. That is typically not the case. For most such words, the ‘z’ is correct English, for historical, etymological, and phonetic reasons. Our editorial policy is thus to follow correct English spelling with reference to The Oxford English Dictionary for Writers and Editors.” A glossary for abbreviations and definitions has also been provided at the beginning of this thesis.
RELEVANT PUBLICATIONS

As mentioned earlier, this thesis sought to build on the findings of a translational research project for primary mental health care in New Zealand. I, in collaboration with five other colleagues, produced two key outputs: 1) a technical report (Collings et al., 2010a); and 2) a primary mental health care toolkit, which could be used by services to address some of the key knowledge gaps in the sector (Collings et al., 2010b).

During the course of this thesis, three publications have been generated for publication, and are in the process of being submitted to peer-reviewed journals: 1) a study protocol paper, explaining the research, design and the methodological challenges; 2) a paper explaining the methodological framework developed for this study and its application; and 3) a paper presenting the conceptual frameworks for sustainability. The findings from the study have also been presented at a number of national and international conferences and disseminated to the mental health sector.

OVERVIEW OF THESIS

This thesis has been divided into five sections – Background, Methods, Results, Discussion, and Conclusions as per Figure 2 below:
**Figure 2: Overview of the five sections of the thesis**

**Section 1: Background and Context**

Apart from the current chapter, this section contains two other chapters dedicated to the literature reviews. Chapter 2 reviews the literature relevant to organizational sustainability, drawing on research from a variety of professional disciplines, given the lack of an established empirical and theoretical framework in this area. It explains the evolution of sustainability, identifying the challenges associated with terminology, definitions, as well
as the lack of empirical foundations. Research into organizational sustainability in healthcare is examined, along with a range of sustainability models and frameworks and their translation into practice. The contextual factors influencing sustainability are also considered as well as the merits of a processual-contextual perspective to study sustainability. Finally, the findings from each section are contemplated with regards to this thesis, before generating a number of theoretical propositions to guide the study.

Chapter 3 continues the review of literature, this time focussing on organizational sustainability and the mental health sector. It explores the evolution of mental health services in New Zealand. Then, the particular context for this study, Pacific mental health services in New Zealand is examined to outline its progress in terms of service development and cultural nuances, identify key knowledge gaps and justify the need for this study.

Section 2: Methodological Framework & Methods

In this section, Chapter 4 introduces and describes the methodological framework used in this study. It explains the choice of paradigm and methodology employed to answer the research questions. Chapter 5 details the steps followed to answer the research questions. It explains the ethics approval process, including the ethical issues that were identified and the steps taken to minimise or resolve them. It describes the study population, how participants were recruited, the fieldwork locations, the data collection methods, how the data were analysed and interpreted.
SECTION 3: ANALYSIS & INTERPRETATION

In this Section, Chapter 6 presents the data as evidence to support the thesis and argument developed in previous chapters. It focuses on answering the research questions. It presents the collective story of organizational sustainability by first reporting on how organizational sustainability is defined by the sector. The second part of the story presents the internal contextual factors – the Individual, the Team, the Leader and the Organizational climate – before looking at the Political and Financial external contextual factors. The collective story continues with the identification of Culture, Hierarchies and Organizational stigma as the over-arching factors, whose influence on sustainability occurred across all levels and contexts. The story concludes with the success factors - Effective communication, Shared values & beliefs, Stakeholder engagement & understanding and Relationship strength – each of which were equally critical for sustainability.

Chapter 7 collates the findings to present two conceptual frameworks for sustainability, underpinned by the gathered evidence and seeking to link the different bodies of knowledge, such as the literature review and the findings from this study. The first conceptual framework is embedded within the image of a Pacific outrigger canoe, while the second conceptual framework illustrates the key interactions between the factors. Using these findings, a guide to sustainability was developed as a translational output of this study to help Pacific mental health services address sustainability issues. This guide is attached to this thesis as Appendix G.
SECTION 4: DISCUSSION

In this Section, Chapter 8 discusses the findings of the study to advance the central argument of the thesis. It proposes a working definition for organizational sustainability to establish a common language that could be used by stakeholders when addressing sustainability issues. It establishes the key difference between how the Pacific mental health sector viewed sustainability as an issue concerning organizational survival rather than the implementation of new working practices as envisioned by healthcare overseas. It explains the effects of top-down approaches where the voice of funders and policy makers heavily influences whether a service survives, thrives or dies.

It examines the findings from the internal and external contexts, the over-arching factors and the critical success factors, noting similarities with other studies and explaining the differences, which usually signify how Pacific cultural values influenced participant perceptions. The conceptual frameworks are also discussed; examining how the influencing factors compare to those stemming from the processual-contextual perspective as well as explaining how the sustainability guide has sought to overcome the shortfalls identified during the application of the NHS sustainability model, which is the most comprehensively developed resource for addressing sustainability to date.

Chapter 9 presents the four notable contributions of this thesis to scientific knowledge, in terms of the literature review, methodological framework, conceptual frameworks and guide to sustainability. It explains the key strengths of the study that relate
to the aims, study design and the translational aspects of the research, before identifying the main limitations.

**SECTION 5: CONCLUSIONS**

Finally, in Chapter 10, I reflect on the overall study and how the theoretical components actually translated to the fieldwork, particularly in terms of the ethical issues of conducting culturally safe research. Seven key directions for future research are identified before presenting the conclusions of this study.

**SUMMARY**

This chapter introduced the origins of this research, focussing on the key developments that led me to this topic, before explaining the study aims and research questions. It described the parameters within which this study was conducted and the central argument, and explained the terminology used in this thesis before drawing attention to the publications relevant to this study. Finally, it presented an overview of the thesis.

The next chapter presents a review of the literature relevant to organizational sustainability, drawing on research from a variety of professional disciplines.
Introduction

The last chapter established the context and significance of this study by briefly explaining how the research questions arose, beginning an exploration of relevant literature and outlining the aims of this thesis. This chapter introduces the literature relevant to sustainability of services or organizations, henceforth referred to as ‘organizational sustainability.’

It explores the evolution of sustainability, identifying the challenges associated with terminology, definitions, as well as the lack of empirical foundations. Research on organizational sustainability in healthcare is examined, along with a range of sustainability models and frameworks and their translation into practice. The contextual factors influencing sustainability are also considered as well as the merits of a processual-contextual perspective to study sustainability. Finally, the findings from each section are contemplated with regards to this thesis, before generating a number of theoretical propositions to guide the study. Figure 3 outlines an overview of the chapter and the topics covered.
**What is sustainability?**

The term ‘sustainability,’ derived from the Latin word ‘sustinere’ (tenere, to hold; sus, up) (sustain, n. d.) was first used in European forestry cultivation literature (Grober, n. d.; Heinberg, 2010). It is defined by the Oxford English Dictionary (2013) as something being “maintained at a certain rate or level.” Since its first use, the term has been applied to a wide range of contexts and across a myriad of professional disciplines, including economics,
sociology and the environment (Brown et al., 1987; Common & Perrings, 1992; Goodland, 1995; Goodland & Daly, 1996; Luthra, 2011; Spangenberg, 2005).

The focus of this study, i.e. organizational sustainability, is a complex area of research with varied and conflicting approaches (Boström, 2012; Greenhalgh et al., 2004a; Ilott et al., 2013; Linnenluecke & Griffiths, 2010). Despite global efforts, there is a still a paucity of evidence on how to sustain change in organizations (Greenhalgh et al., 2004b). Furthermore, studies that do focus on sustainability in organizations are overwhelmingly skewed towards investigating one or more factors, without acknowledging their interactions and the organizational context, which invariably leads to poor outcomes (Greenhalgh et al., 2004a).

Three key issues in particular, namely, terminology, definition and empirical evidence have impacted considerably on organizational sustainability research (Buchanan et al., 2003; Faber et al., 2005). Each has its own layers of complexity and given the fundamental role they play in sustainability research, they are explored below along with their implications for this thesis.

THE TRIALS OF TERMINOLOGY

Since their introduction to the research arena, terms such as ‘sustain’, ‘sustainable’, ‘sustainability’ and ‘sustainable growth’ have become increasing visible in literature without much reference to meaning or context (Buchanan et al., 2003; Daly, 1990). This has been further compounded by the use of the term ‘sustainable development,’ which when
introduced, led to a global escalation in sustainability research, implementation and assessment, most of which was undertaken in a haphazard and somewhat biased manner (Daly, 1990; L’el’e, 1991; Linnenluecke, 2010; World Commission on Environment and Development, 1987).

Given the high profile debut of the term ‘sustainable development’ (World Commission on Environment & Development, 1987) and the inevitable global interest that followed, it serves as a good example to illustrate the challenges that have arisen from combining two words, which at their core are asynchronous with each other. Its three main criticisms are as follows:

1. The inclusion of the word ‘development’ creates the assumption that growth or progress is a necessary condition for sustainability regardless of the context;
2. The concept of ‘development’ goes against the traditional definition of sustainability i.e. the maintenance of strategies and activities at a certain level; and,
3. The vagueness and absolute inclusivity of the term fails to encourage policy and activity that brings about meaningful change (Redclift, 2005).

THE DEFINITION DEBATE

When first introduced, sustainable development was defined as “development that meets the needs of the present without compromising the ability of future generations to meet their own needs” (World Commission on Environment & Development, 1987, p. 41). Referred to as the Brundtland definition, its broad scope and focus on human needs as opposed to those of the ecosystem, helped create a loophole for businesses and
organizations to operate unhindered, without genuinely addressing sustainability issues in their environment (Redclift, 2005). Despite these criticisms, however, the definition gained widespread influence and continues to be used today.

Despite the popularity and pitfalls of the Brundtland definition, much of the current literature agree that sustainability cannot be defined in singular terms, necessitating the development of a clear description for each context within which it is used (Kidd, 1992; McKenzie, 2004; Pezzey, 1992). Because of bias from disciplines involved in defining the term, particularly when choosing the indicators to measure sustainability, there is, however, little consensus on the notion of sustainability (Faber et al., 2005). Nevertheless, this has not deterred numerous attempts to define and quantify this phenomenon through the application of rigid parameters and pre-conceived indicators, the majority of which have ended in failure (Bell & Morse, 2008).

Critics challenging such definitions argue that if the indicators used to measure the concept are included in the definition, this pre-establishes the signs, which in turn results in greater weighting being given to data arising from these indicators, at the expense of other relevant and important questions (Bell & Morse, 2008; McKenzie, 2004). To avoid such critical errors, it is imperative not only to consult the communities and stakeholders likely to be affected but also avoid the use of pre-conceived indicators in the first place (McKenzie, 2004).

McKenzie’s (2004) study, although focused on social sustainability is one of very few that explores why a definition for sustainability is so important. Unlike others, it explores
the pitfalls of making assumptions, which essentially give rise to situations where stakeholders lack consensus and a common language on what sustainability means and how to implement it, which in turn, leads to the development of assessment tools and frameworks that fail to measure sustainability accurately (McKenzie, 2004).

While many studies acknowledge the importance of context in sustainability research, Buchanan and colleagues (2003) actually provide guidance on what this constitutes. They argue that context needs to encompass not only the organization and the stakeholders being studied, but also where the organization fits with the greater system and the point in time the study is conducted. Given these variables are likely to be different for each scenario, our understanding of sustainability is also likely to be personal and contextual, which further strengthens the case for why no precise, universal definition of sustainability can be applied to multiple settings (Fitzgerald & Buchanan, 2007). Therefore, any definition of sustainability that is developed will be unique to a particular organizational context and highly unlikely to be successful if directly adopted by another organization (Buchanan et al., 2003).

**Lack of Empirical Foundation**

Four reasons have been cited why even if the issues with definitions and terminologies were resolved, organizational sustainability could still be difficult to study (Buchanan et al., 2003). Firstly, the study of sustainability at a fundamental level is about stability, i.e. understanding the maintenance of changes occurring over time in a particular context (Buchanan et al., 2003). Stakeholders and researchers may not view this as
particularly stimulating endeavour, particularly if quick solutions are sought in time-poor scenarios.

Secondly, studying sustainability in real life scenarios requires a longitudinal approach with constant monitoring, data collection and analyses, which require considerable long-term resource investment (Dawson, 2003), something, which may not be feasible in most contexts. Thirdly, it may be impossible to study the effects of changes implemented in organizations since many innovations are abandoned rapidly, especially if they fail to deliver substantial short-term gains, particularly if sustainability is perceived to be a final state or endpoint.

The fourth and final reason is of particular relevance to those in academia as it pertains to the challenges associated with the critical appraisal of literature. Buchanan and colleagues’ (2003) study is the only one that has examined why it would be unfeasible to conduct a systematic literature review on organizational sustainability. They argue that:

• Sustainability is a multi-layered, complex and contextually based term that is open to considerable interpretation, which prevents a clear question from being developed;
• The lack of an “established research tradition” in the area (p. 11) means that the literature selected for review, despite following the most rigorous and transparent processes is still subject to the judgment of the researchers undertaking the study; and,
• The evidence presented in the studies can be of variable quality given the wide range of data collection methods, tools for analysis and presentation styles, which considerably hinder critical appraisal.

These issues also persist when it comes theoretical frameworks in sustainability research as evidenced by work by Greenhalgh and colleagues (2004). In what is regarded as one of the most comprehensive systematic reviews of studies looking at sustainability and the spread of innovations within healthcare organizations, the researchers failed to find a reliable and valid theoretical framework to underpin their diffusion of innovations model, a finding consistent with previous attempts when reviewing sustainability literature (Greenhalgh, 2005).

To overcome some of these challenges, Buchanan and colleagues (2003) developed a category-based coding scheme, the results of which were then used to identify the factors influencing sustainability. In describing their study, however, they omitted to provide information on how the coding scheme was developed, which limits attempts at assessing credibility and/or adapting the techniques to another context. Others like Martin, Weaver, Currie, Finn and McDonald (2013) have opted to follow different strategies such as deliberately narrowing the search terms, assessing abstracts for relevance and focusing on studies, which directly relate to the context being examined in their research.

Figure 4 outlines and summarises the key issues and the ways of overcoming sustainability issues:
The trials of terminology
Are we "sustaining," "growing" or "developing"?
Vague terms fail to bring about meaningful change.

The definition debate
A context-specific definition is essential.
Pre-conceived indicators falsify the phenomenon.
Stakeholder consultation is vital.

Lack of empirical foundation
Stability studies fare poorly given time constraints.
Longitudinal approaches are ideal but costly.
Systematic literature reviews are unfeasible given complexity, research bias & the variable quality of data.

Overcoming the challenges
The terminology must make reference to the context.
Combined terms must be synchronous with each other.
Definitions must be sought from stakeholders.
Either a longitudinal approach or specific data collection methods of interviewing, documents and observations must be used.

Figure 4: Sustainability research: Key issues and solutions
The studies examined thus far have illustrated the widespread challenges and opportunities for organizational sustainability research. Their findings contribute to the small but growing body of evidence that organizational sustainability is a multi-faceted phenomenon that cannot be studied in isolation. In light of these discoveries, a number of theoretical propositions have emerged. Each theoretical proposition “directs attention to something that should be examined within the scope for the study” (Yin, 1994, p. 21). Thus, while examining organizational sustainability in the New Zealand Pacific mental health context, the following theoretical propositions were considered:

- Terminology used in sustainability research must make reference to the context (Buchanan et al., 2003; Daly, 1990). If words are combined to generate a new term, their core definitions must not be asynchronous with each other. Therefore, for the purposes of this study, the term ‘organizational sustainability’ has been chosen. The term ‘organizational’ is traditionally defined as “the way in which elements of a whole are arranged” involving “a group of people with a particular purpose” while ‘sustainability’ is something “able to be maintained at a certain rate or level” (Oxford Dictionary of English, 2013). Thus, organizational sustainability, in its simplest form, for this context refers to how a given group of individuals maintain an action at a particular level.

- A definition of sustainability is required for the organization being studied given each organizational context is unique in its nature, scope, scale and time point
The definition must void of pre-conceived indicators to reduce bias and must be generated by the stakeholders concerned (Bell & Morse, 2008; McKenzie, 2004). Therefore, this study will include a question on how organizational sustainability is defined in its application to the New Zealand Pacific mental health context. This will be posed as an open-ended exploratory question with no information on how it has been defined by other studies or my personal definition.

• Sustainability is a dynamic process specific to a particular context as opposed to a static state and at a fundamental level is about stability (Buchanan et al., 2003). One of the best ways to understand how change occurs over time is via longitudinal studies. Therefore, the study design would consider a longitudinal approach if feasible within the research context. Failing this, the data collection techniques will attempt to capture this information using interview questions that cover a sequence of events, rather than one particular point in time.

• An in-depth critical appraisal of literature via a systematic review is unfeasible given the contextual nature of the phenomenon, lack of appropriate empirical and theoretical benchmarks and variable quality of studies published thus far (Buchanan et al., 2003; Greenhalgh et al., 2004a; Greenhalgh et al., 2005). Strategies used to mitigate some of these challenges include deliberately narrowing the search terms, assessing abstracts for relevance and focusing on studies, which directly relate to the context being examined in their research (Martin et al., 2003).
Therefore, this study will also employ these techniques, while being aware of the wider context of sustainability literature.

**SUSTAINABILITY MODELS & FRAMEWORKS**

Studies have documented the need for some baseline considerations that take into account the challenges mentioned above that could be used as a starting point for others looking at sustainability in their own respective contexts (Faber et al., 2005). A number of different approaches have been suggested, each generated within a particular context, with its own strengths and limitations.

For instance, early discussions focused on the types of changes required to achieve organizational sustainability. Historically, the dominant paradigm was one that strongly supported small, incremental changes to organizations (Dunphy, 1981; Golembiewski, 1979; Kanter, 1983; Quinn, 1977, 1980; Sashkin, 1984). This approach relied on linear, predictable economic growth for organizations and enabled employees to manage changes in a slow but steady way. However, later studies argued for revolutionary, transformative changes that occurred at critical periods in an organization where other influencing factors such as strategic imperatives offered strong alignment with the proposed activities (Dunphy & Stace, 1990; Golembiewski, 2000; Miller, 1982).

To help organizations answer what type and scale of change required, Golembiewski (2000) distinguished between four types of transformations: 1) fine-tuning (on-going, small changes); 2) incremental adjustment (small but distinct modifications); 3) modular
transformation (major realignment); and 4) corporate transformation (significant change involving the entire organization). The very nature of these transformations indicates that there can be no such thing as a non-changing or static state for organizations, since change and re-organization is an on-going reality.

More recent studies have chosen to approach the issue by proposing various frameworks for organizational sustainability that are context and application specific. For instance, Kiewiet and Vos (2007) used cognitive mapping to develop a ‘what,’ ‘who’ and ‘attribute’ framework to help a multinational engineering firm understand how to operationalize sustainability. Using goods production firms as their focus, Faber and colleagues (2005) developed the ‘artefact-goal orientation-behavioural interaction’ framework in which the ‘artefact’ concerns the ‘what’ or entity being investigated, the goal orientation refers to the point of reference for sustainability and the ‘behavioural interaction’ examines how the artefact operates and relates to the environment. Meanwhile, Coblentz (2002) argued for an institutional-financial-moral framework as the three key aspects of organizational sustainability, stating that each characteristic is equally important. However, unlike Kiewiet and Vos (2007) and Faber and colleagues (2005), Coblentz’s (2002) framework is primarily based on personal experiences of the NGO sector and is yet to be empirically validated.

Overall, these models and frameworks are context-specific and tailored to the organizations being studied, adding further evidence to the need for bespoke tools and frameworks. Furthermore, while some dimensions in the frameworks share similar characteristics, other aspects are a by-product of the organizational context being
investigated, the researchers’ professional disciplines and the evolutionary stage of academic discourse in sustainability. Figure 5 traces the evolution of these sustainability models and frameworks:

Figure 5: How sustainability models and frameworks evolved over time

THEORETICAL PROPOSITIONS FOR THIS THESIS

These studies illustrate the range of approaches used in different professional disciplines to develop and in some cases empirically validate various sustainability models and frameworks. In light of these findings, one further theoretical proposition emerged for this study:

• Given the uniqueness of each context, a sustainability definition and associated tools cannot be directly adopted for use in another organization. Therefore, using the findings of this study, a conceptual framework will be developed to help Pacific mental health services identify the key factors, which influence organizational sustainability and are crucial for success. While its applicability will be specific to the New Zealand Pacific mental health sector, this does not preclude it from being adapted to other settings, provided this is carried out while being aware of the contextual dynamics.

ORGANIZATIONAL SUSTAINABILITY IN HEALTHCARE

Since their inception, health systems worldwide have found some aspects of sustainability challenging (WHO, 2009). Prior to the 1990s, they were caught in a “vicious resource cycle” with increasing resource allocation without an examination of cost effectiveness or efficiency (Lega, Prenestini & Spurgeon, 2013, p. S47). They have undergone small and large changes at different levels within the organization in response to internal
and external influences, in the drive for improvement (Berman, 1995). During this period, outcome measures have replaced outputs and there has been greater collaboration between clinicians and senior management (Hovlid, Bukve, Haug, Aslaksen & von Plessen, 2012; Lega et al., 2013).

Health organizations reliant upon government funding have been often been caught in the political debate, which has added further pressures to the sustainability issue (Stuart & Adams, 2007). The fundamental differences in the political ideologies between the major groupings can be particularly detrimental to healthcare sustainability, which not only influence funding, but also have an impact on healthcare policies and priorities. To alleviate some of these pressures, a needs-based healthcare hierarchical framework has been suggested, which while acknowledging that funding is finite, focuses on resource allocation to areas that require it most (Stuart & Adams, 2007).

Olsen (1998), however, argued for a more inclusive framework, as per Figure 6, which takes a whole systems approach and incorporates the interactional effects of the ‘context’ (i.e. factors within the environment operating externally to the organization), the ‘activity’ (i.e. the services being delivered) and the ‘organizational capacity’ (i.e. how well the tasks can be carried out). Use of such a framework would certainly help organizations identify the critical success factors for organizational sustainability, before developing relevant initiatives to manage change. It, however, would only be useful for small-scale organizations as the number and type of interactional effects occurring in large systems with multiple levels and service offerings would be too immense and complex to untangle.
Figure 6: Systems framework for organizational sustainability as presented by Olsen (1998)

Focussing on the systems approach, Greenhalgh’s (2004a) study developed “a conceptual model for the spread and sustainability of innovations in service delivery and organization” (p. 296), as per Figure 7. This whole system approach examined the dynamic interaction between inner and outer components of an organization via a two-stage framework (Greenhalgh et al., 2004a). The first stage considered the individual components of the model e.g. the attributes of the innovation; the characteristics and behaviours of individuals; and the structural and cultural determinants of organizational innovativeness, while the second stage looked at the interaction between these components with particular reference to local context, setting and timing (Greenhalgh et al., 2004a).
Organizational sustainability is now widely regarded as a dynamic process, as opposed to an end point (Buchanan et al., 2003; Martin et al., 2013). The evidence for this proposition has accumulated through literature reviews on sustaining strategic change (Buchanan et al., 2003), the sustainability of implementing and spreading new ideas (Greenhalgh et al., 2004a), followed by the application of findings to reform the UK’s National Health Service (NHS) (Buchanan et al., 2007).

The most comprehensive of these, namely Buchanan’s (2003) review and the associated translational research (Buchanan et al., 2007) highlighted two key aspects of organizational sustainability, as per Figure 8 below. The first concerned the context; organizational sustainability research requires an examination of three contextual dimensions – the “internal context”, the “external context” and “past and current events” (p.
The internal context concerned the workings of the organization being studied while the external context focused on outside influences including stakeholder perceptions. Past and current events were included to provide insights into how these influenced thinking and behaviour.

![Figure 8: The process of organizational sustainability](image)

Secondly, one of the best ways to study sustainability was proposed as via the application of a processual-contextual perspective (Pettigrew, 1985; Pettigrew & Fenton, 2000), with additional insights into the processual aspects using the work of Dawson (1994; 1996; 2003). The processual-contextual perspective states that organizational sustainability is influenced by multiple factors and cannot be examined adequately by “looking for single causes and simple explanations” (Buchanan et al., 2007, p. 33). Furthermore, organizations are believed to be dynamic in nature and as such, can best be investigated using qualitative longitudinal research approaches, with “prolonged physical presence in the workplace-setting being studied” (Dawson, 2003, p. 98). The key data collection method is in-depth
interviewing to gather narrative explanations, which are supplemented using observational notes and official documents. Dawson (2003) acknowledged that this research design may not be possible for all studies of organizational sustainability but when carried out, would yield rich meaningful findings that expose sustainability myths.

THEORETICAL PROPOSITIONS FOR THIS THESIS

These studies illustrate the different ways organizational sustainability has been investigated in healthcare research, building on prior work from non-healthcare disciplines. In light of these findings, another three theoretical propositions are of particular note:

• Research in this area has either focused on key specific aspects, for example, funding, or outcomes measures (Hovlid et al., 2012; Lega et al., 2013; Stuart & Adams, 2007) or looked at the wider system within which organizations operate (Greenhalgh et al., 2004; Olsen, 1998). While the whole system approach does have its challenges, based on the strength of evidence presented this far, it is a more appropriate perspective to take. This assertion, however, needs to take into account the aims of the study and the associated questions the research is looking to answer. In the case of this particular thesis, a system approach is deemed to be a more appropriate fit rather than focussing on one or a small range of factors.

• Further evidence has accumulated strengthening the notion of organizational sustainability being a dynamic process, rather than an end point (Buchanan et al., 2003; Greenhalgh et al., 2004 report; Martin et al., 2013) and as such, needs to
include the key contextual dimensions (Buchanan et al., 2007). Therefore, this study will pay particular attention to the internal and external contexts.

- The use of a processual-contextual perspective is strongly recommended for sustainability research (Dawson, 1994; 1996; 2003; Pettigrew, 1985; Pettigrew et al., 2001) so that studies consider the influences of the multiple factors concurrently at play within and outside organizations (Buchanan et al., 2007). Longitudinal studies with in-depth immersion in the organizations being studied are strongly recommended, while acknowledging the challenges of this approach. Additionally, qualitative techniques are advised, namely the use of in-depth interviewing to gather narrative explanations, supplemented via observational notes and official documents (Dawson, 2003). Therefore, this study will consider the feasibility of using a longitudinal approach and the merits of these specific qualitative techniques.

**Implementation of Sustainable Practices**

Studies such as those by Buchanan and colleagues’ (2007) and Greenhalgh (2004) have offered the beginnings of an empirical foundation for organizational sustainability in healthcare, with the processual-contextual perspective gaining traction in a number of health organizations (Buchanan et al., 2006; Martin et al., 2011). One development in particular has accelerated this process, namely a project to reform the UK’s NHS. Formed in 2001, the NHS Modernisation Agency sought to improve patient care, however it quickly realized that if staff were to implement and maintain new effective practices, it needed to examine the
processes for sustaining change (Buchanan et al., 2007). Working in consultation with staff and key programmes, qualitative methods were used to examine the organizational context and ways to sustain change. The findings resulted in a large number of publications detailing not only the findings of the large-scale study, but also providing a practical toolkit of resources which could be used by other NHS health services to improve sustainability in their respective contexts (Buchanan et al., 2007).

A sustainability model for the NHS was also produced (Figure 9 below), based on ten key factors that could be used by leaders and managers to understand, implement and evaluate initiatives. The ten key factors included: “Training and involvement; Attitudes; Senior leaders; Clinical leaders; Fit with goals and culture; Infrastructure; Benefits; Credibility of evidence; Adaptability; and Monitoring progress” (NHS, Institute for Innovation & Improvement, 2007, p. 26).
Figure 9: A sustainability model for the NHS

The model was in the form of a web-based interactive tool that could be accessed free of charge by NHS employees, with the option of being purchased by other non-UK based organizations. It was later picked up by a large-scale American not-for-profit organization, the Institute for Healthcare Improvement (2008), and adapted to the local context. This revised version comprised six key components to highlight areas of best practice and illustrate instances where the organization met with success:

1. Supportive Management Structure
2. Structures to “Foolproof” Change
3. Robust, Transparent Feedback Systems
4. Shared Sense of the Systems to Be Improved
5. Culture of Improvement and a Deeply Engaged Staff
6. Formal Capacity-Building Programs

(Institute for Healthcare Improvement, 2008, p. 6)

Globally, other organizations seeking to implement sustainable practices have done so using approaches that predominantly centre around three key practices, i.e. taking into account the context, carrying out on-going evaluation and using continuous improvement techniques (Bailie, Si, O’Donoghue & Dowden, 2007; Dückers, Wagner, Vos & Groenewegen, 2011; Johnson, Hays, Center & Daley, 2004). Consequently, a number of conceptual models have been developed based primarily on these aspects (e.g. Chambers, Glasgow & Stange, 2013; Glasgow, Green, Taylor & Stange, 2012; Homer & Hirsh, 2006; Plsek & Greenhalgh, 2001; Wandersman, Imm, Chinman & Kaftarian, 1999).
Of these, Bailie and colleagues’ (2007) study is of particular interest, where a continuous quality improvement approach was used to address the sustainability of Aboriginal and Torres Strait Islander primary care health services in Australia. The approach, similar to translational action research methods, primarily focused on collaborative partnerships, addressing social inequalities, using strengths-based techniques and cyclic improvement processes. However, what made this study particularly noteworthy was the fact that it was the only one to include cultural considerations when addressing the health needs of the community. Other strengths included the engagement with staff at all levels in the services but strangely, the authors did not appear involve consumer input, which would have made their arguments more holistic.

Similarly, Johnson and colleagues (2004) employed a cyclic process, which was used to study substance abuse prevention. In this instance, a planning framework comprising ten sustainability factors distilled from literature supported their five-step action cycle. However, while the proposed tools were developed using both literature and think tank expertise, there were a number of issues with the framework and associated processes; for instance, while the authors acknowledged that the tools were developed for substance abuse prevention, they argued that these would be equally valid for use within organizational, community, and state systems (Johnson et al., 2004), without addressing the complexities of each context.
THEORETICAL PROPOSITIONS FOR THIS THESIS

These studies provide key examples on how sustainability research has been translated into practical models for use within healthcare organizations. This application has occurred for large-scale organizations (Buchanan et al., 2007; Institute for Healthcare Improvement, 2008) as well as smaller groups or units within a service. In light of these findings, a further theoretical proposition is noted as of particular significant to this study:

- Translating sustainability research into practice is possible, regardless of the scale of the organization or wider system (e.g. Bailie et al., 2007; Buchanan et al., 2007). This translational aspect needs to be ideally embedded in the study from the outset such that once the conceptual framework has been developed, the study design accommodates an implementation and evaluation component. Therefore, this study will consider the feasibility of developing a translational output based on the findings.

FACTORS INFLUENCING ORGANIZATIONAL SUSTAINABILITY

The contextual factors influencing sustainability can be internal, external or critical to success, depending on the organizational context (Olsen, 1998). As such, their influence on an organization’s efforts at all felt at levels of adoption, implementation and sustainability and cannot be pre-determined given the dynamic nature of sustainability and the organizational context (Greenhalgh et al., 2004; Olsen, 1998). Most studies appear to focus on one particular factor, usually at the micro-level (e.g. Davis, Tremblay & Edwards, 2010; Wiltsey Stirman et al., 2012) to help better understand the barriers and facilitators to
implementing and sustaining change, without addressing the meso-level factors, which are a crucial layer to the multi-dimensional nature of sustainability in health care (Martin, Weaver, Currie, Finn & McDonald, 2012).

Given the inter-related nature of factors within an organization, it can be considerably difficult to untangle the variables and view them in isolation. Furthermore, these factors can have either positive or negative consequences either as stand-alone variables or while interacting with other factors, depending on the organizational context and the processes occurring both internally and externally (Greenhalgh et al., 2004a). Figure 10 presents the key factors identified in the literature before discussing each in detail:
Figure 10: The key influencing factors and threats to organizational sustainability
LEADERSHIP

Many studies have focused on leadership aspects within the inner organizational context and its effects on sustaining change, given the influence of managerial styles, attributes and leadership aptitude on the performance of health systems and organizations (Lega et al., 2013). Leaders need to be particularly flexible and utilize different approaches, especially during periods of health reform, since organizational successes rely upon factors such as the strength of personal networks, the receptiveness of stakeholders to accept change, managing the top-down directives and leadership distribution at different levels of the organization (Martin, Currie & Finn, 2008). This notion of flexibility can also involve a degree of manipulation, especially when staff members implementing changes in organizations need to convince fellow colleagues of the value of the work being undertaken (Buchanan, 2003).

KNOWLEDGE SHARING

Others have looked at knowledge sharing practices in health organizations and compared their findings to the perceptions and expectations of external parties such as policy makers and funders (Currie, Finn & Martin, 2007). In doing so, they have provided empirical evidence for a situation familiar to managers and leaders globally; knowledge sharing does not always occur equally or evenly due to the internal politics stemming from professional hierarchies and external political interference from government agencies, which fosters a competitive environment between health organizations and contributes to further silo-effects.
Within the organization, the use of shared reflective processes can be useful in successfully sharing of information between senior management and clinicians to help sustain quality improvement initiatives (Hovlid et al., 2012). While such processes enable individual staff to develop a common model that could be used to improve performance, it also allows clinical and management teams to identify issues and propose innovative solutions, including deeper system changes, which are more likely to result in sustainability (Hovlid et al., 2012).

**Piloting change initiatives**

Approaches that have traditionally been used for quality improvement initiatives, such as ‘plan-do-study-act cycles’ have also been found to be beneficial when applied to health units and senior management. In these cases, select units are tasked with piloting change initiatives and if the outcomes are deemed successful, senior management then approve these as baseline targets for other health units (Dućkers et al., 2011). To reduce the likelihood of additional stresses on staff, performance agreements are developed to reflect the fact that gains are unlikely in the first year of implementation and to build in on-going management support (Dućkers et al., 2011).

Sometimes, however, despite the best efforts of teams and the processes available, organizations still struggle to implement and sustain change. Ten key challenges, in particular have been identified as to why this may be the case in healthcare:

1. Convincing people that there is a problem that is relevant to them;
2. Convincing them that the solution chosen is the right one;
3. Getting data collection and monitoring systems right;
4. Excess ambitions and ‘projectness’;
5. Organizational cultures, capacities and contexts;
6. Tribalism and lack of staff engagement;
7. Leadership;
8. Incentivizing participation and ‘hard edges’;
9. Securing sustainability; and
10. Risk of unintended consequences

(Dixon-Woods, McNichol & Martin, 2012, p. 876)

**Drivers of change**

An understanding of the drivers of change and where these originate is particularly critical for organizational sustainability. This aspect of organizational sustainability can be either internal or external, depending on who is essentially ‘in charge’ (Fulop et al., 2005). Service changes driven by policy makers and external funders (known as a ‘top-down’ approach) compared to those that work from the ‘bottom-up’ – where changes are led by clinicians or managers – would likely operate differently at both strategic and operational levels (Martin et al., 2013). In order to succeed in implementing strategic change, staff members often encounter multiple challenges, while juggling different demands in an ever-changing, unstable landscape (Buchanan, 2003). In these cases, the ability to sustain change may largely depend on how sustainability is framed so that its appeal is maximized to
various stakeholders; and, champions who advocate for and lead the changes (Martin et al., 2013).

**Processual-contextual perspective’s take on influencing factors**

The work of Buchanan and colleagues (2007, p. 36) included examining the processual-contextual perspective and its application to sustainability research. In doing so, they argue that sustainability is influenced by eleven key factors (Table 1 below).

<table>
<thead>
<tr>
<th>Factor</th>
<th>Sustainability influences</th>
</tr>
</thead>
<tbody>
<tr>
<td>Substantial</td>
<td>Scale of change, fit with organizations</td>
</tr>
<tr>
<td>Individual</td>
<td>Commitment, competencies, emotions, expectations</td>
</tr>
<tr>
<td>Managerial</td>
<td>Style, approach, preferences, behaviours</td>
</tr>
<tr>
<td>Leadership</td>
<td>Vision, values, purpose, goals, challenges</td>
</tr>
<tr>
<td>Organizational</td>
<td>Policies, mechanisms, procedures, systems, structures</td>
</tr>
<tr>
<td>Financial</td>
<td>Contribution, balance of costs and benefits</td>
</tr>
<tr>
<td>Cultural</td>
<td>Shared beliefs, perceptions, norms, values, priorities</td>
</tr>
<tr>
<td>Political</td>
<td>Stakeholder coalition power and influence</td>
</tr>
<tr>
<td>Processual</td>
<td>Implementation methods, project management structures</td>
</tr>
<tr>
<td>Contextual</td>
<td>External conditions, stability, threats, wider social norms</td>
</tr>
<tr>
<td>Temporal</td>
<td>Timing, pacing, flow of events</td>
</tr>
</tbody>
</table>

**Theoretical propositions for this thesis**

The studies examined thus far have illustrated the range of internal and external contextual factors that can influence sustainability (Greenhalgh et al., 2004). In light of these discoveries, a final three theoretical propositions need to be considered for this study:
• The contextual and critical success factors influencing organizational sustainability cannot be pre-determined given the dynamic nature of sustainability and the organizational context (Greenhalgh et al., 2004; Olsen, 1998). Therefore, the study will include one question to identify the factors that influence organizational sustainability, and another on the critical success factors. The findings from these questions will be allowed these to emerge following data analysis.

• Sustainability research needs to examine factors at different levels within an organization (Martin et al., 2012). Additionally, factors such as leadership (Lega et al., 2013) are of considerable importance and as such, need to be considered in the analysis. Buchanan and colleagues (2007) have summarized these factors, along with others in reference to the processual-contextual perspective. Therefore, given the comprehensive nature of their work, the findings from this study will be considered in light of these eleven factors.

• When examining the context, it is important to be mindful of where the drivers of change are coming from. This aspect of organizational sustainability can be either internal or external, depending on who is essentially ‘in charge’ and influence the ability to sustain change (Martin et al., 2013). Therefore, this study will identify whether the Pacific mental health sector is being driven via a top down or ‘bottom up’ approach.
SUMMARY

This chapter introduced the literature relevant to organizational sustainability, with particular emphasis on its evolution, challenges associated with terminology, definitions and the empirical foundation. Findings from healthcare research identified a range of sustainability models and frameworks and their translation into practice. The contextual factors influencing sustainability were covered as well as the merits of employing a processual-contextual perspective to study sustainability. Each of these sections provided valuable insights, which were used to develop a number of theoretical propositions to guide this study.

The next chapter examines literature on organizational sustainability and the mental health sector, before exploring the development of mental health services in New Zealand. The particular context for this study, Pacific mental health services in New Zealand is then examined to outline its progress in terms of service evolution and cultural nuances, identify key knowledge gaps and justify the need for this study. Finally, the aims and research questions are explained.
SECTION 1: BACKGROUND & CONTEXT

CHAPTER 3
FRAMING THE RESEARCH QUESTIONS
A REVIEW OF MENTAL HEALTH LITERATURE

INTRODUCTION

The last chapter introduced the literature relevant to organizational sustainability, with particular emphasis on its evolution and challenges, before examining a range of sustainability models and frameworks and reviewing the contextual factors influencing sustainability. The merits of a processual-contextual perspective were also considered before identifying the key issues and presenting a set of theoretical propositions for this thesis.

This chapter will continue the review of literature, focussing on organizational sustainability and the mental health sector, before exploring the evolution of mental health services in New Zealand. The particular context for this study, Pacific mental health services in New Zealand will be examined to outline its progress in terms of service development and cultural nuances, identify key knowledge gaps and justify the need for this study. Finally, the aims and research questions will be explained. Figure 11 provides an overview of the chapter and the topics covered.
ORGANIZATIONAL SUSTAINABILITY & THE MENTAL HEALTH SECTOR

The burden of mental disorders remains a significant concern worldwide with “14% of the global burden of disease, measured in disability-adjusted life years (DALYs)” attributed to mental, neurological, and substance use (MNS) disorders (WHO, 2008, p. 4).
Although a number of mental health programmes and services have been initiated globally, there have been on-going challenges associated with inadequate resourcing, effective stakeholder consultation and political pressures (WHO, 2008).

Mental health services in particular, have been targeted for improvement and innovation, a phenomenon that has been observed globally (Brooks, Pilgrim & Rogers, 2011; Burns & Priebe, 2004; Miller, Blau, Christopher & Jordan, 2012). Together with historical issues of marginalization, which have often led to radical reform, mental health services have experienced little autonomy (Mendelberg, 2014). These issues have been further compounded by organizational sustainability being predominantly dictated by external influences of government and policy makers (Gask et al., 2008).

The evidence underpinning the organizational sustainability of mental health services remains sparse, despite organizations being subjected to improvements, innovations, and evidence-based practices. This may be a by-product of agencies choosing not to evaluate and consequently publish their endeavours, findings being published in grey literature, restricted to in-house use and/or subjective vetoing from peer-reviewed journals (Burns & Priebe, 2004; Greenhalgh et al., 2004a). 

Literature published in this area to date, predominantly focuses on program sustainability (e.g. Bond et al., 2012; Chambers et al., 2013; Glisson et al., 2008; Hemmelgarn et al., 2006; Jones et al., 2014; Peterson et al., 2013; Swain et al., 2010) which generally refers to the evaluation of either one or more clinical treatments and support packages aimed at service users rather than looking at the influences affecting the service itself. The few that do
look at organizational sustainability suffer from similar challenges to the ones facing more
generic sustainability studies, i.e. poor or no definition of terminologies, variable analyses
techniques (Wiltsey Stirman et al., 2012) and the absence of an empirical foundation (Bond et
al., 2012).

Unlike the greater healthcare sector, which has seen the development of numerous
sustainability models and frameworks from the works of Buchanan and colleagues (2003)
and others (Chambers et al., 2013; Olsen, 1998), mental health services in this respect, remain
somewhat unchartered. The few emerging studies that have sought to address the question
of organizational sustainability and mental health have relied on a combination of literature
from multiple genres to establish some type of empirically grounded platform (Brooks et al.,
2011). Furthermore, similar to findings from the greater healthcare sector, a number of
contextual factors are particularly significant to the planning, implementation and study of
sustainability and mental health services – the context, internal dynamics, external
influencers, and associated relationships – as emphasized by the context, process, outcomes
model (Brooks et al., 2011), organizational culture and climate findings (Glisson et al., 2008;
Hemmelgarn et al., 2006), and micro-, meso- and macro-level factors list (King et al., 2013)
and the implementation process four-phase model (Aarons et al., 2011).

Many of these studies, however, are still in the stages of early development and the
models proposed are largely conceptual in nature, which makes it difficult to fully review
this area given the absence of empirically-grounded theory, something which has raised
concerns amongst the academic community. So great is our lack of knowledge on how
working practices can be sustained in the health sector, that it has been remarked as being “the most serious gap in the literature...uncovered” (Greenhalgh et al., 2004b, p. 620).

THE NEW ZEALAND STORY

In New Zealand, the planning and implementation of changes to bring about sustainability in the health sector has largely been conducted as part of healthcare reforms (Cumming & Mays, 2002). By its very nature, reform implies that the changes would be extensive, significant and sustained, thereby resulting in an improvement from the current state (Berman, 1995). New Zealand mental health services, being part of the greater health system, are not dissimilar from those of other countries where external influences such as government and policy makers dictate the agenda for organizational sustainability (Gask et al., 2008; Mental Health Commission, 2012a; 2012b). There is some evidence to suggest that the ‘top down’ approach stems from historical issues of marginalization, which have resulted in mental health services being subjected to radical reform (Vilela Chaves & Moro, 2009).

The New Zealand mental health sector evolved from its colonial roots and widely accepted practice of sending people to geographically isolated asylums (Branton, 1985; Smith, 1991; Williams, 1987). Issues of over-crowding and inadequate care were compounded as bylaws allowed local hospitals, charities and poor families to send high-risk patients to asylums (Williams, 1987). Health sector reforms and policy changes over the years occurred as a consequence of multiple political agendas (Ashton, 2001; Gauld, 2001; Gibbs et al., 1988; Morgan & Simmons, 2009). The establishment of four Regional Health
Authorities in 1993 divested sole funding authority from the Ministry of Health (Minister of Health, 1996). This change alongside a review of Wellington-based psychiatric services, known as the ‘Manchester Report’ (New Zealand Board of Health, 1987) and an inquiry into the state of mental health services nationally, known as the ‘Mason Report’ (Mason, 1988) uncovered a wide range of inadequacies in mental health service delivery, sparking major changes for the sector.

A strategic framework for New Zealand mental health services was developed to assist the Regional Health Authorities in their planning and funding responsibilities, with a noticeable shift from institutionalisation to community mental health care (Ministry of Health, 1994). Over the following years, the Ministry of Health developed a number of strategies and work plans including:

- Looking Forward: Strategic Directions for the Mental Health Services (Ministry of Health, 1994)
- Building on Strengths: A Guide for Action: A New Approach to Promoting Mental Health in New Zealand/Aotearoa (Ministry of Health, 2001)
Separate to the responsibilities of the Ministry of Health, a Mental Health Commission was also established, as one of the outcomes following the Mason Report (Mason, 1988). Amongst its core functions, the Commission supported service users, communicated mental health news, and monitored mental health services. In terms of the latter function, two key documents were initially produced, outlining the requirements for effective service delivery in the mental health sector:

- Blueprint for Mental Health Services in New Zealand: How Things Need To Be (Mental Health Commission, 1998)

The Mental Health Commission also stipulated for mental health funding to be ‘ring-fenced,’ which meant that it could not be used for any other activities that which they were allocated for (Mental Health Commission, 1998). This development had considerable impact on the sector, resulting in a range of initiatives, activities and services to emerge. This growth and its impact on Pacific mental health services are discussed later in this chapter. Figure 12 summarises the evolution of mental health services in New Zealand, before examining the Pacific mental health context.
Evolution of New Zealand mental health services

1840s
Consumers are sent to geographically isolated asylums.

1900's
Hospitals are over-crowded and by-laws allow more consumers to be sent to asylums.

1950's
Notion of de-institutionalisation begins to emerge.

1984
Area Health Boards are established to bring greater control and accountability.

1993
Major changes in the sector following the publication of the Mason & Manchester Reports.

1998
The Mental Health Commission publishes its first Blueprints for the sector & ring-fences funding.

2000's
A number of mental health strategies and policies are published. The sector is focussed on growth.

2012
The Mental Health Commission publishes its last Blueprints before being dis-established. Health reforms put the squeeze on the sector to demonstrate sustainability.

Figure 12: Timeline of mental health services in New Zealand
THE PACIFIC MENTAL HEALTH CONTEXT

Pacific Island nations have a long and varied history of colonisation, having been under the rule of a number of Western countries, including England, France and the United States (Johnstone & Powles, 2012). The impact of colonisation was significant, affecting health and wellbeing, culture and communities (Johnstone & Powles, 2012). New Zealand’s role in colonisation directly affected a number of Pacific Island nations and as with other imperial powers, resulted in considerable erosion of Pacific cultural values and beliefs (Johnstone & Powles, 2012).

As New Zealand’s involvement with its neighbouring Pacific Islands continued, it wasn’t until the 1960s that people from the different island nations (collectively referred to as ‘Pacific people’) began migrating to New Zealand in large numbers following high demands for labour in manufacturing and service sectors (Bedford & Didham, 2001; Meleisea & Schoeffel, 1998). Issues of stigma and discrimination that were long ingrained since the days of colonisation were further compounded with a period of heavy unrest that was referred to as the ‘dawn raids’ in the 1970s when Pacific people, particularly Polynesians were targeted by New Zealand Police in response to tracking down immigrants who had overstayed their work visas (Mitchell, 2003).

Pacific Islanders, given their immigrant status, were not asserted similar rights to the New Zealand indigenous Māori, who as tangata whenua (people of the land) were accorded special status under the Treaty of Waitangi (Fraenkel, 2012). The close genealogical connection between Pacific people and Māori – with New Zealand “originally settled by
Polynesian migrants (the ancestors of Māori) around 1250–1300” (Fraenkel, 2012, n.d.) gave rise to significant and complex relationships between the two groups.

For Pacific people, while the newfound source of employment and opportunities in New Zealand helped them prosper economically to some extent, compared to the rest of the population, they have remained disadvantaged in their socioeconomic status and over-represented in several negative social and health outcomes (Bathgate & Pulotu-Endemann, 1994; Statistics New Zealand, 2002). Of these, mental health has been one of the least studied. This historical paucity of data on the prevalence of mental disorders in Pacific people in New Zealand continued until the first national mental health epidemiological study, Te Rau Hinengaro, which deliberately oversampled Pacific populations in a bid to gather relevant data (Ministry of Health, 2008). The burden of mental illness was found to be particularly high in Pacific people, with 25% experiencing mental disorders compared to 20.7% of the general population (Foliaki et al., 2006). Nearly half of Pacific people (46.5%) had had some experience of mental illness in their lifetime (Foliaki et al., 2006). Furthermore, only 25% of Pacific people who had been diagnosed with a serious mental illness accessed mental health services (Foliaki et al., 2006).

Significant gaps in provision of mental health services and service-use trends have been identified for Pacific people (Ministry of Health, 2008). For example, in the mid 1980s Pacific people with mental disorders were more likely to be admitted to psychiatric care than Māori or other ethnic groups (Bridgeman, 1996), an issue attributed to Pacific people presenting to health services, including emergency departments at much later stages of illness, usually at severe points of crisis (Malo, 2000). Reasons for late presentations included
difficulties accessing services due to poverty (Suaalii-Sauni et al., 2009), experiencing language barriers, and finding a general lack of culturally-appropriate mental health services that understood and acknowledged the cultural nuances of Pacific beliefs, engagement protocols and ethnic-specific needs (Samu & Suaalii-Sauni, 2009).

**Culture & mental health**

The lack of culturally-appropriate services has been an area of considerable interest in New Zealand, given its importance to not only Pacific people, but to Māori. The relationship between the Crown and Māori as underpinned by the Treaty of Waitangi has paved the way for culture being recognised as a critical aspect of service design and delivery, and influencing health policy development (Durie, 1998).

For Pacific people, traditionally, the role of culture has been so intrinsically bound to their worldview of self and the inter-relationships that it affects every interaction they are likely to have with others (Helu Thaman, 1995; Te Pou, 2010). For instance, one of the traditional beliefs about the origins and manifestations of mental illness refers to it being a spiritual possession caused by some breach of the sacred covenant between the person and their ancestral spirits, god or other familial relationships (Agnew et al., 2004; Suaalii-Sauni et al., 2009; Tamasese et al., 2005). This form of spiritual possession, however, may be viewed differently depending on the individuals and communities concerned since some see it as a positive manifestation, which brings the ancestral connection closer and into the world of the living, with the ‘possessed’ individual acting as a medium, while others regard it as a curse, designed to punish the sufferer and their family (Agnew et al., 2004; Suaalii-Sauni et
al., 2009; Tamasese et al., 2005). Figure 13 illustrates the context of Pacific people and their mental health in New Zealand.

**Pacific people in New Zealand**

**A snapshot**

7% of New Zealand's population
Migrated for better economic prospects
High burden of mental illness

**Largest Pacific island groups in New Zealand**

- Samoans (131,000)
- Cook Islanders (58,000)
- Tongans (51,000)
- Niueans (22,000)
- Fijians (10,000)
- Tokelauans (4,000)
- Tuvaluans (3,000)
- Tahitians (1,500)
- I-Kiribati (1,100)

**Prevalence**

- 25% experienced mental disorders
- 47% had some experience of mental illness in their lifetime
- Only 25% with serious mental illness accessed services

**Barriers**

- Poverty
- Language barriers
- Culturally-inappropriate services

**Worldviews**

- Mental illness as spiritual possession
- Culture bound to sense of self and interpersonal relationships

Figure 13: Summary of the mental health of Pacific people living in New Zealand
THE DEVELOPMENT OF PACIFIC MENTAL HEALTH SERVICES

Historically, mainstream mental health services in New Zealand have had little regard for incorporating cultural aspects into their practice (Agnew et al., 2004). The use and implementation of Pacific cultural models of care has been a relatively recent addition, one that was driven following de-institutionalization and lobbying efforts from community groups (Agnew et al., 2004). These models are largely informed by Pacific health beliefs and focus more on cultural competency rather than service planning or delivery (Agnew et al., 2004). Recent developments in the mental health sector have added to this body of knowledge and resulted in the development of Real Skills plus Seitapu, a Pacific cultural competency framework put together to help the mental health workforce deliver more culturally responsive care in New Zealand (Le Va, 2009).

A number of Pacific-specific models and frameworks have also been developed to help understand and encourage optimal health and wellbeing, particularly for the cultural and consumer health context (Agnew et al., 2004). Their holistic perspective is based on the premise that ill health, including mental illness is the by-product of one or more of these basic elements being out of balance (Agnew et al., 2004). The approaches include: the Fonofale model, which uses a Samoan fale/house framework (Pulotu-Endeman, 2004); the Pandanus Mat model, which conceptualizes the inter-weaving of key elements in a person’s life to achieve good health (Agnew et al., 2004); and the traditional healing treatment model, which refers to the work of traditional healers and its link to ancestral spirits (Agnew et al., 2004). Recent years have seen the development of more organization-focused approaches
such as the Pacific Consumer Leadership Framework (Samu & Richard, 2010) designed to enhance the leadership capacity of Pacific mental health consumers to help improve their participation in delivery of services (Samu & Richard, 2010); and the Pacific Cultural Practice Framework, detailing the roles cultural advisors and matua/elders can play as integral components of a holistic, Pacific-centred mental health workforce (Parsonage et al., 2009).

Mental health services now have access to these culturally grounded approaches to help provide better care for Pacific peoples. Despite this, however, New Zealand still struggles to appropriately meet the needs of Pacific people (Malo, 2000; Suaalii-Sauni et al., 2009). This need for adequate and appropriate care is one that is unlikely to diminish in the future given the exponential rate of growth in the number of Pacific people living in New Zealand (Cook, et al., 1999; Statistics New Zealand, 2006). In 2006, people of Pacific ethnicities residing in New Zealand comprised about 7% of the population (265,974 people) with a projected to increase of 2.4% each year and reaching 480,000 by 2026 (Statistics New Zealand, 2006). Furthermore, it is anticipated that given the youthful Pacific population and the higher risk this age group poses for mental illness, demands on services are likely to grow further (Ministry of Health, 2008).

In recent years, the government, in response to the growing Pacific population, the high burden of mental illness and strategic lobbying by Pacific communities supported the establishment of a number of Pacific-specific mental health services across New Zealand, which were designed to cater for Pacific mental health consumers using holistic, culturally appropriate models of care (Agnew et al., 2004; Suaalii-Sauni et al., 2009).
Beginning with a single mental health service in the northern part of the country in the early 2000s, courtesy of the ring fenced funding, Pacific mental health services are now primarily funded through District Health Boards (which later replaced the Regional Health Authorities). The design of these services was such that they could be predominantly based in communities with a high density of Pacific populations to help reduce the accessibility barriers (Faalogo-Lilo, 2012). To further support their establishment, and in particular, help develop workforce capacity and capability, a Pacific Provider Development Fund was created (Ministry of Health, 2010).

**Defining a ‘Pacific’ Service**

A mental health service describing itself as “Pacific” cannot be defined in absolute terms, given a Pacific service needs to cater for the diverse language and cultural needs of a non-homogenous group of people originating from a multitude of ethnic-specific Islands in the Pacific (Mental Health Commission, 2001a). Currently there are at least twenty Pacific cultures in existence in New Zealand, each with its own set of language, customs and protocols (Kokaua, Schaaf, Wells & Foliaki, 2009; Ministry of Health, 2005).

Several key factors, however, are required for a mental health service to be classified as ‘Pacific.’ The absence of one or more aspects technically means that the service cannot be ‘Pacific.’

- Service delivery is culturally appropriate for Pacific people;
• The services provided are for Pacific users, but non-Pacific people may access the service;
• The philosophy of the service is based on Pacific values and beliefs;
• The service is based on Pacific models of health or models of health that encompass Pacific beliefs and values;
• Pacific people are involved in the governance and management of the service; and,
• Pacific people provide a significant number of the staff and health professionals.


Since their inception, the focus for these services has predominantly been on delivering culturally appropriate care and improving Pacific consumers’ access to mental health, both of which have been a high priority for the government as evidenced in the national strategies and associated action plans of the New Zealand Health Strategy (Ministry of Health, 2000), Te Tāhuhu – Improving Mental Health (Minister of Health, 2005), Te Kōkiri: The Mental Health & Addiction Plan 2006 – 2015 (Minister of Health, 2006) and the Kato Fetu, the Pacific Mental Health and Addiction Research Agenda (Le Va, 2009).

**Sustainability & Pacific mental health**

Recent years, however, have shifted the focus onto sustainability issues, requiring services to demonstrate innovative use of existing funding (Le Va, 2009; Ministry of Health, 2010b). One of the first documents to identify sustainability as a critical success factor for
services was the Blueprint for Mental Health Services, as part of a matrix for progressing Māori mental health development (Mental Health Commission, 1998). This was followed by a Pacific mental health services and workforce report that built on the Blueprint’s recommendations and identified the need for sustainable Pacific mental health services (Mental Health Commission, 2001a). Since then, sustainable mental health services have been identified as a key priority to ensure the future of Pacific mental health care (Ministry of Health, 2010). In recent years, the focus on sustainability has emerged in the form of reforms, driven by a ‘Better, Sooner, More, Convenient health care’ policy, applicable to the wider health sector (Ministry of Health, 2011) as well as additional pressures via specific mental health policy directives (Mental Health Commission, 2012a; 2012b).

One of the primary reasons given for prioritising sustainability has been the increasing demands on finite resources and funding for mental health services (Mental Health Commission, 2012a). For example, New Zealand has seen the development of indigenous Māori mental health services following deinstitutionalisation and persistent advocacy by Māori to ensure Māori populations have access to appropriate mental health care (Agnew et al., 2004). Following the success of Māori, Pacific mental health services have undergone a similar trajectory, with current developments in Asian mental health suggesting that this group is likely to follow suit (Sobrun-Maharaj & Wong, 2010; Te Pou, 2008). There is also emerging work in areas of migrant and refugee mental health, which appear to be leading down the same development pathway (Te Pou, 2008).

This focus on developing populations-specific services has emerged in response to a combination of factors, most of which have also influenced the development of Māori and
Pacific mental health services. These include: research identifying that ethnic-specific services were more effective than mainstream services in meeting needs of target population groups (Barwick, 2000), increased advocacy by ethnic groups (Agnew et al., 2004), and changes in the political environment that supported such initiatives (Ministry of Health, 2010). However, while this evolution of services may ensure that the mental health needs of specific population groups are met in a culturally competent manner, it puts additional strains on finite resources and funding tagged for mental health. The need for more funding and resources has been frequently identified as one of the most important factors (Agnew et al., 2004; Collings et al., 2010b; Mental Health Commission, 2001a). Since the demands on health services, however, are likely to keep increasing (Ministry of Health, 2011), it is perhaps inevitable that organizations would be expected to develop more innovative approaches to manage finite resources in such a way that maintains high quality care. Figure 14 summarises the development of Pacific mental health services.
**Pacific Mental Health Services**

Tracing evolution through history, framework development, service design and focus on sustainability

<table>
<thead>
<tr>
<th>History</th>
<th>Frameworks &amp; Models</th>
</tr>
</thead>
<tbody>
<tr>
<td>De-institutionalisation</td>
<td>Fonofale model</td>
</tr>
<tr>
<td>Advocacy</td>
<td>Pandanus mat model</td>
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<tr>
<td>Poor health outcomes</td>
<td>Traditional healing treatment model</td>
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<tr>
<td>Pacific strategies</td>
<td>Pacific consumer leadership framework</td>
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<tr>
<td>Ring fenced funding</td>
<td>Pacific cultural practice framework</td>
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</table>

“There is a lack of strategic planning for Pacific mental health. While key documents such as Strategic Directions for Mental Health Services for Pacific Islands People, and the Blueprint for Mental Health Services in New Zealand, identified significant issues and put forward various recommendations, a comprehensive framework and plan for Pacific mental health services and workforce still needs to be developed” (Mental Health Commission, 2001a).

**A Pacific service**

- Culturally-appropriate service delivery
- Pacific consumer focus
- Based on Pacific values & beliefs
- Pacific governance & management
- Pacific health workforce

**Sustainability focus**

- Blueprint for mental health services 1998
- Pacific mental health services report 2001
- 'Better, Sooner, More, Convenient' policy 2011
- Blueprint II for mental health 2012

“Whole system actions [are needed] to ensure consistency of experience across the whole system. Isolated actions to improve experience will only provide localised results, with little transfer to entire experience across all settings, and limited sustained success” (Mental Health Commission, 2012b).

Figure 14: The evolution of Pacific mental health services
Overall, the creation of Pacific mental health services has been identified as a positive move, based on the increase in the number of Pacific people accessing mental health care (Annandale & Richard, 2007). Their further strengths include the ability to offer culturally appropriate care, an alternative to mainstream services, thus increasing choice, the development of good networks and positive links with NGO services that help provide opportunities for more holistic care (Mental Health Commission, 2001). Despite gains in these areas, however, sector leaders identified significant weaknesses such as a lack of service co-ordination, poor service responsiveness, insufficient access to adequate resources, which in turn negatively affects service delivery as well as an insufficient and suitably qualified workforce (Mental Health Commission, 2001a).

**Funding & distribution**

The total annual funding for Pacific mental health and addictions community based services in 2000/01 was $9.5 million, increasing to $11 million in 2005/06 (Mental Health Commission, 2001a; Ministry of Health, 2008), suggesting that the overall budget for Pacific mental health has increased, while the number of service providers has decreased. Table 2 details the distribution of services across DHBs, NGOs and regions as at 2001.
Table 2: Distribution of Pacific mental health services in New Zealand, as at 2001

<table>
<thead>
<tr>
<th>Service type (1)</th>
<th>DHB services (2)</th>
<th>NGO services (3)</th>
<th>DHB district (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult mental health service</td>
<td>Isalei Pacific Mental Health Services</td>
<td>West Auckland Pacific Island Fono</td>
<td>Waitemata*</td>
</tr>
<tr>
<td></td>
<td>Lotofale Pacific Islands Mental Health Services</td>
<td>N/a</td>
<td>Auckland*</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Richmond Fellowship Inc – Maloloa Trust and Cook Islands Services</td>
<td>Auckland*</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Spectrum Care Trust</td>
<td>Auckland*</td>
</tr>
<tr>
<td></td>
<td>Faleola Mental Health Services</td>
<td>Pacificare Trust</td>
<td>Counties-Manukau*</td>
</tr>
<tr>
<td></td>
<td>Community service for Pacific peoples</td>
<td>N/a</td>
<td>Hawkes Bay</td>
</tr>
<tr>
<td></td>
<td>Pacific community support service</td>
<td>N/a</td>
<td>Hutt*</td>
</tr>
<tr>
<td></td>
<td>Health Pasifika Mental Health Service</td>
<td>Pacific Community Health Inc</td>
<td>Capital Coast*</td>
</tr>
<tr>
<td></td>
<td>N/a</td>
<td>Pathways Trust</td>
<td>Capital Coast*</td>
</tr>
<tr>
<td></td>
<td>N/a</td>
<td>Pacific Canterbury Trust</td>
<td>Canterbury*</td>
</tr>
<tr>
<td>Drug and alcohol service</td>
<td>N/a</td>
<td>Pacific Islands Drug and Alcohol Service</td>
<td>Auckland</td>
</tr>
<tr>
<td></td>
<td>N/a</td>
<td>Na’a’o Felelenite Alcohol Rehab Support Club</td>
<td>Waikato*</td>
</tr>
<tr>
<td></td>
<td>N/a</td>
<td>Tanumafili Trust Social Service</td>
<td>Hutt*</td>
</tr>
<tr>
<td></td>
<td>N/a</td>
<td>Taeemoana Pacific Islands and Alcohol &amp; Drug Service</td>
<td>Hutt*</td>
</tr>
<tr>
<td></td>
<td>N/a</td>
<td>Pacific Island Evaluation Inc</td>
<td>Canterbury*</td>
</tr>
<tr>
<td>Forensic psychiatry service</td>
<td>N/a</td>
<td>N/a</td>
<td>N/a</td>
</tr>
<tr>
<td>Child and adolescent service</td>
<td>Community Child Adolescent and Family Service</td>
<td>N/a</td>
<td>Auckland*</td>
</tr>
<tr>
<td></td>
<td>N/a</td>
<td>Central Pacific Trust</td>
<td>Waikato*</td>
</tr>
<tr>
<td></td>
<td>N/a</td>
<td>Pacific Island Evaluation Inc</td>
<td>Canterbury*</td>
</tr>
<tr>
<td></td>
<td>N/a</td>
<td>Pacific Trust Canterbury</td>
<td>Canterbury*</td>
</tr>
<tr>
<td>Older persons service</td>
<td>Community mental health services for older persons</td>
<td>N/a</td>
<td>Northland</td>
</tr>
<tr>
<td></td>
<td>Community mental health services for older persons</td>
<td>N/a</td>
<td>Auckland*</td>
</tr>
<tr>
<td></td>
<td>Community mental health services for older persons</td>
<td>N/a</td>
<td>Waitemata*</td>
</tr>
<tr>
<td>Other services</td>
<td>N/a</td>
<td>Pacificare Trust – consumer advisor</td>
<td>Counties-Manukau*</td>
</tr>
<tr>
<td></td>
<td>N/a</td>
<td>Penina Pacific Ltd – family support</td>
<td>Counties-Manukau*</td>
</tr>
<tr>
<td></td>
<td>N/a</td>
<td>Pacific Island Evaluation Inc – quality improvement</td>
<td>Canterbury*</td>
</tr>
<tr>
<td></td>
<td>N/a</td>
<td>Pacific Canterbury Trust – consumer advisor</td>
<td>Canterbury*</td>
</tr>
</tbody>
</table>

Notes
(1) Main service types as classified by Ministry of Health mental health purchase framework.
(2) Designated Pacific services located within mainstream DHB mental health services.
(3) Non-government organizations with Pacific mental health service capacity.
(4) Asterisk (*) denotes districts in which services are designated by the Ministry of Health as one of seven Pacific-relevant DHB districts with high Pacific population.

(Mental Health Commission, 2001a, p. 13)
Since 2001, the six adult Pacific mental health services based in DHBs have reduced to four, with the disestablishment of services in Hutt and Hawke’s Bay. The seven adult NGO services have also reduced to five, with losses in Auckland and Counties Manukau. In 2008, the Ministry of Health moved to “a single national mental health and addiction information collection of service activity and outcomes data for health consumers” called PRIMHD (Ministry of Health, 2015). The aim of this transition process was to “enable better quality service planning and decision-making by mental health and addiction service providers, at the local, regional and national levels (Ministry of Health, 2015). This collection, however, does not capture information on service restructures and is unable to produce trends data to show the evolution, merger and/or disestablishment of services (M. Dwyer, personal communication, February 15, 2016).

While the limitations of the current data collection system raises serious concerns about how service delivery is adequately monitored and evaluated, the mental health sector has continued to undergo change following healthcare reforms. The changes have seen the focus move away from growth to that of consolidation and having to demonstrate sustainability (Ministry of Health, 2010a; 2010b). This turbulent period for the sector has been largely driven by external funders and policy makers, and as such, this top down approach has proven particularly difficult for clinicians and senior management to understand and implement, given not only the poor communication between stakeholders but also the lack of organizational sustainability research for the New Zealand Pacific context.
Given these challenges, following consultation with key leaders in the sector, the aims and research questions posed by this project were believed to be necessary, if not somewhat overdue. In light of the challenges noted in organizational sustainability literature, identifying the complexities of carrying out this type of research, with a set of theoretical propositions to guide this study, the aims of this study sought to:

- Define organizational sustainability as it applied to Pacific mental health in New Zealand; and
- Develop a conceptual framework to help Pacific mental health services identify the key factors, which influence organizational sustainability and are crucial for success.

In line with these two aims, this study sought to answer the following research questions:

- What is organizational sustainability in the context of Pacific mental health?
- What factors influence organizational sustainability?
- What are the critical success factors for organizational sustainability?

**Summary**

The chapter reviewed the findings from organizational sustainability research in the mental health sector, identifying that the global trend of mental health services undergoing reform is also applicable to the New Zealand mental health context. It highlighted the
paucity of literature on available models and frameworks for sustainability, before exploring the evolution of mental health services in New Zealand, with particular emphasis on the policy directives influencing service delivery.

An examination of the Pacific mental health sector revealed the economic opportunities that attracted Pacific people to New Zealand and the unintended consequences of poverty and mental illness. The importance of culture and culturally appropriate care were highlighted to illustrate their role in the development of Pacific mental health services before examining the reasons driving the shift to towards sustainability. When viewed together, these findings provided sound justification for this study, its aims and research questions.

The next chapter introduces and describes the methodological framework used in this study. It explains the choice of paradigm and methodology employed to answer the research questions.
SECTION 2: METHODOLOGICAL FRAMEWORK & METHODS

CHAPTER 4
DEVELOPING A METHODOLOGICAL FRAMEWORK

INTRODUCTION

The last chapter reviewed the development of organizational sustainability, examining how the concept emerged, ways it had been applied to health services, its extension into mental health and how it relates to the Pacific mental health context. This chapter introduces and describes the methodological framework used in this study. It explains the choice of paradigm and methodology employed to answer the research questions. Figure 15 provides an overview of the chapter and the topics covered.
**THE CHOICE OF RESEARCH PARADIGMS**

The primary objective in selecting a research paradigm is to identify an approach that not only embraces the research topic, but also interprets the phenomena in a way that is most genuine (Grassie, 2008). Consequently, the process for deciding which particular research paradigm would be most suitable needs to take into account a number of factors, including: how well the overall study is aligned to the chosen approach; methods other
scholars in the discipline have utilised; how well the chosen method answers the research questions; and what considerations need to be given to the study sample (Greenhalgh & Taylor, 1997). To help answer these, the key research paradigms needed to be examined first.

Two main research paradigms exist, broadly classified as either qualitative or quantitative research; each with its own definition and distinctive features (Iverson, 2004). In quantitative research, the emphasis is placed on collecting and analysing numerical data in experimental settings, the results of which can be generalised across groups (Garwood, 2006; Iverson, 2004). The approach is a deductive one, “well suited to testing theories, identifying general patterns and making predictions” (Ragin, 1987, as cited in Daly, 2003, p. 192). Qualitative research, however, takes an “interpretive, naturalistic approach” (Denzin & Lincoln, 2000, p. 3), where the focus is on understanding meaning (as opposed to generality), and interpreting social processes and phenomena as per the contexts in which they occur (Denzin & Lincoln, 2000; Patton, 2002).

A qualitative research approach was a more appropriate paradigm for this study for a number of reasons, the first of which concerned its primary aims. The study sought to: 1) define organizational sustainability as it applied to Pacific mental health in New Zealand; and 2) develop a conceptual framework to help Pacific mental health identify the key factors, which influenced organizational sustainability and were crucial for success. To achieve this goal, it was critical to gain deeper understanding of the phenomena in its natural setting so that participants’ views, experiences and meanings could be examined.
Since the main subject matter of qualitative research is the social world, this provides the ideal environment in which to examine, analyse and interpret the spoken word.

Second, the use of qualitative research methods has proven particularly useful in organizational studies (Caronna, 2010), in helping explain “the values, language, and meanings attributed to people who play different roles in organizations and communities” (Sofaer, 1999, p. 1105). These in turn, can be used to develop theoretical or conceptual frameworks (Sofaer, 1999). Findings from qualitative research have led to improvements in quality, and changes in culture at the organizational level (Crosson et al., 2005; Craigie & Hobbs 2004; Marshall et al., 2003), as well a better understanding of everyday clinical practice at individual levels (e.g. Gallagher et al., 2003; Lewin & Green, 2009).

Third, the research questions could also be best answered using qualitative research methods. For instance, before a conceptual framework could be developed, it was crucial to gain a deeper understanding of how organizational sustainability was viewed by participants, what they thought were the factors that influenced organizational sustainability, and were critical to success. Qualitative research methods were better placed to answer these questions, given their emphasis on better understanding individuals, cultures, contexts and relationships (Shortell, 1999; Sofaer, 1999).

Fourth, unlike the random sampling techniques used in quantitative research (Iverson, 2004), participants in this study were purposefully sampled from mental health services and the greater health, policy and research sector. Each participant recruited to the study fulfilled specific criteria developed during the initial stages of the study. Unlike
quantitative research, this approach placed greater emphasis on the relationship between the interviewer and the participants and allowed for a more interactive discussion to occur (Bryman, 2008). Furthermore, particular emphasis was placed on encouraging participants to tell personal stories, which could only be interpreted using narrative analysis, given one of the key attributes of narrative qualitative research is to enable exploration of subjective meaning of phenomena and take into account the diversity of participants’ perspectives and relationships to one another (Flick, 2006).

Once the decision had been made to use qualitative research methods, the next issue that needed to be considered was the feasibility of a longitudinal approach to data collection, as recommended for sustainability studies (Dawson, 2003). As discussed in Chapter 2, this approach provides the best ways to examine the dynamic nature of organizations as part of a processual contextual perspective (Dawson, 1994; 1996; 2003; Pettigrew, 1985; Pettigrew & Fenton, 2000), and states that sustainability is influenced by multiple factors and cannot be examined adequately by “looking for single causes and simple explanations” (Buchanan et al., 2007, p. 33). Dawson (2003) acknowledges that this research design may not be possible for all studies of organizational sustainability but when carried out, would yield rich meaningful findings that expose sustainability myths within organizations.

In light of these recommendations, a longitudinal approach was initially included in the study design, however, upon further consultation with the sector, it was quickly identified as a potentially problematic issue. Several reasons were identified primarily
concerning the time component required to be sufficiently immersed within the organizations to gather the breath and depth of data required. As remarked by Dawson (2003, p. 98), a “prolonged physical presence in the workplace setting being studied” is required, and is something that cannot be achieved without the investment of sufficient time, energy and resources.

Additionally, stakeholders commented that this request could have potentially been accommodated in the past, when the services were not under the reform pressures that were occurring concurrent to this study. As mentioned in Chapter 3, the demands to reform and demonstrate savings was such that there were widespread fears within the sector of job losses and the increased likelihood of services being reduced or lost completely. From a purely research perspective, this stressful and some chaotic environment was perhaps an ideal opportunity to examine change in organizations, however, to do so would have been on one level, going against the advice of stakeholders who could not foresee a way to provide the level of engagement necessary for a longitudinal approach, and on another level, an unethical way to collect data from an already over-burdened sector.

In light of these considerations, one-off interviews with stakeholders were chosen over a longitudinal study. This approach minimised the burden on participants, yet allowed a wide-range of questions to be asked, which helped consider the influences of the multiple factors concurrently at play within and outside organizations, while being mindful of the processual-contextual perspective (Buchanan et al., 2007).
AN APPROPRIATE METHODOLOGICAL FRAMEWORK

Within qualitative research, a wide range of methods and approaches exist for collecting data (Ritchie & Lewis, 2009). The choice of method(s) depends on a number of factors, including, the research topic, its aims, the questions being posed and the nature of the data being collected (Ritchie & Lewis, 2009). Multiple qualitative approaches may be combined to provide better insight into the phenomena being studied (Ritchie & Lewis, 2009).

This study sought to delve deeply into how people from the Pacific mental health sector viewed the concept of organizational sustainability and what they perceived to be the key influences and success factors. After considering the factors listed above, it became clear that approaches grounded in Pacific epistemologies would be most appropriate. Consequently, a Pacific methodological framework was developed that took into account particular stages of the research process, namely, participant engagement, interaction, data collection, and analysis.

This was particularly important since engagement with Pacific groups requires close attention be paid to cultural norms as people operate within specific cultural boundaries (Le Va, 2010; Vaioleti, 2006). To ensure that the interactions occurred in a culturally appropriate manner and that participants felt comfortable engaging with the study, the framework had to be developed using the guiding principles for building and maintaining ethical relationships with Pacific participants (HRC, 2005; University of Otago, 2011). It had take
into account a number of issues of cultural etiquette, which if not addressed, could: 1) disrupt relationships between the researcher and the participants; and 2) result in unreliable, poor quality data (HRC, 2005).

For instance, participant engagement needed to be face-to-face, as dictated by Pacific cultural protocols (HRC, 2005; University of Otago, 2011). During the interviews, the interaction needed to focus on positive discussions, which acknowledged participants’ perspectives and experiences, allowing them to explain issues using stories and metaphors, since most Pacific people prefer this style of communication (HRC, 2005; Vaioleti, 2006). The interviewer needed to focus fully on the participants’ words, use un-intrusive techniques to document the conversation and not rely upon taking notes during the interview (Vaioleti, 2006). Data analysis needed to account for the story telling or narrative aspects of the interview, while preserving the integrity of participants’ voices (Vaioleti, 2006).

Based on this information, the methodological framework comprised three key approaches, namely, talanoa, strengths approach and narrative analysis, each of which contributed to different aspects of the research process. All three approaches are described in detail below before being presented as part of the overall framework.

**TALANOA**

Pacific communities have a long history of preferring to converse face-to-face on both every day issues and those requiring more serious discussions (Otsuka, 2006). This method of interaction is known as talanoa (Vaioleti, 2003; 2006). To ‘tala’, is to speak or
communicate, while the ‘noa’ embodies the space within which dialogue occurs (Vaioleti, 2006). Historically, the process of talanoa has been defined as “a traditional Pacific reciprocating interaction which is driven by common interest, regard for respectfulness and are conducted mainly face-to-face” (Morrison & Vaioleti, 2008, p. 11). Some form of talanoa is practiced in most Pacific cultures and over the years, particular nuances of talanoa in a traditional Fijian, Samoan and Tongan setting have been identified (Latu, 2009; Nabobo-Baba, 2008; O’Regan, 2006; Otsuka, 2006; Vaioleti, 2006, 2011).

The use of talanoa as a suitable approach for Pacific research has been, in many ways, a natural extension of its use in face-to-face engagements among Pacific people in both traditional and contemporary settings (Vaioleti, 2006). Over the years, as research on Pacific communities (as opposed to with) has intensified, wearied with the more traditional quantitative data collection methods, there have been calls from Pacific communities for more ethnic-appropriate research methods, which enable researchers to interact directly with Pacific people, acknowledge their storytelling cultures, and focus on generating solutions (Finau et al., 2011). In response, Pacific scholars refined talanoa as a culturally appropriate research methodology that could enable direct contact and normalise story telling as an approach for knowledge gathering (Otsuka, 2006; Vaioleti, 2006, 2011).

“Stories that are expressed in a talanoa process are related within the storyteller’s cultural frame of reference and incorporate the language of the storyteller” (Chu et al., 2013, p. 23). Since its development, talanoa has been applied to Pacific research in a number of professional disciplines, including education, health and social sciences (Farrelly & Nabobo-Baba, 2012). Talanoa has become the most widely used Pacific research methodology,
particularly for gathering qualitative data (Farrelly & Nabobo-Baba, 2012). Its applicability to multiple Pacific ethnic communities has enabled its use in numerous settings (Le Va, 2010; Vaioleti, 2006).

In a research context, engaging in talanoa “allows contextual interaction with Pacific participants to occur” thereby creating “a more authentic knowledge, which may lead to solutions for Pacific issues” (Vaioleti, 2006, p. 23). As with most ethnic approaches, culturally appropriate procedures need to be followed to ensure the engagement is meaningful and true (Otsuka, 2006). Talanoa requires researchers and participants to engage with each other to share personal histories and satisfy their understanding of each other’s cultural backgrounds as part of the knowledge gathering process (Otsuka, 2006).

By interacting face-to-face both the researcher and the participant have the opportunity to engage in deep meaningful discussion about a topic that is of mutual interest; with the researcher directed to other sources if the participant feels ill-equipped to provide relevant information (Vaioleti, 2006). Conversations occur without use of a rigid framework, yet critical discussions take place with participants often telling personal stories to illustrate their point (Vaioleti, 2006). Open questioning techniques where semi-structured questions can be posed, maximise the chances of rich detailed narratives to be gathered (Vaioleti, 2006).

Talanoa functions on the ideas of mutual respect and reciprocity, so that both the participant and researcher feel they are being heard (Vaioleti, 2006). The process emphasises mutual accountability of the knowledge gained, thereby, not only increasing the quality and
trustworthiness of the information, but, ensuring that the researcher treats the data respectfully and utilises it as a true representation of the knowledge gained (Vaioleti, 2006).

By engaging in talanoa, both the researcher and the participant have the opportunity to dialogue in a meaningful way and have critical discussions, with the understanding that the knowledge being generated through storytelling is relevant to current issues and helpful in generating solutions (Vaioleti, 2006, p. 26).

**Strengths Approach**

A number of Pacific researchers have identified the strengths approach as a valid methodological tool for working with Pacific peoples (e.g. Agnew et al., 2004; Fa’asalele, 2011), given its role in acknowledging and addressing power imbalances, particularly when working with people with colonised histories. People are able to use their own life stories to identify and develop personal strengths, resolve issues and deliver their own solutions, rather than having external sources enforce their perspectives and provide answers (Kana’iaupuni, 2004; McCashen, 2005). The strengths approach can be utilised at multiple levels, including individuals, communities, and organizations (Foot & Hopkins, 2010). Since its development, it has been used in a number of research settings, including with people and communities identified as being marginalised, vulnerable or deprived (e.g. Kana’iaupuni, 2004; McCashen, 2005; Smith, 1999). A strengths approach becomes part of a collaborative process where the researcher partakes in the participant’s journey, listening to the stories and helping identify strengths and generate solutions to the issues at hand.

Originally developed by social workers, the strengths approach is a solutions-based practice that uses people’s “real stories of lived experience and aspirations” to help explore
the issues and problems facing them, identify their personal strengths and use these to improve their lives (McCashen, 2005, p.5). Its development arose from social workers’ dissatisfaction with traditional therapies, which either focused solely on a person’s victimised past or only dealt with the most immediate, pressing issues (O’Hanlon, 1994; Saleebey, 1996). The strengths approach was seen as a way of bridging these viewpoints by helping people take charge of their lives, by separating the person from the problem (McCashen, 2005; Saleebey, 1996). In doing so, people were able to focus on the solutions, recognise their strengths and use their expertise to alleviate or solve the problems affecting them (McCashen, 2005; Saleebey, 1996).

Although the focus is on positives, the strengths approach does not look to gloss over the negative aspects (Durrant, 2011; Kana‘iaupuni, 2004; McCashen, 2005; Saleebey, 1996). Instead, it is used to acknowledge and validate the problems, issues and challenges that exist before identifying and highlighting strengths so that these can be used to initiate a process of change (McCashen, 2005; Saleebey, 1996). By connecting people’s strengths to their aspirations, the strengths approach has brought about positive changes for many families, children and young adults (McCashen, 2005).

In many ways, the mental health sector experienced similar challenges to social work, whereby a deficits-based approach was used extensively, resulting in clients feeling demoralised and helpless, being blamed for their mental illness, defined solely by their diagnosis and unable to make progress with treatment (Elder et al., 2009; Rapp & Goscha, 2006). The development of a Strengths Model by Charles Rapp (1998) and his extensive publications on case management (e.g. Marty, Rapp & Carlson, 2001; Rapp, 1992, 1993; Rapp
& Goscha, 2006; Rapp & Wintersteen, 1989), offered health professionals the chance to use a strengths approach to bring about positive changes to clients’ wellbeing and work with them towards recovery (Rapp & Goscha, 2006). The Strengths Model is underpinned by similar principles to those used in social work practice, stating that everyone has strengths and capacities that can be used to improve their lives; by focusing on strengths and solutions, there are possibilities for improvement, achievement and change (Rapp & Goscha, 2006).

As such, a number of key processes and skills of the strengths approach have been identified, that are particularly applicable to qualitative research. These include:

1) Good listening skills, where peoples’ life stories and experiences are acknowledged and validated;
2) Developing concrete descriptions of the issues and challenges;
3) Identifying peoples’ strengths and descriptions of what they are doing differently when the issues are absent or minimised;
4) Reframing the issues so that alternative perspectives can be explored;
5) Developing a concrete description of the future using peoples’ aspirations; and,
6) Using a scaling tool for measuring change (McCashen, 2005).

Each of these is discussed below.

1) Good listening skills, where peoples’ life stories and experiences are acknowledged and validated

The ability to listen carefully and attentively to participants’ stories is crucial for qualitative research (Ritchie & Lewis, 2009). By sharing personal narratives, participants
display considerable trust in the researcher; often the stories can be of personal hardship and overcoming adversity (Ritchie & Lewis, 2009). In using the strengths approach, particular care needs to be taken to acknowledge and validate these stories, since they represent the foundation upon which strengths can be identified, and solutions generated (McCashen, 2005). Additional responsibilities include checking with the participants to ensure that they have understood what is being said and clarifying the meanings of concepts, experiences and ideas that have been raised (McCashen, 2005).

2) Developing concrete descriptions of the issues and challenges

By focussing on concrete, specific descriptions of “events, behaviours, experiences, strengths, goals and plans” (McCashen, 2005, p. 55), participants are able to move away from generalisations, and develop measurable targets. The questions usually explore the ‘what, where and the how’ of the situation through participants’ narratives (McCashen, 2005).

3) Identifying peoples’ strengths and descriptions of what they are doing differently when the issues are absent or minimised

This aspect is crucial for the strengths approach; by identifying their strengths and exceptions (i.e. instances where the issue does not exist or is minimised), participants not only identify their own capabilities, they are able to shed light on what they think would work in solving the issues (McCashen, 2005). In this instance, participants’ narratives are a particularly powerful medium through which solutions can start to be generated (McCashen, 2005).
4) Reframing the issues so that alternative perspectives can be explored

The aim of reframing is to help “people think differently about themselves and the problems they are facing” (McCashen, 2005, p. 63). It helps participants tell stories about events and experiences using different perspectives; in doing so, it creates alternative descriptions that could help bring about positive change (McCashen, 2005).

5) Developing a concrete description of the future using peoples’ aspirations

The strengths approach considers people’s dreams and aspirations as a crucial enabler of positive change (McCashen, 2005). By listening to participants’ narratives on what they think the next changebringing step would be, the researcher can begin to understand not only the solutions from participants’ viewpoint, but the process by which these solutions could be generated.

6) Using a scaling tool for measuring change

Scaling questions are useful for measuring progress and change as they occur (McCashen, 2005). A numerical scale from one to ten is assigned (with one corresponding to the worst scenario, and ten being the best) and participants are asked to rate where they perceive things to be. The interviewer is then able to explore what progress has been made to reach this number on the scale; for example, if the rating is 3, then the participant is asked to explain what it took to move from 1 to this number. The participant is also asked what it would take to get to the next number on the scale, and to illustrate the changes using concrete descriptions (McCashen, 2005). This technique can help participants visualise the next steps and gain an overall picture of the future.
NARRATIVE ANALYSIS

Narratives or stories have long been used to illustrate people’s experiences, their worldviews, relationships with others, and, with the external environment (Benham, 2007; Chu et al., 2013; Parkin, 2004; Riessman, 2006). By telling their own stories, people have the possibility of discovering new ways of viewing themselves as well as their personal strengths, resources and capacities that exist beyond the problem-based issues surrounding them (Epston & White, 1990; Riessman, 2006).

Over the years, storytelling has emerged as a useful medium for research to help better understand individuals, communities and organizations (Riessman, 2006). The method for analysing these stories, known as ‘narrative analysis’, enables people’s stories to be interpreted such that researchers can better understand the person, their cultural history and their actions (Patton, 2002). Once the fundamental story has been identified, particular focus is given to the construction and meaning of the narrative (Ritchie & Lewis, 2009). Narrative analysis can be used to interpret a wide range of verbal and written sources of data, including interviews, observations, and documents, making it a versatile approach to qualitative research (Riessman, 2008).

In mental health, narratives are frequently used, particularly as part of the strengths approach (Nelson et al., 2001; Pattoni, 2012). Narratives are viewed as a powerful way of identifying people’s strengths and resiliencies; at its core, people are believed to “live their lives by stories or narratives that they have created through their experiences, and which then serve to shape their further life experience” (Pattoni, 2012, p. 7). Issues and challenges
are reframed to help people identify their strengths and generate their own solutions (McCashen, 2005).

Narrative analysis has been identified as a particularly powerful way of analysing stories of indigenous groups and those with a colonised past (Benham, 2007). Traditionally, for many cultures, storytelling was the main way of passing knowledge down to the next generation – a phenomenon that had its own descriptor within ethnic circles - Hawaiians called this ‘we talk story’ while most Pacific groups referred to it as ‘talanoa’ (Benham, 2007, Vaioleti, 2006). In the case of Pacific people, while the concept of talanoa has been refined over the years, particularly when gathering knowledge for research purposes, the use of narrative analysis as a potential extension of this process has not yet been fully developed. Instead, some Pacific scholars have chosen to combine talanoa with ethnic-specific cultural frameworks, which have been better fit for their study design and for answering their research questions (e.g. Vaioleti, 2006); while others have used typologies of methods, which fall under the umbrella of narrative analysis (e.g. Chu et al., 2013).

The different types of methods within narrative analysis offer the possibility of using a range of techniques when undertaking data analysis, based on the study and the research questions being posed (Riessman, 2006; 2008). Consequently, a wide range of approaches has been developed and utilised by researchers, depending on the research questions, the professional discipline and study context (Phoenix, Smith & Sparkes, 2010; Squire et al., 2008). Below are some examples to illustrate the processes used. These were chosen not based on their superiority, rather to provide a greater appreciation for the depth and breadth of techniques used.
However, regardless of the approach used, the key message to bear in mind from these examples is the need to combine elements of singular methods and techniques in such a way that is advantageous to analysing and interpreting the phenomena being studied (Riessman, 2006; Frost, 2009). While this stance may suggest disorder and imprecision (Paley & Eva, 2005), it is imperative to understand that narrative research does not ascribe to a universal or globally accepted definition (Elliott, 2005; Mishler, 1995; Riessman & Quinney, 2005; Squire et al., 2008) and there is no single analysis approach, which can successfully capture the multiple layers and meanings of narratives (Mishler, 1991).

Lindseth and Norberg (2004) advocate for a three-step narrative analysis method. The first step involves reading the transcript to gain an overall impression of the interview. The second step focuses on structural analysis, whereby sections within the text are examined to identify their relationship to themes and subthemes. Finally, the whole process is reviewed as a whole in which, researcher interpretation of the text and a comparison with existing research can occur. There are a number of advantages of this approach given its concise and simple analysis, which takes into account the collaborative relationship between researcher and participant.

Murray (2000) developed a more holistic four-level narrative approach, which encompasses the personal (first level – looking at the individual narrative and their presentation); followed by the interpersonal (second level – explores the collaborative relationship between the interviewer and the participant); the position (third level –
considers the social position of the interviewer and the participant); and societal (fourth and final level – examining how the culture/society impacts on the narrative).

Riessman (2006), meanwhile argues for the use of key techniques such as thematic analysis (focussing on the text content i.e. the ‘what’ rather than the ‘how’); structural analysis (emphasising how the story is narrated i.e. the ‘how’ rather than the ‘what’); and interactional analysis (paying attention to the collaborative dialoguing between the researcher and the participant i.e. the ‘who,’ ‘when’ and ‘why’). All three – thematic, structural and interactional – can be employed in combination; focus on a particular technique is determined by the research question and the data being analysed (Riessman, 2006).

Care needs to be taken when employing these techniques since each has a bearing on the outcome. For instance, if thematic analysis is used solely, its design is such that while the social structures and power relationships are retained, the local context of the narrative as well as the particular life and situational aspects of participants can get eliminated (Riessman, 2008). To minimise such issues, coding needs to examine whole sequences of the narrative rather than isolating and simply pulling small strands, as is the case in traditional thematic analysis (Riessman, 2008). Structural analysis and its focus on the way the narrative is ‘told’ is highly compatible with a wide range of narratives, however unlike thematic analysis, does not take into account the “societal” context (Riessman, 2008, p. 102). In its most comprehensive form, structural analysis is intensely focussed on speech and language construction and while it may be useful to delve this deeply into social linguistics for some studies, particularly if they have a small sample size, Riessman (2008) has shown it to
unsuitable for larger projects, citing un-readability of text and lack of researcher experience in linguistic analysis.

Finally, there is interactional analysis, which in newer publications Riessman (2008) has integrated into dialogic/performance analysis. Interactional analysis provides the space for deep meaningful appreciation of the interview environment along with the “historical and cultural context, audiences for the narrative, and shifts in the interpreter’s positioning over time...that includes the voice of the investigator who speculates openly about the meaning of a participant’s utterance” (Riessman, 2008, p. 137) Researchers using this technique need to be aware that their voice and subjectivity will be embedded within the narrative, which Riessman (2008, p. 139) describes as “investigators carry[ing] their identities with them like tortoise shells into the research setting, reflexively interrogating their influences on the production and interpretation of narrative data.” This can be problematic for researchers who struggle with self-identity and/or feel adverse to the degree of self-insertion that occurs in narrative data collection.

In the last example, Bruner (1991) strongly recommends differentiating between canonical narratives and personal narratives during the analysis process. Canonical narratives are constructed in line with the conditions imposed by a society or culture, while personal narratives represent an individual view, which may be at odds with the canonical. This clash of narratives may result in stigma and exclusion for the individuals concerned. This issue has been highlighted in organizational research as ‘conflicting narratives’ with additional implications for the research process, particularly when it comes to collecting and using multiple sources of data to triangulate findings (Buchanan & Dawson, 2007).
Triangulation is a key tool in research for verifying or validating findings and is used extensively across professional disciplines and studies (e.g. Patton, 2002; Ritchie & Lewis, 2009). Organizational research, however, struggles to adopt triangulation given three key reasons that account for variation in participant narratives (Buchanan, 2003). The first involves complexity, where changes that have occurred in an organization may have happened over a period of months and even years. This lengthy time period makes it exceedingly difficult for participants to keep track of everything that has occurred. The second is phenomenological variance where by the lived experience of participants will differ. The interviews are primarily a snapshot of participants’ responses at that point in time, as opposed to a longitudinal study, which can measure changes in thinking patterns and reflection. Finally, there is politics, where the data gathered is simply a by-product of multiple points of view and each participant will attempt to justify their actions and responses to the phenomena being studied.

This issue is of such significance that Buchanan (2003, p. 17) argues that “competing narratives are naturally occurring phenomena, not aberrations to be triangulated away methodologically...The researcher seeking to validate a single coherent account of change by data triangulation is in danger of generating, at best, a partial rendering of the processes under investigation or, at worst, a partisan version which reflects the views of a limited range of actors.”

In light of these issues, for the purposes of this study, Riessman’s (2008) combination of analysis techniques – thematic, structural and interactional – were used to analyse the
narratives. As discussed above, while each of these techniques has drawbacks if used on their own, their particular combination helps cover the key aspects of this study in answering the ‘what’, ‘how’, ‘who’, ‘when’ and ‘why’ as well as the context-specific issues of organizational research. Furthermore, the techniques of interactional analysis were seen as complimentary to talanoa in that both expected researcher identity to be shared and become part of the engagement and knowledge gathering aspects.

Consideration was given to solely utilising an ethnic-specific cultural analysis tool, however, this was deemed inappropriate given that one cultural approach was unlikely to do justice to the perspectives of the many different Pacific ethnic groups represented in the study sample. Furthermore, the flexibility of these analysis techniques allowed the varied and conflicting narratives to be accommodated, thus being mindful of recommendations from prior organizational research. Finally, in view of the cautions surrounding triangulation, while other forms of data such as official documents were gathered and observational notes taken post-interview, these were used to supplement the narratives rather than used to verify or validate the findings. Figure 16 summarises the reasons for choosing a qualitative research paradigm and the key aspects of the three approaches used in this study.
Arguments for a qualitative approach

Ideal for examining, analysing and interpreting the spoken word.
Established as a viable method for organizational studies.
Better for understanding individuals, cultures, contexts and relationships.
Encouraged the telling of personal stories help explore the subjective meaning of organizational sustainability.

Talanoa

An established Pacific process for dialoging and interacting face-to-face.
The emphasis is on story telling and knowledge generation.
Requires sharing of personal histories and understanding cultural backgrounds.
Relies on open-questioning techniques to gather rich narratives.
Functions on the ideas of mutual respect and reciprocity.

Strengths approach

Originally used in social work and mental health consumer therapy.
A valid methodological tool for use with Pacific people.
Acknowledges and validates challenges and issues.
Identifies and highlights strengths to initiate a process of change.
Underpinned by good listening skills, developing concrete descriptions, identifying strengths and reframing issues.

Narrative analysis

Useful medium to better understand individuals, communities and organizations.
Used as part of a strengths approach in mental health and shares similarities with talanoa.
Requires the use of a combination of analysis approaches to successfully capture the multiple layers and meanings of narratives.

Figure 16: Summary of the key methodological approaches for this study
ROLE OF THE RESEARCHER & PARTICIPANT

The interaction between the interviewer/researcher and the participants is of crucial importance in narrative analysis (Mishler, 1995). As the issues highlighted above suggest, it is vital for the researcher to spend the time building rapport with participants to provide space for conflicting narratives to not only emerge but also be presented in the findings. The researcher’s role and associated influence, however, does not end there. Mishler (1991) argues the researcher is highly likely to bring pre-conceived ideas to both the study and the interview, and without shared understanding between the parties, the core purpose of the interview i.e. that of knowledge gathering is destined to fail.

Similarly, participants are also likely to have an impact on the knowledge gathering process. Fear of stigma and ostracism may result in participants choosing personal narratives over the canonical (Bruner, 1991). Previous negative research experiences may lead participants to withhold conflicting narratives or remain unconvinced that such narratives would be treated respectfully and equally alongside others. While these issues could be minimised and/or resolved during the talanoa process, there is another issue - the dynamic nature of context – that participants may not be fully aware of.

Proposed by Andrews (2008), this concept concerns narrative variation, whereby subtle changes occur in the narrative each time it is told. In some ways, this is an extension of the issue of complexity that is argued by Buchanan (2003) – i.e. change occurs over a long period and the narrative changes based on the participant’s personal experiences and interpretation. Additionally, Sandelowski (1991, p. 165) has argued that attempting to
corroborate participant narratives is a futile exercise and one engaged in by researchers with a “misplaced preoccupation with empirical rather than narrative standards of truth and a profound lack of understanding of the temporal and liminal nature and vital meaning-making functions of storytelling.”

While it is virtually impossible to eliminate all ambiguity and search for the ‘one truth’ (as evidenced by the arguments above), being aware of these issues gives the researcher a better chance of analysing and interpreting the data to generate meaningful findings that take into account the context of the narrative and the situation (Buchanan, 2003; Mishler, 1991; Spector-Mersel, 2010; Zilber, Tuval-Mashiach & Lieblich, 2008).

BRINGING IT ALL TOGETHER: A PACIFIC METHODOLOGICAL FRAMEWORK

Figure 17 is a diagrammatic representation of the methodological framework, incorporating the three key approaches of talanoa, strengths and narrative analysis. The strengths approach acts as the foundation through which engagement, interaction, data collection and analysis occur. In doing so, the strengths approach acknowledges and validates participants’ stories and experiences. It focuses on reframing issues so that solutions can be identified. It helps ensure that the knowledge or data being gathered contains concrete descriptions of the next steps needed to bring about positive change; and it results in the generation of ‘from-research-to-real-world’ translational findings.
Talanoa operates as the medium for engagement and interaction with participants, encouraging meaningful dialogue and critical discussions. As such, talanoa acknowledges the deep-rooted traditions of storytelling in Pacific cultures, and encourages participants to use their personal stories and life experiences to generate solutions. It brings the researcher and the participants closer through face-to-face interaction, sharing of personal histories and cultural backgrounds. It emphasises the mutual accountability of the knowledge gained, with participants providing quality and trustworthy information, that the researcher takes responsibility for treating with respect and care.

Narrative analysis is then used to interpret the knowledge gathered, thereby highlighting ways of solving the issues. In this case, narrative analysis enables a range of techniques or methods to be used in deducing the data. It allows the researcher to generate themes through analysis of the text content, examine the structure of the interview or narrative as well as scrutinise the collaborative dialoguing between the researcher and the participant.

All three approaches - strengths, talanoa and narrative analysis - have characteristics that overlap and complement each other. They all value the rich storytelling cultural heritage by acknowledging the importance of participants’ narratives and life experiences to generating solutions. They recognise that deep meaningful engagement with participants is crucial for producing new knowledge. They work from the premise that people have the capacity to identify their own solutions. Reframing of the questions is seen as an important part of gathering quality data. They allow space for acknowledging and exploring the role participants’ cultures have on their stories. Used in combination, the three approaches offer
the best possible chance of engaging with participants in a culturally appropriate manner, gathering quality, trustworthy data, and generating findings which are valid, tangible and solutions-focussed for this study.
Figure 17: The methodological and analytic framework for this study

**Strengths approach**

Acts as the foundation through which engagement, interaction, data collection and analysis occur.

Validates participants’ stories and experiences

Focuses on translational findings.

**Talanoa**

Acts as the medium for interaction and engagement.

Encourages participants to tell personal stories and life experiences.

Emphasises the mutual accountability of the knowledge generated.

**Narrative analysis**

Interprets the knowledge gathered.

Enables a combination of techniques to be used to analyse the data.

Helps understand the situation, wider context and the timing of events.
SUMMARY

This chapter explained the reasons behind the decision to choose a qualitative research approach in lieu of a quantitative one. A qualitative approach was deemed more suitable for this study in light of the aims, and the research questions introduced. It was also strongly recommended in other organizational studies as the idea approach, given its ability to aptly capture the dynamic roles within which people operate. It explained why a longitudinal approach, though considered seriously, could not be justified for this study, given its implications on an already over-burdened sector.

This chapter also described how the methodological framework was developed for this study. A framework grounded in Pacific epistemologies was deemed most appropriate, given the topic and the study sample. Particular care needed to be paid to the engagement and data gathering process given the cultural dynamics of the interactions. Talanoa, a Pacific approach engagement and dialogue was chosen as one of the three components of the framework. Strengths approach comprised the second component, allowing the questions to be reframed such that participants could generate the solutions. The final component of the framework was narrative analysis, which consisted of combining three key techniques – thematic, structural and interactional to analyse the data. Finally, this chapter presented the overall methodological framework describing how these components interacted with one another.
The next chapter will describe how the methodological framework was used in the study, and how the ethical considerations were addressed. It will also describe the sampling strategy for this study, as well as the data collection process and the analysis procedures.
SECTION 2: METHODOLOGICAL FRAMEWORK & METHODS

CHAPTER 5
HOW THIS STUDY WAS CONDUCTED

INTRODUCTION

The last chapter described the methodological framework and explained the choice of paradigm and methodology used in this study. This chapter details the steps followed to answer the research questions. It explains the ethics approval process, including the ethical issues that were identified and the steps taken to minimise or resolve them. It describes the study population, how participants were recruited, the fieldwork locations, the data collection methods, how the data were analysed and interpreted. Figure 18 provides an overview of the chapter and the topics covered.
Ethical Approval Processes

Two key committees, one internal, the other external to the University, needed be consulted in order to gain approval for this study to commence. The internal committee, known as Ngāi Tahu Māori Research Consultation is compulsory for all University of Otago research projects. It is based on a Memorandum of Understanding between Ngāi Tahu (main South Island Māori iwi/tribe) and the University. The Ngāi Tahu Consultation
Committee were responsible for ensuring that appropriate consultation had been undertaken between the researchers and relevant Māori organizations who may be affected by the study. The process comprised submitting an online application to the Committee, detailing the study and identifying issues of interest to Māori. The Committee deliberated on the project and granted approval at their meeting on 25 January, 2011 (Ref: 25/01/2011 – 15) (please refer to Appendix A for the approval letter).

The external agency was the Multi-Region Human Ethics Committee, established by the New Zealand Government to provide independent ethical review of all health studies conducted in multiple regions around the country. The process involved submitting an application to the Committee detailing the project, along with copies of the participant information sheets, consent forms, study protocols, interview guide and evidence of relevant consultation. The Committee deliberated on the application and granted ethical approval at their meeting on 20 February, 2011 (Ref: MEC/11/02/018) (please refer to Appendix B for the approval letter).

**Ethical Considerations**

Four ethical issues were identified as particularly relevant to this project and therefore, needed careful consideration. These were: 1) research fatigue; 2) insider-outsider research perspectives; 3) protecting participants’ identities; and 4) contributing positively to participant wellbeing. Each of these is explained briefly below. Given their widespread impact on the overall study rather than specific components, these issues are also further discussed in the ‘researcher reflections’ section in Chapter 10.
Research fatigue

Pacific communities, like Māori, have reported feeling over-researched, misrepresented and unacknowledged during the research process (Finau, Finau & Ofanoa, 2000; Finau, Tavite, Finau, Fotu & Finau, 2011), which has been cited as yet another form of on-going colonisation (Smith, 2012). These sentiments have arisen following experiences where: 1) they have been asked to participate in studies that have little or no relevance to their community; 2) they have no input into the research design; and 3) their views being sought only via quantitative surveys or once the phenomenon being studied has passed. Furthermore, Pacific people often find that once data collection is complete, the findings are neither disseminated to the community and nor do they translate into improved outcomes (Finau et al., 2000; 2011).

By failing to take into account participants’ views on the necessity, engagement style, reliability and translational aspects of the study, researchers are less likely to gain traction with their cohort (Finau et al., 2011). In instances where data were collected, they were unlikely to be a true representation of what was actually occurring (Finau et al., 2011). Furthermore, the publication of such findings could also be potentially detrimental to both parties. For instance, policies may be formulated and significant resources deployed to incorrect areas, while real need in the community is un-resourced. Meanwhile, the researchers’ reputations may be tarnished and frustrations are likely to build after perpetually seeing the same issues crop up repeatedly.
To overcome the issue of research fatigue in this study, several steps were taken. Key leaders were consulted on the main issues affecting in the Pacific mental health sector, before developing the interview questions, which stemmed from this feedback and a review of current literature. The study was undertaken during a time when sustainability was being given considerable attention in the New Zealand mental health sector (Mental Health Commission, 2012a; 2012b), hence it was of current relevance. A methodological framework grounded in Pacific epistemologies was developed and the research techniques utilised for data collection took into account their compatibility with Pacific cultural approaches. The results were disseminated to participants and existing links with key decision-making agencies were further developed to help translate the findings into practical applications for the sector.

**INSIDER-OUTSIDER PERSPECTIVES**

As a researcher of Pacific ethnicity, conducting studies in the Pacific context requires a sound understanding of one’s positioning. Southwick (2001, p. 7) describes how “this complexity challenges me to be able to locate myself, and then find the right ‘voice’ as a researcher and as co-participant. Finding the right voice means finding a way to explain without explaining away, to illuminate without trivialising and to reveal without exposing.”

In light of this complexity, I strove to be transparent about my heritage at the outset of the interviews. The combination of Fijian, Indian and English ancestry opened the discussions to the stories that shaped our lives and belief systems. I, however, also realised that it wasn’t just my heritage that was of importance; having spent a number of years in
academia and health sciences, I brought this aspect of myself to the interviews. I was a sum of these different aspects of my ancestral history, my personal circumstances, and work experiences, all of which influenced my perspective, participant interactions and data analysis.

In acknowledging this history, participants regarded me as an insider to some extent in my abilities to engage, dialogue and analyse the data while respecting Pacific cultural values and beliefs. They felt comfortable that cultural protocols associated with talanoa would be followed, and good rapport would be built with participants who subscribed to the notion of “by Pacific, for Pacific” (i.e. having people from your own ethnicity undertake research results in better outcomes for the community).

However, I was also an outsider, since while I had had experience of working in DHB hospital wards supporting clinical staff, I was not a mental health clinician, nor had I worked directly in the Pacific mental health sector. This situation had both strengths and limitations. For instance, it allowed me to look at the data empirically, without being influenced by any previous relationships of working directly within the services. It did mean, however that the project would only capture the views and perspectives of participants at the time of the interview, rather than providing a more complete and comprehensive picture of day-to-day-operations in the services.

To mitigate these issues, it was crucial to be extremely aware of insider-outsider perspectives during the data collection and analysis process. Participants appeared more relaxed and welcoming upon learning of my ethnicity and were more forthcoming at times.
during the interviews, frequently using phrases such as “you know.” This led to instances where I had to ask participants to clarify what they really meant to avoid making assumptions, explaining that this was vital for the research process. This explanation was well received and provided the platform for more in-depth discussions that led to richer data.

As part of the Pacific-centric methodological framework, the talanoa process allowed the participants’ and researcher to talk about their lives as way of introduction. I took the time to explain that the questions were designed to help me understand how the people and the services operated, and asked permission to return to the participants if I needed to clarify the points raised during the interview. All participants granted this request. Many commented that they wanted to talk freely and trusted that their responses would be kept confidential. I reiterated the ethical safeguards on data collection, analysis and interpretation and thanked the participants for their honesty and acknowledged the privilege of learning from them.

**Protecting participants’ identities**

New Zealand’s mental health sector is relatively small and most of its workforce is known to each other. Participants were often already aware of the project, as it had been profiled by the national Pacific mental health and addictions workforce development agency, as part of their stocktake on Pacific mental health research being conducted at the time (Le Va, 2009). Participants were also often aware of whom I had interviewed, as they had spoken with colleagues to gauge the credibility of the project and determine if they themselves
should participate. I took great care not to reveal the names of participants already interviewed; however, it proved quite challenging on a number of occasions, when participants expected this information to be shared. Many viewed participation in the project as a collective responsibility, which enabled Pacific voices to be heard as a group, but it was just as important to participants that the views of certain key individuals were included. The individuals in question had either been part of the mental health sector for many years and/or held senior leadership roles in the New Zealand health system.

In order to avoid the cultural pitfalls associated with not sharing participant data and to satisfy the ethical requirements of the project, I dealt with the issue in one of two ways. Instances where names of potential people were provided by interviewees in list form; these were accepted graciously without discussing who had and had not been interviewed. Participants were thanked for the time and effort they spent in compiling the names, though many saw this task as part of their participation in the project. Instances where participants wanted to discuss individual names and the associated interview status were done so carefully as I gently reiterated the ethical boundaries of the project. Participants generally took the ethical reminder well and also reacted positively to assurances that while the sector was small and people easy to identify, the content of the interviews would remain confidential. The remainder also served another purpose as it gave participants the assurance that their own data would also remain secure and treated confidentially.

**Contributing positively to participant wellbeing**

This fourth and final ethical issue concerned leaving participants better off in some
way following their contributions in the project. At the time of data collection, the New Zealand mental health sector was under considerable added pressure, with restructuring and mergers being discussed and initiated. Many participants, particularly mental health service providers not only juggled their multiple roles within services but faced the real possibility of being reconfigured into other roles, or in some cases, made redundant.

While directly influencing the sector during its reconfiguration process was outside the scope and practice of this study, it was nonetheless important to help support participants during this period. To non-Pacific audiences, honouring these requests may appear unnecessary or even unreasonable, however, Pacific cultural protocols are strongly embedded in principles of reciprocity and generosity, which make these interactions the norm, rather than the exception.

This was carried out a number of different ways. Participants who expressed interest in accessing literature on the research topic were sent these via email; these were gratefully received since many service providers did not have access to academic research databases and planned to use the articles to better understand and improve service delivery. Some introduced me to other senior colleagues to highlight the project and discuss mechanisms to translate the findings into practical applications. Others, who were interested in further postgraduate study either for themselves or their staff, requested information on courses and programmes offered at the University. I was able to assist with these requests given I held an academic role alongside my doctoral candidature at the time. Figure 19 summarises the steps taken to address the four ethical issues.
Addressing key ethical issues

**Research fatigue**
- Consultation with key leaders in the sector.
- Conducting the study while the topic was current.
- Developing a Pacific methodological framework.
- Disseminating results to the sector.

**Insider-outsider perspectives**
- Discussing cultural histories as way of talanoa.
- Awareness of the insider-outsider priviledge and challenges.

**Protecting identities**
- Accepting contact details without discussing the interview status.
- Reiterating the ethical confidentiality safeguards.

**Improving participant wellbeing**
- Providing organizational sustainability literature.
- Networking with other sector stakeholders.
- Supporting requests for further study.

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Figure 19: Summary of the key ethical issues
**Pacific Advisory Group**

Following consultation, an advisory group was developed, comprising three Pacific individuals from the sector. Each of the three members brought a unique set of complimentary skills and experiences that covered cultural, managerial, and research aspects. Their on-going presence and advice greatly aided my understanding of the sector and provided an additional layer of support during the doctoral journey.

**Study Population**

Two types of participants were sought for this study. One were mental health service providers i.e. clinicians, team leaders and managers, who had knowledge of and experience in the design and delivery of Pacific mental health services. The second were key informants, namely academics and policy officials, who may not have necessarily had a clinical background, but were knowledgeable and experienced in Pacific mental health issues.

**Sampling**

Pacific people in New Zealand can usually choose either a mainstream mental health service or a Pacific service, depending on service availability and their location. Mainstream services were significantly easier to identify, unlike Pacific services, which appeared to have a much poorer advertising profile, particularly if they were not part of DHBs. This lack of visibility has been identified by other studies looking at Pacific mental health (Annandale & Richard, 2007), as well as research into Māori mental health services (Boulton, 2005). To best capture the sampling cohort, a combination of approaches needed to be undertaken (Ritchie...
The first step involved creating a database of Pacific mental health services in New Zealand from which potential participants could be identified. To achieve this, areas in New Zealand with the highest density of Pacific populations were first examined, as it was assumed that Pacific mental health services were most likely to be based in these locations.

In New Zealand, DHB regions are used to denote the location and populations being served by mental health services. Seven of these regions, namely Auckland, Counties Manukau, Waitemata, Hamilton, Wellington, Hutt Valley and Christchurch, contain the highest numbers of Pacific peoples. To identify the presence of Pacific mental health services in these regions, each respective DHB website was checked, followed by phone calls and/or emails to the information service desks. The process was time consuming and challenging since the webpages were frequently out of date, listed incorrect contact details and did not usually include the names of key personnel.

To augment this approach, websites and publications from key Pacific advisory groups were searched. Names and contact details of potential participants were also extracted from grey literature and membership lists (for organizations I was affiliated with). Since the project was profiled by the national Pacific mental health and addictions workforce development agency, as part of their stocktake on Pacific mental health research (Le Va, 2009), it brought me into contact with new networks. Once identified, participant details were entered into a password-protected Microsoft Office Access database.
FIELDWORK LOCATIONS

The database entries showed that Pacific mental health services were predominantly located in Auckland, Counties Manukau, Waitemata, Wellington and Hutt Valley. Using this information, the first type of participants – mental health services providers – was recruited from these regions. As word of the project filtered through different networks, clinicians and managers working in mainstream services with high numbers of Pacific clients initiated contact, which led to fieldwork locations expanding to include the South Island of New Zealand. The second type of participants – key informants – were recruited primarily from Auckland and Wellington, given these were the key regions for academic and policy activities relevant to the sector.

DATA COLLECTION METHODS

This study sought to recruit about 30 people from around the country, with the expectation that the majority of participants would be mental health providers. Wide range of Pacific ethnicities were also targeted to help include a spectrum of ethnic views.

As mentioned in Chapter 2, one of the best ways to study sustainability is via a processual-contextual perspective (Dawson, 1994; 1996; 2003; Pettigrew, 1985; Pettigrew & Fenton, 2000). The processual-contextual perspective states that organizational sustainability is influenced by multiple factors and cannot be examined adequately by “looking for single causes and simple explanations” (Buchanan et al., 2007, p. 33). Furthermore, organizations are believed to dynamic in nature and as such, can best be studied using qualitative longitudinal research approaches, with “prolonged physical presence in the workplace
setting being studied” (Dawson, 2003, p. 98). The key recommended data collection method is in-depth interviewing to gather narrative explanations, which are supplemented via observational notes and official documents.

While a longitudinal approach was not feasible, given the reasons discussed in Chapter 4, the data collection methods recommended by Dawson (2003) could be implemented in this study. Consequently, in-depth interviews were used to gather narratives from participants. These were supplemented using key documents from the mental health sector as well as my observational notes following each interview, which comprised recording the general atmosphere during the session as well as non-verbal cues such as aspects of the participants’ body language relevant to the questions.

As discussed in the Chapter 4, organizations are complex, multi-layered entities and likely to contain rich and diverse lived experiences. Organizational policies and official documents are more likely to favour a unified view that represents senior hierarchy rather than revealing multiple stories (Buchanan & Dawson, 2007). Care needed to be taken not to produce one dominant narrative that silenced competing points of view. Therefore, while these additional data sources were not utilised for the purposes of triangulation, as is the case in traditional qualitative research, they were used more to supplement the narrative explanations and help understand the greater context of the sector and the interview environment. Further explanation for this decision has been provided in the ‘narrative analysis’ section in the previous chapter.

An additional data collection method, a participant journal/diary was considered,
where participants would be asked to keep a diary of how things were progressing in the services. This method could have provided an extra layer of insight into how the services were operating day-to-day, with some longitudinal data to measure changes in thinking patterns and reflection. However, given participants were already feeling overworked, under considerable pressure and faced employment uncertainty, it was decided that it would be unethical to further burden them with this additional task.

**Interview Guide**

The interview guide (Appendix C) was developed in light of the literature, stakeholder consultation and my experience interviewing Pacific people. The interview guide consisted a wide range of questions in an attempt to address the knowledge gap in this area and help me better understand the Pacific mental health context. At its core, however, it sought to understand participants’ perceptions of organizational sustainability and the key influencing factors. The four main areas included in the guide were: 1) participant background to understand their role and attitudes, 2) how Pacific consumers navigated the sector; 3) the context of organizational sustainability as it applied to the sector, and 4) the development of tangible solutions for the sector. The three key organizational sustainability questions were: 1) How would you define organizational sustainability? 2) What do you think influences service sustainability? And 3) What are the most important things to consider in terms of sustainability?

**Piloting**

The interview guide was piloted amongst five colleagues from a range of cultural
backgrounds (Pakeha, Māori and Pacific) who had experience working in clinical, academic and policy settings in the mental health arena. These colleagues were also experienced researchers, familiar with interviewing and data collection techniques. Piloting was undertaken to ensure that the interviews questions were clear, easy to understand and were sufficiently open-ended that participants could freely express their views (Mishler, 1991). Their feedback was used to further refine the interview questions, assess the feasibility of conducting the interview within the ninety-minute period allocated for each session and explore the cultural dimensions of the engagement and interview process.

**INTERVIEWS**

In-depth, individual, face-to-face interviews were conducted with thirty-one Pacific mental health service providers and key informants. Figure 20 presents a brief outline of participant demographics and Table 3 details their location, role, ethnicity and service type. The gender distribution was 19 females and 12 males. The primary ethnic groups, self-identified by the participants were: Asian (n=2); Cook Island (n=2); Fijian (n=2); Māori (n=2); Niuean (n=2); NZ European/Pakeha (n=6); Samoan (n=10); Tokelau (n=1); and Tongan (n=4). All participants were employed in senior positions, and held multiple roles, usually combining clinical, managerial and leadership responsibilities, which helped provide varied perspectives. Twelve had been in such roles for 5-10 years, while the remaining nineteen had 10+ years of experience in the sector. Participants were based in four key locations: Auckland (n=17); Wellington (n=11); Christchurch (n=2); and Hawke’s Bay (n=1). The types of mental health services participants worked in were: primary (n=2); secondary (n=9); and community (n=12), with a further 8 who had experiences across a range of service types. By
examining the perspectives of a wide spectrum of people, my intention was to develop a
definition of sustainability and uncover the key factors, which represented the collective
story of organizational sustainability for the Pacific mental health sector.

Figure 20: A snapshot of participant demographics
Table 3: A detailed view of participant demographics

<table>
<thead>
<tr>
<th>Participant number</th>
<th>Gender</th>
<th>Primary ethnicity</th>
<th>Role</th>
<th>Years in current role</th>
<th>Region</th>
<th>Service type</th>
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</table>
Participants were approached initially via email, inviting them to consider taking part in the study. A brief description of the study, along with the research protocols (Appendix D) was provided in the email, and the Information Sheet (Appendix E) detailing the study attached. Participants were encouraged to ask any questions they had about the study and given up to two weeks to respond to the request, as per the ethics guidelines. Once participants had agreed to be interviewed, a time and venue for the meeting was arranged. Participants were aware that the interview would be audio-recorded and were asked if the meeting could be held in a private space or meeting room. All meetings, except one, took place in private meeting rooms at participants’ workplaces (the exception was at a public café, as the participant had an unexpected change in their schedule). When meetings were held at participants’ workplaces, their colleagues were not advised why I was there, in an effort to further safeguard confidentiality.

At the meeting, participants were first thanked for their time. I then formally began the interview with the phrase, “I have come so that we can discuss/talk about/converse about…” as per the cultural protocols of talanoa (Vaioleti, 2006, p. 26). In terms of this study, the phrase was “I have come so that we can talk about service sustainability as it applies to the Pacific mental health sector in New Zealand.” This phrase was carefully worded to help guide the participants to the focus of the research, and elicit narratives about their perceptions, experiences and observations.

This introductory phrase was followed by an explanation of the research project. Considerable time was also taken to establish credible interpersonal relationships with
participants to help reveal multiple stories. Participants were provided with a paper copy of the Information Sheet and their questions about the study were answered. They were asked to sign a paper copy of the Consent Form (Appendix F), which explained that the interview would be audio-recorded and their data kept confidential. Participants were also reminded that they could withdraw from the interview at any stage or choose not to answer any questions that they felt uncomfortable with. A digital voice recorder was used for the duration of the interview.

The interviews were semi-structured with open-ended questions, with a particular focus on utilising a strengths approach during the course of the interview. An open-questioning technique was used where the precise nature of the questions that were asked had not been determined in advance, but depended on the way in which the interview developed. This flexibility enabled the participants to tell their stories without feeling constrained by strict parameters (Kvale & Brinkmann, 2009). It also meant that issues could be raised at one point during the interview and returned to, at a later stage, especially if the subject matter was particularly emotional or complicated. The order in which the questions were asked was tailored to suit each participant, based on how they chose to tell their stories. I conducted all interviews to ensure consistency.

Each interview lasted up to ninety minutes, with the shortest one taking about an hour. I was acutely aware of participants’ work commitments and asked them to prioritise clinical emergencies if these occurred during the interview. Although a wide range of topics were included in the interview guide, it was by no means used as a prescriptive schedule.
Participant responses sometimes covered multiple questions and I was also guided by participant behaviour as well as time constraints to ensure the key issues had been covered. I took care not to control the participant answers and as such, gave them the space and time to respond as they saw fit. Some participants were more comfortable talking about organizational sustainability than others.

At the end of the meeting, participants were thanked once again for their generous time and presented with a sevusevu/small token of appreciation (a book voucher and a small box of chocolates). Participants were encouraged to contact me if they had any further questions and were wished well on their journey. They were also emailed a thank you note within twenty-four hours of the interview.

**Observation**

Audio-recorded interviews provide one dimension of the rich interaction that occurs during the interview process. Non-verbal cues such as a participant’s body language, facial expressions, even the interview environment are rich sources of data that could be used to build a comprehensive picture of the interview (Martin et al., 1986). Pacific people are known to engage in heliaki, indirect verbal interaction where they use metaphor and layered meaning (Kaeppler, 1993). This phenomenon makes it crucial that field observations are gathered in an appropriate manner so that these social and cultural cues can be documented. The idea of video recording was discussed early in the project, but abandoned following stakeholder consultation, as it was deemed too invasive. Consequently, I adhered to audio recordings and written observations.
Note writing either during the fieldwork or straight afterwards is recognised as an important step (Jorgensen, 1989). To ensure the richness of data is retained, notes written as part of the field observations need to: 1) contain rich detail of the interaction; 2) describe the context of the interview; and 3) contain minimal editorial commentary that focus on evaluating the interaction, rather than describing it (Martin et al., 1986).

Detailed notes were taken in a field journal immediately after the interviews. Note taking during the interview was found to be difficult as there were multiple social and cultural norms that needed to be adhered to and a focus on note taking was distracting from the interview. This additional data was used to supplement the two other data sources (i.e. interviews and documents) to provide a richer and more comprehensive picture.

**Documents**

Document or documentary analysis has been identified as an excellent approach for organizational research (Martin et al., 1986; Ritchie & Lewis, 2009). Document analysis is regarded as a form of naturally occurring data, comprising public documents, such as reports and formal letters, and personal documents such as diaries and photographs (Ritchie & Lewis, 2009). The purpose of studying documents is two-fold: understanding their detailed content or to identify deeper meanings by focussing on their content, coverage and structure (Ritchie & Lewis, 2009).

The interviews were supplemented with relevant documents such as national
strategic plans, policies, and frameworks from the mental health sector. Annual reports, policies, guidelines and evaluation reports from mental health organizations were also included. As part of the interview, participants were also asked if there were any specific documents that should be included in the analysis. Most of the documents analysed were publicly available thus minimising the risk of relying solely on participants’ willingness to suggest or provide documentation. In cases where organizational documents were not available publicly and had closed or restricted access (Scott, 2004), participants were willing to provide a copy, provided it was not distributed any further. This multi-faceted approach to document gathering ensured that the range of documents collated for the study were comprehensive and could be used to understand the official workings of the mental health sector.

The list of publicly available documents was entered into Endnote software before being imported into a qualitative software programme called NVivo (QSR International, 2014). Closed or restricted access organizational documents provided by participants were imported only into NVivo to minimise the risk of accidently citing them in the thesis.

**DATA ANALYSIS**

Qualitative research methods, namely narrative analysis, were used to analyse the data. Riessman’s (2006; 2008) narrative analysis techniques – thematic, structural and interactional – were used in combination, after considering their different strengths and weaknesses. Lessons from prior qualitative research on canonical narratives and personal narratives (Bruner, 1991), organizational research dealing with conflicting narratives
(Buchanan & Dawson, 2007) and narrative variation (Andrews, 2008) were also taken into consideration.

I first listened to each recording before transcribing the narratives. The recordings were then played again and checked against the transcript to verify their accuracy. Field notes were also referred to at this stage to identify behavioural and social cues that occurred during the interview. The narratives were read multiple times to help me become familiar with the text (Elo & Kyngas, 2008; Ryan & Bernard, 2003). Once I was satisfied that the transcripts were an accurate representation of the interviews, they were uploaded into NVivo.

Auto coding functions in NVivo were not used. Instead, the data from each of the transcripts was systematically coded manually and free nodes were created for each topic or concept. As the coding progressed and the structure of the data emerged; themes and patterns were identified across and within the nodes. These were clustered and organised to create NVivo tree nodes. The text coded at each node could be reviewed at any time since NVivo added references to the source texts. This allowed me to re-trace the coding to the original transcripts and review all associated ideas linked to that code. Further analysis of the data indicated that these tree nodes could be grouped under a number of main themes.

To carry out thematic analysis, I focussed on the text content i.e. the ‘what’ rather than the ‘how’ (Riessman, 2006; 2008). Whole sequences of the narrative were examined and coded rather than isolating and simply pulling small strands, as is the case in traditional
thematic analysis (Riessman, 2008). I was keenly aware that thematic analysis would retain the social structures and power relationships described in the narratives but sacrifice the local context of the narrative as well as the particular life and situational aspects of participants (Riessman, 2008). Although these aspects were eliminated during the thematic analysis stage, they were not completely lost, as structural analysis would allow them to come through. During the structural analysis stage, I paid close attention to how the story is narrated and focused on the way the narrative was ‘told.’

Particular attention was given to the speech and language construction, particularly instances where participants paused or trailed off part way through the narrative. In such instances, I referred back to the observational notes to identify the participant body language and/or other behavioural cues that could help identify the narrative context and any situational aspects. Finally, during the interactional analysis stage, I paid particular attention to the interview environment, as documented by the narrative and the observational notes.

I also analysed the transcripts for my own voice. Apart from the beginning of the interviews, where I shared personal biographical details, most of the researcher-to-participant interaction was through presence, body language, and places where I asked participants for further clarification via the occasional comment and the questions. The analysis also took into account an overall indication of how cohesive the interview felt, based on the rapport between the parties and sharing of knowledge in the interview environment. Particular attention was also paid to the presence of conflicting narratives, and
an effort made to include these ‘voices’ in the findings. Once the analysis techniques had been carried out on each narrative, I returned to each transcript and examined the coding as a whole to ensure that there were no glaring omissions in the analysis.

The collective story of organizational sustainability was categorised via themes and examined in light of the research questions. As such, this story began with how participants sought to define organizational sustainability using their experiences and observations from the mental health sector (research question 1). Other parts of the collective story followed, which looked to identify the contextual factors influencing sustainability (research question 2) and the critical success factors (research question 3). Using these findings, I developed two conceptual frameworks for organizational sustainability as well as a practical guide for services.

**Rigour, reliability & trust**

To assess the trustworthiness of the research, the data were examined in light of three key issues, namely, credibility, dependability and transferability as is recommended for qualitative studies (Graneheim & Lundman, 2004). Research credibility pertains to how the researcher formulates the study design, particularly the data collection and analysis components to reveal the true meanings of the project (Graneheim & Lundman, 2004).

In this study, I sought to examine how stakeholders defined organizational sustainability and the factors influencing this phenomenon in the New Zealand Pacific mental health context. As such, a purposive sample of people working within this sector at
clinical, managerial, policy and research level were recruited. There was a good spread of
ethnic representation and genders. I approached all participants directly to explain the study
and seek their involvement. Cultural protocols for engagement were followed as per the
Pacific methodological framework, developed specifically for this study. Data coding and
theme building was discussed periodically with supervisors to seek additional feedback and
ensure transparency.

Graneheim and Lundman (2004) describe dependability as the extent to which the
researcher manages the interviewing and analysis components of the study. For this study,
in light of the recommendations from organizational and ethnic-specific literature, a
narrative approach was used to gather the interview data. I conducted all the interviews
before transcribing and later, coding and analysing each transcript. I also kept detailed
observation notes to help supplement the interview data.

Finally, in the concept of transferability, Graneheim and Lundman (2004) refer to the
extent to which the findings of a study apply to the wider population. In the case of this
study, transferability concerns the relevance of the findings to the Pacific and potentially
wider mental health sector. Given organizational sustainability is an issue of importance and
consideration for the wider sector, the findings from this study would be also relevant to
other mental health services, which did not participate in this study. Beyond New Zealand’s
borders a select number of Pacific island nations such as Fiji, Samoa and Tonga have mental
health services at varying stages of development (WHO, 2005), and as such may be able to
use the findings from this study to examine their own service sustainability. This
The primary aim of this chapter was to detail the steps followed to answer the research questions. It explained the ethics approval process, including the ethical issues identified, namely - research fatigue, insider-outsider research perspectives, protecting participants’ identities and contributing positively to participant wellbeing - as well as the
approach taken to minimise and/or resolve them. The study population was described along with the sampling approaches and fieldwork locations. In-depth, individual, face-to-face interviews were conducted with thirty-one Pacific mental health service providers and key informants. Narratives were used as the primary data source, and supplemented via documents and observational field notes. The data were analysed using a combination of thematic, structural and interactional techniques (Riessman, 2006; 2008) in NVivo qualitative software to generate themes, which were categorised using the research questions. Issues pertaining to rigour and trustworthiness of the research as these applied to this study were also discussed.

The next chapter will present the collected data as evidence to support the thesis and argument developed in previous chapters. It focuses on answering the three research questions, namely:

• What is organizational sustainability in the context of Pacific mental health?
• What factors influence organizational sustainability?
• What are the critical success factors for organizational sustainability?
INTRODUCTION

The last chapter detailed the methods used in this study, including the ethics approval process and key issues, the study population, participant recruitment techniques, fieldwork locations, data collection methods and analysis. This chapter presents the collected data as evidence to support the thesis and argument developed in previous chapters. It focuses on answering the three research questions, namely:

• What is organizational sustainability in the context of Pacific mental health?
• What are factors influence organizational sustainability?
• What are the critical success factors for organizational sustainability?

Since many of the narratives did not follow a linear fashion, with an orderly beginning, middle and end, in an effort to ‘make sense’ of the data, Fraser’s (2004, p. 189) suggestion to “divide the talk into sets of ideas expressed” proved highly useful. A set of recurrent themes emerged, which were used to develop the overall structure of the collective story organizational sustainability. This story was supported using quotes from the transcripts. The story began with defining organizational sustainability, then moved to
the internal and external contextual factors, and the over-arching influences, before finally concluding at the critical success factors.

The sections below provide a brief description of participant characteristics, before proceeding to the collective story of organizational sustainability. Instances where my interaction with participants was deemed significant are also included to give an appreciation for the wider context within which these narratives were created. Figure 22 provides an overview of the chapter and the topics covered.

Figure 22: Outline map of Chapter 6
DEMOGRAPHIC CHARACTERISTICS

The thirty-one study participants were mental health service providers (i.e. clinicians, team leaders and managers, who had knowledge of and experience in the design and delivery of mental health services) and academics and policy officials (i.e. who may not have necessarily had a clinical background, but were knowledgeable and experienced in Pacific mental health issues) as represented in Table 3 in the previous chapter.

As described in Chapter 5, the gender distribution was 19 females and 12 males. The primary ethnic groups, self-identified by the participants were: Asian (n=2); Cook Island (n=2); Fijian (n=2); Māori (n=2); Niuean (n=2); NZ European/Pakeha (n=6); Samoan (n=10); Tokelau (n=1); and Tongan (n=4). All participants were employed in senior positions, and often in multiple roles and had volunteered themselves for the study. (The absence of junior voices is discussed in later sections).

Twelve had been in such roles for 5-10 years, while the remaining nineteen had 10+ years of experience in the sector. Participants were based in four key locations: Auckland (n=17); Christchurch (n=2); Hawke’s Bay (n=1); and the Wellington (n=11). The types of mental health services participants worked in were: primary (n=2); secondary (n=9); and, community (n=12), with a further 8 who had experiences across a range of service types.
OVERVIEW OF FINDINGS

Participants’ responses to the topic of organizational sustainability was such that at times, narrative fragments needed to be gathered from the data before being constructed as part of the collective story of organizational sustainability. Participants took a longitudinal perspective, which stretched as far back as the inception of the first Pacific mental health service to illustrate their experiences in the sector, thus encapsulating past and current events in their narrative explanations. The narratives consisted primarily of personal experiences in the mental health sector, as well as observations of other stakeholders’ behaviour and actions. Participants were generally stoic and reflective as they narrated their experiences, however, there were instances during the interviews when they didn’t appear to feel very comfortable with the line of questioning.

Although I did not explicitly ask the reasons behind this change in behaviour and responses, several reasonable assumptions can be made: 1) participants felt guilty for not being able to answer the question as easily as succinctly as they would have liked; 2) the style of questioning may have made some feel as if organizational sustainability was solely their responsibility, so a level of defensiveness may have crept into the interview, 3) time pressures and other pressing engagements may have arisen which divided participant attention; 4) the then-present reform environment may have increased participants’ suspicions that the findings from this study would be somehow used against them (even though this wasn’t the case); and 5) difference in personality and communication styles may have impacted on the level of rapport and depth of responses.
The results presented below have been separated into five key areas of the collective story: 1) how organizational sustainability was defined; 2) the internal contextual factors; 3) the external contextual factors; 4) the over-arching influences; and 5) critical success factors. Since the interviews were conducted individually, the quotes are presented using participant numbers (e.g. Participant 1 is identified as P1).

**Themes**

Each of these five key areas generated a number of themes and sub-themes. The first area, ‘how organizational sustainability was defined’ comprised three key themes: 1) being unable to answer the question; 2) believing the phenomena was under-developed; and 3) using the professional work lens to underpin the definition. Figure 23 illustrates these themes.

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**Defining organizational sustainability**

**Theme**
- Unable to answer the question
- Believing the phenomena was under-developed
- Using the professional work lens to underpin the definition
  - Funding, performance & reporting
  - Workforce capability
  - Community satisfaction

Figure 23: How participants defined organizational sustainability
The second key area, ‘the internal contextual factors’ comprised four key themes – the Individual, the Team, the Leader, and Organizational climate. Each of these themes generated a number of sub-themes.

The third key area, ‘external contextual factors’ consisted of two key themes – Political and Financial, both of which had their own sub-themes.

The fourth key area, ‘over-arching influences’ comprised three themes – Culture, Hierarchies, and Organizational stigma – whose influence on sustainability occurred across all levels and contexts.

The fifth and final area, ‘success factors’ consisted of four themes – Effective communication, Shared values & beliefs, Stakeholder engagement & understanding and Relationship strength – each of which were equally critical for sustainability.

There were a number of instances where these themes interacted with each other, and consequently influenced sustainability. These specific interactional influences are presented at the end of this chapter, just before the summary section.

Figure 24 illustrates the major themes as key factors, as well as the sub-themes for each factor, and provides a detailed, complex view of how the collective story of organizational sustainability is experienced by the Pacific mental health sector.
Figure 24: Factors influencing organizational sustainability

**Critical success factors**
- Effective communication
- Shared values & beliefs
- Stakeholder engagement & understanding
- Strength of relationships

**Over-arching factors**
- **Culture**
  - Personal worldview
  - The Pacific worldview
  - Doing things the Pacific way
  - Cultural competency
- **Hierarchy**
  - Internal context: clinicians vs. cultural workers
  - External context: services vs. funders
- **Organizational stigma**

**External context**
- **Political**
  - Understanding the politics
  - Impact of current government
  - Prioritising, manoeuvring & networking
- **Financial**
  - Bleak realities
  - Model & process challenges
  - Working smarter

**Internal context**
- **Individual**
  - Attitudes & satisfaction
  - Passion vs. purpose
  - Clinical vs. cultural competence
- **Team**
  - Organizational culture
  - Blurred boundaries
  - The right balance
- **Leader**
  - Different types of leaders
  - Leadership attributes
  - Workforce capacity & capability
- **Organizational climate**
  - Cultural & structural alignment
  - Place within the system
  - System potential
DEFINING ORGANIZATIONAL SUSTAINABILITY

UNABLE TO ANSWER THE QUESTION

In this first part of the collective story, all participants struggled considerably when asked to define what organizational sustainability meant to them and their practice. There were long periods (i.e. up to a couple of minutes) of silence as participants attempted to construct an answer, with the silence usually punctuated with the words, “well, you know…” (P5) or “I don’t really know the answer to that” (P13).

During these moments, I deliberately stayed silent to allow participants the opportunity to collect their thoughts and avoid rushing to the next question. I waited, while being aware of participants’ body language (such as shifting uncomfortably, looking away, and fidgeting) and if no answer appeared to be forthcoming after the above-mentioned period, I took the initiative to gently ask if the participants would like to move to the next question. This suggestion was gratefully received in all instances and indicated that participants expected me to lead the discussions. Since this interaction occurred fairly early during the interview, it gave me insights into how participants perceived my role. This observation is discussed in more detail in the section on the reflections (Chapter 10).

For all participants, this was the first time someone had asked them to define organizational sustainability and as the interviews progressed, it surfaced their anxieties around the lack of dialogue regarding this topic. Participants viewed organizational sustainability as an important issue that had multiple components and as such, needed to be pulled together to develop a coherent plan of action. While people at all levels within the
services were deemed responsible for organizational sustainability, there was particular emphasis on individuals occupying leadership and governance positions, who were often seen as over-committed. Furthermore, while ad hoc conversations were likely to occur in the sector, there were concerns about the lack of dedicated staff or a working party to address organizational sustainability issues.

What worries me is you’re the first person that’s asked. Well you see, because it’s not anybody’s priority, you know. You’ve got Pacific people on the Board doing their little role, it apparently is quite big but you know, they’re over-committed. You know, you’ve got people around the place but they’re few and far between and they’re all having their conversations with a few people around them, but there’s no working group, there’s no working party, it’s not on anyone’s agenda, nobody’s gathering, nobody’s actually pulling the threads together, even though we so desperately need to. (P1)

**Believing the phenomena was under-developed**

Two participants were staunchly convinced that organizational sustainability was in a very rudimentary state and thus, difficult to explain. One of the two narrators was quick to provide an example to support this assertion, using consumer access to services. Participants were concerned that organizations were still in the development stage of service delivery and had just begun to address consumers’ access needs. As such, services were nowhere near the stage of being able to maintain their activities at a steady rate to demonstrate visible change in health outcomes.

I don’t think we’re anywhere near sustainability, it’s a false notion. No, we are nowhere near sustainability. You can take this as an example: we’re at stage one of getting certain access up to a point that reflects the level of need and then making it effective and then just covering it. (P1)

Another participant who also believed that organizational sustainability was under-developed in the sector appeared to be discouraged by the question and consequently, folded her arms tightly and looked away after making her statement and stayed silent for a
couple of minutes. She reinitiated the conversation by asking if the interview could “please move to the next question.” I did so, while being aware that this topic could generate some discomfort for the participant and as such, took extra care during this interview.

Well, it’s hard to talk about sustainability when I don’t feel like we have any. (P31)

**Using the professional work lens to underpin the definition**

Eleven participants revisited the concept of organizational sustainability during the course of the interview, usually after having answered a couple of questions following the initial query asking them to define the term. The responses were primarily driven by how they viewed sustainability via specific aspects of their professional work lens. As such, their perspectives were grouped as one of three sub-themes: funding, performance & reporting; workforce capability and community satisfaction.

**FUNDING, PERFORMANCE & REPORTING**

Participants working in service delivery thought that funders exerted significant influence on sustainability and the only way to demonstrate the value of their organization was to improve their service image and performance, in the hope that this would be viewed positively.

When I think about sustainability, you know, I think we’re at the mercy of the funders but there are some things that we can do to polish up the image and polish up the performance, you know, so that at least if we can show that to the funders, it can only be a good thing, aye? (P11)

Others believed that if organizations provided high quality services, and demonstrated tangible outcomes via reporting processes, then funding could not be cut, which in turn, would ensure sustainability.
If the quality is there, then sustainability just comes, if the quality and the reporting and the tangible outcomes are already there, then I don’t see how funding would be cut, at least. (P4)

Sustainability was also thought to depend on how funders viewed their performance, however, organizations tended to over-deliver on their service specifications and felt that this was what funders looked for. Furthermore, the focus on outputs as opposed to outcomes meant that much of this over-delivery was not demonstrated in the performance reports. Participants argued that this intense focus on inputs and outputs, in many ways failed to demonstrate what was really happening in the sector. By distilling the quality of the engagements to quantitative measurements, service performance could be compared to other organizations but in some ways, were meaningless representations of service delivery.

Whilst a lot of focus has been on outputs, it’s actually outcomes and your ability to show the outcomes speaks louder than words and that is what is going to create sustainability in terms of a funder saying, “oh these people who have absolutely delivered, they have over-delivered.” And we know we over-deliver but we don’t show it in the paperwork when we write the reports. (P20)

If you’re a funder, that’s how you would, other than anecdotal [evidence], you’ve got to have outcomes. I mean, you measure it in three ways, input, outputs, outcomes, [and] at the moment the services are very input and output driven but it doesn’t tell the whole story. In fact, in my opinion it makes it even more difficult, you know ’cause it’s based on how many face to faces is it, how many of this, how many of that. It’s nothing about the quality of those interactions, that engagement, it means nothing unless you have an outcome attached to it. (P8)

Of all the participants interviewed, only one was confident enough to say that his service was sustainable, based on how they performed in comparison to other services. While on one hand, this was seen as a positive development, it raised the issue of ensuring on-going, and even increasing funding to improve service delivery. In this instance, sound
performance and reporting were insufficient to maintain sustainability. Instead, effective communication within the organization was required to ensure the service received relevant funding.

In fact, we are equal if not better than just about all of the performance indicators [of other services], so we’re doing a good job, so that’s what I need to feedback to the Board, to say, “you know, we’re a sustainable, effective, efficient service, you need to fund us right, you need to make it even better, we’ve got some ideas for you.” (P8)

Outside the organizations, policy makers also felt that sustainability was tied closely with how an organization performed and demonstrated success. They were willing to help services overcome performance issues and expected organizations would need some time before this improvement could be demonstrated via reporting. They, however, were cautious of services that continuously performed poorly.

I’m not saying if they [services] don’t perform in the first month, cut them, you know, we’ll help them and get them there but if there’s a sustained non-performance, I think the sustainability comes from just the honesty of continually looking at our services. (P9)

Funders were wary of allocating resources to the sector without a clear understanding of how the sector operated and its key issues. They strongly felt that given this paucity of information, particularly in terms of strategic priorities and consumer needs, services should not keep receiving funding at their current capacity until these issues had been properly identified.

I think the first step is to understand the whole mental health sector. Yes, we need to understand the whole mental health sector. We need to understand what the significant issues for Pacific mental health have been and how we then position the provision of Pacific mental health for those consumers. That could be totally different model to what we’re delivering right now but Pacific providers in their current capacity cannot be the answer moving forward. So, I to be honest, I don’t think there’s anything we should do to sustain these services until we know what the problems are, what the problem is that we are trying to solve. (P14)
WORKFORCE CAPABILITY

A key area for growth and progress for the sector in recent years was Pacific health workforce development and as such, the majority of participants linked organizational sustainability to this issue. However, the boost in funding and the attention paid to Pacific health workforce development through policy initiatives did not address the immediate shortages in the sector. Participants envisaged that the Pacific workforce, especially for drug and alcohol, needed up to a decade before it was sufficiently capable and at capacity, which raised serious questions about how the sector responded in the meantime.

*We do not have a Pacific mental health workforce that is sustainable. We do not have a Pacific alcohol and drug workforce that is sustainable. That’s going to take five to ten years to develop. In the meantime, how does this sector respond while that’s happening is a critical, critical question.* (P10)

Others were concerned about the lack of effective leadership, particularly at governance level. Participants feared that this lack of Pacific leadership meant the on-going focus on bio-medical model, rather than integrating Pacific cultural models into service delivery. Sustainability depended on service authenticity, which could not be achieved without the inclusion of Pacific people who shared cultural values at all levels of the organization.

*I do think that Pacific providers have got to address sustainability issues [and] that the management structures have got to improve. Governance has got to improve but that needs to be done very carefully and with very effective leadership to ensure that we don’t end up bio-medicalising.* (P13)

*I think Pacific services can be sustainable. I think it’s important so that you could have authentic Pacific services ’cause the way they’re going at the moment, I think they’re just becoming a Palangi service with brown people in there and that’s not what is needed.* (P15)
Participants believed that sustainability depended on the Pacific workforce having to work harder than mainstream services, which in turn, improved their performance. This work ethic was deemed necessary to develop a sound reputation in the community and gain their respect. Participants acknowledged that this level of dedication and strive to meet expectations shouldn’t be the norm, but was necessary for sustainability.

*I think sustainability for Pacific services is always going to mean doing things better than other [mainstream] teams. So, what we have had to do is not to just do our job well as Pacific but do it better. Yes, we have to do a better job because we had to work harder than other teams to ensure that we gained the reputation and the [community’s] respect. It shouldn’t be like that but that is what we had to do.* (P25)

**COMMUNITY SATISFACTION**

The community was believed to play a crucial role in sustainability, given they comprised the consumer population and were vital in demonstrating the need for ethnic-specific mental health services. Participants were keen to see access rates for mental health services go up in the short-term, as an indicator of meeting consumer needs, before a reduction in numbers, to demonstrate that services being delivered were of benefit to consumers.

*Now that’s [service sustainability is] the million-dollar question, to be honest. It might sound naïve, but I would think that to show that we’re sustainable, it is actually the strength of the community and the way it supports us. That’s sustainability. One, they show that there’s a need. Two, more importantly, they show that they’re using us to actually meet that need. And probably, three, our access rates would track up, but then they would trail off, which means that people are potentially getting early intervention, rather than acute. And that tracking down is not necessarily a bad thing. It’s actually a good thing, because you could say that early intervention’s happening here.* (P12)

Organizational sustainability also impacted on community’s socio-economic status since participants believed that with the increased access rates, services were in a good
position to help consumers seek training and employment opportunities. This additional responsibility could be, at face value, seen as a difficult thing for smaller services to manage, given their limited staff and resources; however, it could be the way to link them directly with the community to build strong mutually-beneficial relationships.

_The success of a Pacific service is a whole lot of things, more people using the service, the wildfire, you know the coconut wireless in the community to help the access numbers keep increasing. In all of this, the community is actually being helped socio-economically. This may be too tough for a lot of the smaller services but I think that's where their sustainability will come from as more and more people use them and link in with them. Services don’t need to go and you know, provide jobs for these people but just train them and advocate for them applying for [other] jobs._ (P9)

**INTERNAL & EXTERNAL CONTEXTUAL FACTORS INFLUENCING ORGANIZATIONAL SUSTAINABILITY**

In this second part of the collective story, participants were asked an opened-ended question about their views on what influenced organizational sustainability. During the analysis process, as I examined the data, four key areas emerged. After considering these areas in light of the research questions, I ascribed them the following terms - internal contextual factors, external contextual factors, over-riding influences and critical success factors. Themes and associated sub-themes were then grouped under each key area.

The internal contextual factors comprised four key themes – the Individual, the Team, the Leader and the Organizational climate. Each of these themes generated a number of sub-themes.
External contextual factors consisted of two key themes – Political, and Financial, both of which had their own sub-themes. The over-arching influences consisted of three themes - Culture, Hierarchies, and Organizational stigma - whose influence on sustainability occurred across all levels and contexts.

Finally, the success factors comprised four themes – Effective communication, Shared values & beliefs, Stakeholder engagement & understanding and Relationship strength – each of which were equally critical for sustainability.

In the sections below, the themes from the internal context are examined first, followed by the external context. Then the over-arching influences are presented. Finally, the critical success factors are examined as the last set of findings. The original figure illustrating these key findings has been reproduced below to help link specific results to the different components. Furthermore, in each of these sections, brief introductory paragraphs provide an overview of the findings before examining them in greater detail.
**INTERNAL CONTEXT**

**OVERVIEW OF FINDINGS**

Participants were asked how they thought people within the services influenced organizational sustainability issues. Based on their responses, these were categorised as three distinct, but related themes – the Individual, the Team and the Leader. Operating within the internal context, individuals influenced organizational sustainability via their attitude and satisfaction towards their role. Although they were highly passionate about improving health outcomes, this needed to be balanced against other attributes such as a sound mix of cultural and clinical skills.
Teams, on the other hand, were heavily influenced by the organizational culture, strongly preferring to work with people who shared similar cultural values and beliefs. Their interactions often spread socialising outside the workplace, which was viewed as a positive aspect, given its ability to strengthen working relationships. Organizational sustainability was compromised, however, when team compositions failed to take into account the gender, age and ethnicity mix required for service delivery. However, finite resources often meant that team sizes needed to be capped at a certain point.

Leaders were integral to sustainability and were required at all levels of the organization. Organizational sustainability depended on leaders’ abilities to set strong visions, be assertive, and employ sound negotiation and diplomacy skills. Leaders were deemed accountable not only to their organization, but also to the community, who judged their performance and expected an altruistic outlook. The lack of a suitably qualified and experienced workforce impacted significantly on sustainability. Leaders often lacked the required number of years of experience, and several parts of the sector still experienced a distinct lack of Pacific leaders. This raised concerns when non-Pacific leaders were appointed, given the loss of opportunities for Pacific people. Services, in turn, preferred to mentor and promote people to leadership roles within organizations to help preserve institutional knowledge.

The internal context also included the organizational climate, referring to its policies and processes. Its misalignment with Pacific cultural values and beliefs negatively impacted on organizational sustainability, resulting in tensions within the workplace when staff were
unable to deliver services the ‘Pacific way.’ It also had a negative impact on consumer recovery, increasing their reliance on the system such that they were often caught in a perpetual cycle of being in-and-out of services.

The lack of robust systems also led to poor management of staff and funding. However, the ‘place’ a service occupied within the wider sector impacted on how well these policies and procedures were configured, since those embedded within DHB structures were more robust compared to stand-alone NGOs. Despite these challenges, organizational systems, if implemented correctly could be highly useful in understanding funding and accountability processes, reviewing and adapting service delivery models, and appreciating the wider sector context.

THE INDIVIDUAL

ATTITUDE & SATISFACTION

Participants were generally happy in their roles and greatly appreciated the opportunity to work with like-minded people on a variety of projects and at the same time, help the Pacific community. Their positive disposition often meant that they viewed others’ ideas as valuable and thus, could be used to improve service delivery.

*I’m happy here, this is you know, I’ve reflected with a number of my colleagues that it feels like I’m in a little cocoon of my own, very happy working with our Pacific community, working with Pacific staff and it’s very nice. (P8)*

*I love my job and I think it’s ’cause of the people and the variety and seeing people’s potential and seeing people like spark with ideas that you know, I thought, “wow that’s great, yes we could use that” Yeah, I have a disposition to see the positive things in people. (P7)*
**PASSION VERSUS PURPOSE**

Participants made reference to their passion several times during the interviews, strongly believing that their roles gave them the opportunity to influence Pacific mental health outcomes by serving the community.

*What I’m really passionate about is the ability to influence what can be done in mental health services for Pasifika services particularly.* (P12)

This notion of ‘service’ extended to all age groups and levels in the community. By keeping consumer wellbeing as the core of sound service delivery, participants were convinced that the organization could weather any challenges it experienced.

*Passion, it has been a big thing, serving the community and that the clients you know, the children and the young people in their family are probably the heart of everything that we do. If we keep them our priority and it is all about them then we shouldn’t stray too far off and we shouldn’t get into stuff that might bring us down, you know, that will distract us, that we are striving to achieve better things and do better for them.* (P25)

To do so, participants believed that they needed to continually find ways of improving service delivery in such a way that outcomes within the community kept improving. However, alongside this search, by pushing themselves a bit further, participants believed that could not only achieve outcomes for Pacific people but also use the opportunity to realise their own potential.

*I think if we took that service ethic as the paramount, you know we serve therefore we have to find ways of making our service the best it possibly could be for the people we’re serving. And at the same time, by working a bit harder, it gives us a chance to see how much we can develop.* (P27)

There was a general expectation that others working in the sector, particularly clinicians and cultural support workers would also hold similar values as this could
influence the care received by consumers. Failure to do so was seen as a lack of compassion for the communities receiving services.

I would be really worried if there are clinicians or cultural workers out there that don’t have a sense of compassion for their communities, then the attitudes and attributes aren’t there and that’s really missing. (P4)

One participant explained that there was, however, a need to balance passion against other attributes, which had an impact on service delivery.

And that just because we have the passion and commitment and drive and we understand our people, those don’t make up the only qualities or only aspects where we need to succeed. (P20)

**CLINICAL VERSUS CULTURAL COMPETENCE**

A sound mix of clinical and cultural competencies was required in order to achieve success. This meant bringing an excellent set of clinical skills to help diagnose and treat consumers, and yet at the same time being aware of how the cultural aspects affected stakeholder engagement and on-going relations. Culture in this sense included language, spirituality, customs and protocols and each aspect was seen to be as valuable as the clinical knowledge, skills and experience. The way clinical and cultural dynamics interacted and ‘played out’ were incredibly complex and sometimes meant that services were operating in uncharted waters. Yet despite this challenge, this skill mix was not only highly valued but also continued being used as a key component of service delivery.

I call it the cultural-clinical dance; I’ve used that term for a long time ’cause that’s what you’ve gotta do, you’ve gotta work in the clinical world and be excellent in that but you’ve also got to incorporate the cultural world as well. What that means in terms of spirituality, language, culture, everything, you know and it’s merging those and we don’t have all the answers but that’s what we are doing. (P8)
THE TEAM

THE IMPORTANCE OF ORGANIZATIONAL CULTURE

Participants found that their work environment contributed significantly to their wellbeing as well as the level and type of service they were able to offer consumers. The ideal work environment was one that acknowledged their cultural roots, allowed them to work with people who shared their values and beliefs and enabled sharing of cultural knowledge.

*I like the fact that here, you’re able to be yourself as a Pacific person, so what I mean by that is you can speak your own language to another colleague who understands you, you can teach your colleagues who don’t understand your culture or your language. You can support the people that get the services from us, you know as consumers or clients and you have that cultural knowledge and that culture school to be able to support them, you know.* (P11)

The different people who made up the teams influenced the organizational culture. One participant acknowledged the invaluable support of cultural leaders in guiding through the cultural complexities, while another reflected on the value of staff who had considerable institutional knowledge. By combining their collective experiences, participants felt that they had a much better understanding of consumer needs and service delivery.

*But you know, I get through on what I do have with having the right people alongside me such as matua to guide. But if you can’t walk both worlds it’s going to be very, very, very difficult.* (P18)

*What’s really helped me, supported me that wisdom of people who have been in a lot more years than me. I appreciate I don’t have the full picture; they have a bit of the picture and not even with all our pictures we have the full picture but at least it’s closer as much as you can get.* (P7)

This sharing of experiences influenced organizational sustainability since team members were able to learn and apply best practices to their own work, thus improving
service delivery. This continuous improvement approach to learning was seen as a valuable way to spread and sustain change.

Giving them [team members] the opportunity to learn from one another so that where things are working well, they shift their service design or the way in which they are working to become more effective. So looking at what is best practice so there is continuous improvement in learning. Unless we do that, unless we use our services, or use our valuable resources better, we are not going to be sustainable. (P19)

Organizations that failed to realise the implications of work culture, particularly the need for teams to share similar values, and engage in on-going learning practices, often suffered from poor team cohesion, with members eventually gravitating towards looking after their self-interests, rather than working collaboratively towards improving consumer outcomes.

And so, you know that’s [organizational culture is] more difficult than it sounds, you know. That’s when Pacific teams fail, they promote themselves over what works for the family and community. (P8)

BLURRED BOUNDARIES

Participants often socialised with team members outside the workplace and were comfortable discussing their work in informal settings. They acknowledged that while this blurred their personal and professional boundaries, it resulted in stronger working relationships and had a positive impact on their work. Care was taken not to become too involved in others’ personal lives and as such, participants were comfortable speaking up when they felt that certain boundaries were about to be crossed.

At a normal human level, we need to be tight, like together as colleagues, but also like in our personal times, you know, we are very involved, not too involved but involved. We know what’s going on with each other. One of my colleagues plays piano at my church so we talk shop then and we’ll talk shop here. This is the interconnectedness...that sometimes things are blurred and sometimes, we’ve gotta sort of call our boundaries and
say, “hey, hey…”, but I think that allows the personal and professional stuff to mix and that really strengthens the work. (P7)

**STRIKING THE RIGHT BALANCE**

Organizational sustainability was influenced by team composition, and as such, the best teams were those comprising younger and older staff as this helped address the cultural considerations of age-based hierarchies when working with consumers. It also meant that participants sometimes took on more parental-type roles with consumers, something that helped in gaining their trust.

You must have a balance, it’s good to have young staff but it’s also very good to have old staff and I say that, you know because, I’ve experienced that in our work. Probably 2 or 3 staff of ours are younger, but the clients are older than them and so you hear this conversation, “don’t talk to me like that, I’m older than you”, so you know, you’ve got to look at the balance and then we have older clients who are more mature and they actually bring the other perspective, almost a parental role because some of these clients that we have probably didn’t really have you know, a good upbringing, didn’t have a good relationship with parents. You also have one whose both of the parents passed away so they look at you, and you can sense that, when they say things to you, they see you as a parent. (P10)

The gender and ethnic mix of teams were also seen as highly important when working with consumers. However, given the large range of ethnic groups represented under the term ‘Pacific,’ participants often struggled with the practicalities of employing the number of people required to cover the ethnic groups and its impact on team size, given finite resources.

*The difficulty with Pacific Island teams in terms of resources for that, you try and ethnically match as much as possible but that means that we have to have Samoan, or Polynesian, Cook Island, Tongan, Niuean, Tuvaluan, then, Tokelau… You can’t do it, then gender match as well, male and female so you know, that would create a huge team. (P8)*
Participants put a great deal of thought into who they wanted in their teams, believing that sometimes it was better to take a chance on someone who was less qualified but had the potential to build on their skill base and was passionate about the work, than employing someone who did not share the team’s cultural values and beliefs.

You know, from probably the experience of me being around for a while, a long time, it’s about giving the person a chance. Sometimes somebody who hasn’t had a job, if you give them that opportunity, you know they can actually bloom. Or you could employ somebody else who is just no good at all, so it’s a matter of being able to find that ideal or you know, person that, will have the ideal skills and also passion. (P10)

THE LEADER

DIFFERENT TYPES OF LEADERS

Leaders were integral to organizational sustainability and needed within all levels of the service, including senior management, clinical, consumer and cultural support. Clinicians often needed support from colleagues to help them take on leadership positions, something that could be accommodated within larger organizations. Participants found that based on their experience, if clinical leadership issues were addressed, this would have a positive impact on service sustainability, since all other aspects would naturally fall in line.

For good clinicians to become good leaders...these things are pretty important and I guess encouraging clinicians to think about leadership roles and quite often for these kinds of things having collegial support from someone else who’s in a similar kind of position’s important and some of those things are catered for in a bigger organization, not always. (P5)

It really takes leadership, clinical leadership with some very clever people in senior management as well and the rest sort of falls together. That’s the most successful Pacific mental health services I’ve seen. (P4)

Meanwhile consumer leaders were believed to have emerged courtesy of new policies, which recognised their importance in mental health service delivery. Often
consumer leaders had had personal experience of mental illness both as individuals and via supporting ill family members and as such, were strong advocates for improved service delivery and health outcomes. Since the development of these policies, participants believed that the time had come for new consumer leadership roles to be created to recognise the vital importance this group played in service design and delivery.

We’ve had some really good champions and some really good leaders and they’re not necessarily in leadership positions, some of them are also consumer leadership, really passionate people that have had family members who suffer from mental illness and they’ve advocated a lot. We’ve also had some good policy over the last 7, 8 years that has specifically focused and targeted on enhancing the wellbeing of Pacific mental health consumers and that has come from the advocates and the clinical leadership pushing the Government to create this policy. Now it’s come full circle and we’re part of implementing that [consumer leadership]. (P31)

I think peer support leadership, consumers in sort of working with other consumers is really important to keep us honest because we get so busy with doing our own particular thing, it can be easy to forget what it’s about, who it’s about. It’s about having that recovery focus, that you know, it’s about the consumer, it’s not about us, it’s not about building, you know having a flash building or any of that sort of stuff, it’s about making a difference in people’s lives. (P2)

Both older and younger leaders were required in organizations, given their unique mix of skills, attitudes and experiences. Participants firmly believed that on-going training for leaders was vital and needed to be somehow accommodated in light of their other personal and professional responsibilities. Older cultural leaders from the community, known as matai were often people with chiefly status and as such, commanded great respect from Pacific people. The inclusion of matai within a service was often seen as a key indicator of the relationship the service has with the community, and in many ways, matai acted as the cultural bridge between organizations and Pacific communities. By recognising the inherent leadership qualities in matai and exposing them to clinical training opportunities, services anticipated that they would be in a much stronger position to deliver services.
I like the youngies, you know ’cause they, man they’ve got a heck of energy, and you know the other aspect is the oldies. I also believe in second chance learning, you know like come in and do extra training, you know I mean it’s always difficult, you’ve got families but it’s part of the job, you know, let’s incorporate it into the job that you keep, ’cause they’ve got inherent leadership, you know they’re matai, and matai is a born leader, I mean they’ve had leadership responsibilities right through their life, so it’s kind of exposing them to mental health, you know, clinical things. (P8)

**LEADERSHIP ATTRIBUTES**

Participants believed that leaders needed specific skills and attributes to succeed in their roles. One of the most important was their ability to set a vision for the service, such that they can inspire others, set directions for staff and the service and engage with the community.

Well I’ve said it before about the leadership, I think that’s really important having people whom have a vision who make things happen. (P2)

A leader is a person who’s able to inspire people…and be able to sell that vision, to be able to communicate that vision and my own personal philosophy of being a leadership is to lead by example, lead from the back. (P15)

And if you get leaders who understand that they have to set the direction for staff and for communities and be engaging with their communities, then you know that kind of helps make things better. It helps set the direction and tone. (P30)

Additionally, leaders needed to have a strong presence at management meetings and be assertive enough to push Pacific matters to the forefront. This required Pacific leaders to put aside the more traditional ways of engagement, which revolved around showing deference to others in the room.

For us to survive within the DHB, we have to be quite strong and not be the quiet voice in those management meetings, “hey, hey Pasifika this” and it is a tough one, we try and train all our folks, ’cause they’re all in that same situation where they will be interfacing with mainstream, telling them “hey this is the way to do it” rather than “oh, ok, you’re right, yes, yep, sure, sure, oh maybe”, you know, so gone are those days. (P7)
One participant raised concern about the behaviour of certain people in leadership roles who were failing to lead by example. The responsibilities of being a leader were enormous and require a strong measure of courage, along with sound negotiation and diplomacy skills. Challenges such as the embedded medical model, which did not recognise or place much value on Pacific cultural aspects and the dominant mainstream paradigms meant that leaders needed to strongly assert themselves, and push the boundaries. An inability to do so was seen as doing disservice to the Pacific community since a weak leader essentially meant that the service, and its sustainability were at the mercy of other influences.

You see these leaders really behaving in a terrible way, you know...you’ve gotta really walk the talk and so it’s a huge responsibility to be a leader and you’ve gotta have the courage because it comes with the territory. Just the very fact that you work for Pacific Island service as a leader, you’re gonna have your work cut out for you because the system is run from a mainstream perspective in a kind of a medical mainstream kind of model. So you’re gonna have to be there to push the boundaries and if you haven’t got the courage, then you’re no good to our people and you’re no good to that service ’cause then that service just becomes a puppet. So you need to have the courage and also have the skills of negotiation and the skills of diplomacy. (P15)

Apart from balancing organizational requirements, leaders were also accountable to the Pacific community and as such, were often judged on their performance by these external stakeholders. The Pacific community tended to look at the people in leadership roles and talk about the quality of their work. Leaders needed to understand the needs of the sector, create supportive environments that enabled growth and progress for Pacific health, rather than focussing on personal gain.

Leadership within organizations is quite significant. There’s an expectation from the community that they have leaders that will do the best they can. But good leadership also means understanding the sector. (P12)
I think we also need to be wise about who we get to front these things because reality is whether we like it or not and I will say this very clearly, people are looking at who is leading the way forward or talking about what they do. (P20)

**WORKFORCE CAPACITY & CAPABILITY**

Given the challenges with Pacific health workforce development, participants found that Pacific leaders often lacked the years of experience and were still developing such skills, compared to their non-Pacific counterparts in mainstream services. Consequently, organizational sustainability could be negatively impacted while Pacific leaders gained skills, knowledge and experiences.

The leadership skills are at an earlier stage of development, so whereas in the mainstream system, you might have again, clinicians who have been working in the area for 20 years who are now team leaders, who have got 10 years’ experience of being a team leader. You won’t have that with Pacific clinicians and Pacific team leaders. There’s a lot of skills that need to be learnt, and so sometimes that means that while people are getting up to speed and while the workforce is developing those skills, things aren’t necessarily run, as they might be somewhere else. (P5)

While some parts of the mental health sector such as psychologists and community health workers had made considerable progress towards having Pacific leaders, there was a distinct lack of nurse clinicians in mid-level leadership roles. This lack of middle-level clinicians was perceived as a particular vulnerability for the sector given its implications for succession planning and balancing the workload of already-overburdened senior management. In light of this observation, I noted how all the participants in this study occupied multiple roles in the sector and while they had mentioned only a couple of key positions during the interviews, the reality was that these people, by virtue of their knowledge, skills, and experience were not only highly sought after, but in some ways, were part of the core group of senior leaders who ‘drove’ Pacific mental health services.
There are a few senior clinical leaders, for example there’s a couple of psychiatrists, some prominent psychologists and then a very strong base of community health workers and that kind of support worker but I don’t see strong middle leadership from nurse clinicians and you know, at that level and I think that’s a weakness, when you compare that to some of our other sectors who were not as well-resourced as mental health who now have a really strong core of that middle level clinicians who are driving quality. (P13)

Participants accepted that when non-Pacific candidates were sometimes appointed to leadership roles, this move could be justified on grounds of experience and qualifications. It raised concerns about the loss of opportunities for Pacific staff and how the Pacific workforce was supposed to build sufficient experience to take on these roles in the future. In light of this, one participant raised her grave concerns that while Pacific leaders were being trained and developed, the failure to either hire Pacific people for the most senior roles or consider their input meant that service needs and concerns were not being represented at that level.

You take the most competent person and that most competent person’s a Palangi, so of course, you’re going to employ them and of course, that’s not going to give any opportunity for our Pacific people to ever get up through those ranks. (P8)

I think we’re developing our leaders but you know it feels like the voice at a very, very high level is slowly being eroded for Pacific that I can see out here. That concerns me greatly. (P18)

This visible lack of Pacific leadership at clinical leadership and governance levels led participants to question how a service could be viewed as truly representing ‘Pacific’, and have the associated cultural values and beliefs embedded within its design and delivery.

I think the issue for me is services that are supposed to be for Pacific or stated to be for Pacific but don’t have Pacific leadership at the governance or sort of clinical-lead, clinical leadership area. So it [a service] is perceived to be Pacific and have Pacific ways of doing and being but I don’t know how you can say that when there is no such leadership or directing that is helping what should be done, and our policy should be managed. (P20)
To deal with some of these workplace challenges, one of the initiatives that services had implemented was to train, mentor and support their staff, particularly young graduates, such that they worked their way through the different levels of the organization and could eventually by appointed to leadership positions. This method was seen as a viable way to progress workforce development as it not only supported their staff in their career progression, but is also meant that institutional knowledge could be protected. Furthermore, staff who progressed into leaderships this way would essentially have experience of a number of different aspects of the organization, which would improve their understanding of the different aspects of service design and delivery. Participants had experienced considerable challenges trying to recruit people externally, particularly doctors and felt that the mental health sector was not a popular choice of employment for many people, and was highly likely to be considered when there were no other options. This experience gave further credence to training and promoting staff internally.

If I can use our team as an example: people come in, they become a team leader, then they become manager and then we keep feeding [them] up, giving people responsibility within the team and this is how we’re promoting leadership. We keep putting them on leadership programmes and you know, trying to enhance competence and I think you need to do that rather than think you can just set up and invite somebody to do the job, because in fact, it doesn’t happen. The mental health sector’s not the sector…doctors don’t wanna work in it, you know, for people, it’s a last choice really. So we have to build it from within and for me, it’s kind of employing young graduates now, you know and mentoring them into those positions of leadership and yeah, they accumulate the clinical knowledge as time goes on. (P8)

THE ORGANIZATIONAL CLIMATE

CULTURAL & STRUCTURAL ALIGNMENT

Participants were asked how current organizational policies and processes operated and how this influenced sustainability. Participants predominantly reported on the
detrimental effects of how the organizational aspects were configured, given its negative impact on their work. One of the key challenges was the poor alignment between the organizational cultural values and those of the staff and by extension, the community. This clash of cultures was not limited to Pacific services, as it had also been experienced by Māori organizations.

*I think one of the challenges for services and I’m also considering the Māori service that I’m involved with, is that their cultural protocols can clash with DHB expectations. (P2)*

Participants felt that they constantly struggled to convince management why they operated in certain ways and thus, justify their actions, which were grounded in Pacific cultural protocols. The failure of management to understand these reasons meant that organizational systems remained hostile to flexible approaches to service delivery.

*It’s constantly a struggle to get management to appreciate I suppose, the cultural implications of providing services. We’re constantly having to justify why we do the things we do, the way we do that. If they don’t agree with the way things are being done, we’re not allowed to do things our way. (P26)*

Similarly, while participants recognised the need for an organization to have policies, these needed to reflect the needs of the Pacific consumers for who the services were set up in the first place. By failing to understand the importance of the Pacific context, and thus revise the organizational policies, the service technically termed ‘Pacific’ essentially remained more akin to mainstream.

*I think it’s important to have policies but it’s also important to have policies and procedures that are appropriate in the Pacific context because that’s the thing that defines the Pacific services differently from a mainstream service. (P15)*

Pacific services that operated under the DHB umbrella were tightly bound to DHB policies, procedures, systems and processes. While participants made efforts to introduce
Pacific perspectives and ways of operating into service delivery, they constantly ran into challenges and felt that despite being Pacific in name and having Pacific staff, their services were not Pacific-centred. As such, they were seen as a mainstream organization providing mental health services for a Pacific community.

Well it’s a mainstream model here, we’re a DHB service so really we’re constrained by the policies and legislations of a DHB so we’re a clinical service, just like other services, we have the same restraints, the same requirements as a mainstream. So what we’re trying to do is introduce some of the cultural perspectives into that clinical perspective, but it’s not a Pacific, for Pacific service, it’s a DHB service, so we still report to clinical directors. And the Boards and we have to work here by all of the policies…. you know, it’s like having a white service here providing to a brown population. (P8)

On one hand, while the organizational policies and procedures were highly inflexible, their systems still lagged robustness, which made it difficult to manage financial and staff resources. This lack of strong management structures was highlighted as particular challenge for medium-sized organizations. Therefore, while their growth, thanks to dedicated funding, had been a cause for celebration, the lack of robust systems left them vulnerable.

If you have a look over the years, some of our providers have grown into medium sized businesses pretty quickly, you can’t manage that level of dollars and personnel without very appropriate systems and I think if I was to say there was a weakness in mental health providers is I think that they have not stepped up to the mark as well in providing that really good organizational management. (P13)

Participants strongly believed that as part of the organizational system configuration, the business models being used by services needed addressing. This redesign needed to be conducted alongside an understanding of the organization’s strategic direction, both of which could only be achieved successfully if community feedback was sought and incorporated into the revised models. The analogy used to describe the dangers of the
The organizational system as it was currently configured was that of services paddling a canoe in the dead of night, without any stars to guide them. This increased the risk of unsustainability as services attempted to navigate the challenges of providing good services while being largely directionless and by extension, becoming a risk to the very people they were trying to help.

I think the business model needs to change and the direction, the strategic direction needs to be re-thought and you know we’ve got to go back and validate with our communities what we’re trying to, or trying to do. I can’t help but harp on about that because it’s like, you know, if you’re in a canoe at night and you’re paddling and there’s no stars to guide you, you’re directionless. That’s how, that’s where I think our providers are at. That’s the best analogy I can use to describe where I think our providers at we’re going in different directions and I think that’s potentially risky for Pacific people. (P14)

Others elaborated on the detrimental effects of organizational system configurations on consumers. The current system’s reliance on the medical model created a dependency amongst consumers, which was a far cry from the recovery-oriented approach, which for Pacific people meant the ability to function well and contribute to their families and communities despite the presence of mental illness. Consequently, consumers felt trapped in a cycle of forever being part of the mental health system. Participants believed that the process of initiating and carrying out change were particularly hampered within the large organizational structures, and would require a radical shift in thinking along with significant resources.

The key is being responsive to the client and not forcing the client to fit into the timeframes of the system and all that. In this system, we are a long way from being consumer focused. (P1)

Well, what happens is, they just stay in the mental health system because recovery never ends. It’s forever. (P16)

The clients keep coming back, they’re part of the system and you know that’s the model, the medical model. You are forever on the books and because it’s a diagnosis, you keep
coming back and you get your top-up. I think that’s why it’s very hard to change within big organizations, very hard to make a difference or be innovative, you know. You spend huge energy, trying to do something differently, you’re going against the time, it would take a lot of courage plus a huge amount of resource to do it differently. (P17)

PLACE WITHIN THE SYSTEM

Participants thought that some organizations had better access to more robust systems than others. Services operating under DHBs were seen as ones most likely to have such systems in place, which improved their chances of success. Community based organizations, however, were believed to be more agile when it came to responding to consumer needs, given their small size, greater interaction with consumers and lack of rigid bureaucratic structures.

I think it is evident that to some of the providers who have been located in DHBs and have had good access to that kind of management infrastructure have survived and are doing quite well. (P13)

Community based organizations, they are a lot more flexible, more responsive to needs, they can move a lot quicker, there’s not so much, I mean there are ways of doing things, there are processes and protocols but they’re much more responsive I think to grass roots needs. They can pick up and run with something, they can be more immediate in terms of their processes and they’re just closer to what’s going on in the community and you know, you can work more effectively across teams, you can work in a more integrated and holistic way. (P17)

SYSTEM POTENTIAL

Despite the tensions and challenges with organizational systems and procedures, one participant acknowledged that some aspects were useful in understanding funding and accountability processes of a business. Organizational systems helped provide an overall map of how different parts fitted with the bigger picture, and could be used as a way for services to continuously learn, review and adapt their processes.
Sometimes bureaucracy is seen as a negative thing but that also helps us to understand that process, how we fund it and the pathways of accountability and meeting those requirements but also having a sense of I s’pose...yes, a strong sense of vision for like, “where do you wanna take the services to.” This way it’s about being ever relevant and ever questioning what we do and be ever reviewing. (P7)

EXTERNAL CONTEXT

OVERVIEW OF FINDINGS

The second part of the collective story continued with participants being asked what elements from outside the services influenced organizational sustainability. Their responses were categorised as two distinct, but related themes – Political, and Financial. Operating within the external context, services believed that they needed a sound understanding of the political dimensions, which extended to being aware of developments occurring other sectors outside mental health. Even though the impact of political decisions was widespread, the place of a service within the greater health system governed the intensity of these effects. The impact of the current government’s instance on reforming the sector was of significant concern, given its pervasive effects across all levels of organizations and service delivery. Participants talked at length about the ways they managed the impact of these politics on organizational sustainability by prioritising, manoeuvring and networking within the sector.

The second theme, i.e. Financial, focussed on the perceived bleak realities of limited funding and how it adversely impacted on staff morale, job security and service delivery. Although its detrimental effects were felt throughout organizations and in the community, participants reflected how staff in senior leadership and management positions felt this
burden more acutely given their responsibilities towards their employees in providing a stable work environment. The current configuration of the funding model and the lack of transparency during the contracting process was of particular concern, as was the behaviour of certain funders. In light of these challenges, participants sought to ‘work smarter’ within the parameters of available funding, while being mindful of their role in improving health outcomes in the community.

The original figure illustrating these key findings has been reproduced below highlighting the external context to help link specific results to the different components.

Figure 26: Overview of the key themes comprising the external context
POLITICAL

UNDERSTANDING THE POLITICS

When participants were asked to elaborate on the political aspects, they strongly asserted that government politics, i.e. at national level strongly influenced the organizational sustainability of the Pacific mental health sector. As such, a sound understanding of politics, including the ideologies of different political groupings was necessary for service sustainability.

"You need to understand the climate, the political climate of the day, of the country. I mean what you could do with the Labour Government is different from what you could do with the National Government, that’s just reality of politics every day." (P20)

The ability to extrapolate the likelihood of change based on what other sectors were experiencing was just as important. One participant gave an example of the government’s proposal to cut jobs in the public service sector and how he used this information to realize that such reforms were also likely for Pacific mental health services.

"When you don’t have the understanding of knowing what happens in the big picture, and also how government works, you’ve got to listen to what’s going on in Government and Parliament and if you hear things going on, like, you know just last week I think [the Honourable Mr] English was saying that there’s gonna be cuts, more cuts in public servants so if that’s gonna happen, they’re gonna cut our funding as well." (P10)

PERCEIVED IMPACT OF CURRENT GOVERNMENT POLICIES

Some participants raised a number of concerns regarding the current government and its impact on services, firmly believing that if another political party were in power, the degree of fiscal constraint on services and pressures to reconfigure would be significantly less. By being asked to return a portion of the funding and not receiving additional ‘top-ups,’ services struggled to provide services at the same level as they had previously.
If there’s a different Government, they might prioritise and do different things because this Government’s telling Health, “give back the money”. You know, give back this proportion of money every year so they are not giving us anymore and they’ve said it, we’re not getting any more and that has a ripple effect on lots of things. (P16)

One participant explained how the introduction of a new government policy for primary health - Better, Sooner, More Convenient Health Care in the Community – impacted on the number of hospital beds they had purchased. Following the implementation of the policy direction, services were expected to reduce the number of patients receiving care in hospitals, shifting the focus to more community-based services, in the form of family support networks.

We are going through a change at the moment so, there was a need to rethink how we deliver Mental Health services across the board. Better service, more convenient was a driver by the current Government to look at more efficiency so we had a set number of beds that we purchased. We were expected to reduce that number of beds with a view to being more pro-active in the area of community response and rehabilitation back into familial networks and family, for example family networks for patients who were able to move into that sector. (P14)

Another lamented that the political influences were so significant that the people elected to parliament had a direct impact on service sustainability. Her extensive experiences in the sector had been such that she held a dim view of elected officials, accusing many of them of being selfish and unconcerned with how mental health services fared.

I think the future of [services] is in the hands of the gods, and the gods that get elected in every three years, and I will be very rude if I tell you what I am thinking now because I have got a term called ‘belly-casing’, when people are only in things for their own good and I may be wrong but I think it would be fairly high percentage for a lot of them. (P21)
PRIORITISING, MANOEUVRING & NETWORKING

Participants were clear that they needed to work with the parameters set by the political influences. They understood that in fiscally challenging times, the funding priorities would be different, with some areas of the sector better resourced than others. Organizational sustainability depended on working more effectively within the current resources. Furthermore, they acknowledged that within the context of the ever-changing political landscape, services also needed to adapt, creating and applying new innovations in order to be sustainable.

We have got a very clear message from the government that times are tough, we have to do better with what we have got. In some areas there may need to be additional resource to support new initiatives or collaborative initiatives because the planning and coordination takes additional time and the message that we are getting loud and clear is that it has to be prioritised from within existing budgets. So again we have to look at what are the things that we are doing that we can afford not to do. How do we use our resources better and, and I think there is plenty of resource out there we just have to use it more effectively, we have to prioritise more carefully. (P19)

Governments always change; changed Governments will change the policies. I believe there is a way of manoeuvring, that’s probably the wrong word, of aligning the way your services with the current Government but you need to be open to that, you know and a lot of our services are like, “no, this is how we do it, this is how.” Well you’ve done that for the last 20 years, it ain’t gonna work, you know, the world’s moved on. (P31)

Networking contributed significantly to the organizational sustainability of the sector and helped mitigate the damaging influences of political pressures. Participants were convinced that developing and maintaining connections outside the sector, particularly with allied health and social services helped them offer a better, stronger and more holistic service to consumers.

Being involved in what’s going on as well, mental health should not stay, you know just because of what we do, we really should not be involved, it doesn’t mean that you know, shouldn’t be involved, like I said involved in housing, involved in primary health, I’m involved in other things as well. (P10)
To me, I think what’s required is that sometimes people need to be more aware of what’s out in the sector. They need to keep themselves up to speed with what’s happening out there. Because if they don’t, they fail to see some of the initiatives that are happening that they’ve had similar ideas about, but didn’t know how to kick off. And so they’ve been just gestating there, I s’pose is a better word. And nothing ever gets done. But when they read that somebody else has done it, it’s only a ‘phone call away that can start the whole process. (P12)

Such connections were highly useful in providing opportunities for collaboration, and if taken in combination with a sound understanding of the political influences, they had the potential to create leverages for more sustainable services.

We just need to create the bridges and the strong linkages to those people and we all need to understand the politics, everything is political, we need to understand them, the Pacific politics, we need to understand the local politics, the workplace politics and then of course, the national politics, you’ve gotta know the political and being able to be smart about how we leverage things ’cause we’ll never get the funding, we just need to use our funding wisely and use those leverages rather than trying to do it for ourselves. (P15)

Financial

Bleak Realities

When participants were asked to elaborate on the financial aspects, they raised significant concerns about the tight fiscal constraints and its impact on service sustainability. Participants found that the limited and sometimes zero funding environments made it considerably difficult to address Pacific mental health issues. Furthermore, the idea to reallocating funding had been incredibly difficult to execute. Consequently, the development and rollout of new initiatives were highly unlikely.

It is very difficult to address Pacific within the present budget and not just Pacific ’cause we endlessly have processes of value for money review and the ultimate plan is to improve responsiveness but it’s cost neutral, there is no new funding, in fact there is reducing funding, and that is not real, it is hardly happening, we have hardly been able to shift money from some service that’s not needed and reinvest it in somewhere else, but I have not seen that happen at all. (P1)
We’re in a zero funding environment you know, so certainly anything that requires any money won’t fly. (P26)

DHB funders were seen as highly unsympathetic to these issues, as it was believed that this group was more concerned with demonstrating savings rather than supporting services to improve consumer outcomes.

If I can be brutally frank, I think it doesn’t matter to funders, as long as they feel like they’re saving funds, it’s all they’re interested in. And I’ve seen it time and time again. (P12)

Participants reflected on how the tight funding environment impacted on the services. They expressed the fears and uncertainty felt by staff as well as the temporary relief from being awarded an extension in funding.

We had to survive around here. Well I mean people are struggling to stay afloat and we certainly went through a period of a scary time just negotiating our current existence. But we were fortunate to get some funding up until June next year and I’ve also just received a request to meet with our funders again because they’re already wanting to start negotiating the contract for 2012 and 2013 and I thought all ready. But it’s good; it means that to me, it kind of signals that we will still be in the picture you know. (P11)

Those in senior management positions were the most stressed, given their responsibilities towards ensuring staff wellbeing and maintaining morale. They explained how they actively pursued different funding options to ensure service sustainability, all the while feeling that there was always a possibility that they had missed an opportunity given the lack of transparency around funding and contracting. Despite these stresses, participants felt strongly about their obligation to consumers and strove to be accountable to the community.
You know it isn’t just the programme, it is your livelihood, it is the careers, it is the staff’s livelihood. You are under that stress every time for the timeframe that the funding lasts for. We have been under the strain since twelve months ago and yet it is just starting to impinge on the team now. They only notice it now but I have been aware of it for a year now. Yeah so, it is impinging on them now. And I have looked, you look at GETS (Government Electronic Tenders Service) every day and see, because they tell us they are going to review that programme and it is going to have a different form, but it hasn’t had a different form. I watch GETS every day, every night and open it even if I am not in New Zealand, open it and have a look, oh you just want to have something else. Every day is something else; it is quite possible they have offered the contract quietly to somebody else. (P21)

**MODEL & PROCESS CHALLENGES**

Participants stated that the present funding model setup prevented them for working collaboratively across the sector. This lack of flexibility created further barriers and fragmented an already siloed sector. The failure of funders to understand Pacific mental health service delivery meant that contract specifications were often unrealistic, which further hampered funding success. Participants often found themselves explaining these concerns to funders, though there was some doubt as to whether they were listened to.

I think also the downfall to that is again, how we’re funded, how the contracts that divide us from, you know working in collaborative relation, having collaborative relationships and things like that because I think that’s the key too, if there was more flexibility around that. (P16)

The future of our service is very dependent on bureaucrats and those gods who have a bad dream and write up criteria for funding applications so I say it to them when I see them, “hi, did somebody have a bad dream? The criteria (in the contract) doesn’t cut the ground where I live, it is really talking about people who don’t need money, the criteria is so unrealistic so when I come to their level to advise or something, I tell it to them. (P21)

Issues with funders also extended to the funding processes. The inability to secure funding was seen to reflect poorly on the overall Pacific sector, as it was believed that people were likely to stereotype Pacific services as constantly being in trouble, and by default, unsuccessful.
I don’t know if you’ve heard but sometimes in the past, people have said why always, do these things always happen to Pacific, you know and if it’s not Pacific people, then it’s Pacific services and I think where those things come from has been an unfairness around funding or an unfairness around processes, compliance processes by funders. (P11)

Participants felt hard done by funders, believing that a lack of shared values and beliefs between the two parties was to blame. Having a funder of Pacific ethnicity, however, was not seen as a positive experience for some, if anything participants felt almost betrayed by one of their own. One participant reflected on his recent experiences to seek a merger with another Pacific organization in the hopes of building a stronger and more cohesive organization that would be resilient to the negative effects of reform. In this instance, being based under the DHB umbrella was not advantageous since the request for additional funding to help with this merger were not only denied by a senior Pacific manager, but the expectation was that it would be somehow funded by the service when they didn’t have any surplus funds.

I think there’s some crooks out there as well and I use that as an example because it would have an influence on the way we deliver our service so it was declined here for funding meaning we don’t have anyone to bring into for us to merge with another organization so what other way is there to do it? Or we have to do that work ourselves, and the DHB was also approached to support and the response back from that was, “have you got any surplus funding that you can use?” DHB’s got precious as well, and this is from a Pacific person, you know. (P10)

Outside the services, funders and policy makers chose to focus on the sector’s lack of good business skills as one of the main reasons for their financial woes. One participant stressed the need for organizations to have suitably qualified people and appropriate processes in place to ensure service sustainability, rather than feeling sorry for themselves when things weren’t working well. They balanced these comments by reflecting on the
responsibilities of Ministerial bodies, which are often the key funding providers. Ministries needed to have a realistic view of the costs associated with service delivery and as such, provide adequate amounts of funding so that organizations could carry out their work without having to constantly feel the pinch of financial constraints.

I think you have to have really good business sense and so if you can’t do that, if you don’t have that good business sense then certainly beg or borrow or do whatever you can to get alongside people who do have that expertise. And that would contribute a long way to seeing that service stay around. It sort of puts a little bit of a victim sort of blaming mentality on services. Having said that Ministry also needs to recognise that these things, that they [services] need to be funded adequately so we can’t put all the expectations on the provider to do all of that without saying, “hey Ministry, you need to be well aware of the cost for all of this for the funding.” (P20)

Another participant stated that this financial ‘know-how’ was more important than other aspects of the service, such as having the best staff or teams for service delivery. This argument was in light of the fact that without any guarantees of steady income streams and the ability to manage these finances, the quality of staff mattered very little since the service would not be able to financially sustain itself. Services that had failed to manage their finances then ended up in the news accused of mis-managing funds or collapsed.

I think it comes down to how appropriately do Pacific Services manage their finances. You know, that’s what it comes down to. Yes, they might have the best cultural workers there but if they’re not managing their finances or their funds that are coming into the service, they usually, those kind of services are usually in the media or they are closed down because the money is used inappropriately. (P23)

WORKING SMARTER

Participants within the sector accepted that they needed to identify, develop and rollout new innovations to ensure service sustainability, even though the fiscal constraints
made it difficult to identify news ways of doing things. Being accountable for how these taxpayer dollars were used was a high priority.

You know, there’s no money, there is no money, anywhere. So it’s kind of like how do we get innovative and creative with what we do. (P30)

I really appreciate the need to thrive in difficult times and I think we actually have a responsibility to the taxpayer so you need to be really mindful about how you utilise funds. I don’t see any new money coming our way of course. There’s been no new money. We’re going to have to make do with what we’ve got so that’s about the whole thing around working smarter not harder. (P18)

Past experiences of ring-fenced funding were viewed as having created a level of dependency in the sector, such that the current fiscal constraints tested this complacency. The current economic climate provided an opportunity to do things more creatively, assess the situation and identify ways of reconfiguring services.

I think one of the things that, I think resources are interesting in that I think we’ve been a little bit spoilt with resources over recent times and we’re now starting to have to live a little bit more frugally…I think there’s ways of doing it, I mean it’s just being a bit smarter about how you share the resources. (P2)

There are always resource implications at any service but I think there are ways to do things smarter and I think it is just a way of reconfiguring how things are done. (P20)

One participant who had been in the sector for over a decade was somewhat more optimistic about funding constraints, and chose to look beyond these issues, focussing instead on the needs of the community and using this feedback to evaluate success. The goal, in his mind was to deliver services to the community and their satisfaction was what counted the most. Using a five-to-ten year time period within which to deliver services and improve health outcomes, this participant was comfortable leaving the organization to pursue other goals. His departure, however, would be planned such that another successor would be in place to continue the work and vision.
I don’t see funding as being an issue. It’s only another obstacle to overcome. But it’s not an issue that should stop me from dreaming about where I want us to be. And it’s not about just delivering clinical work. It’s delivering the service to the community that the community says, we need, you provide it and we’re happy with it. You know, and that probably will be the ultimate for me, and probably if I’m able to achieve that in the next five, ten years then I’ll quite happily walk away, knowing that that’s in place. And then hope that someone else and I’m thinking, well, I shouldn’t say hope, but knowing that I’ve put someone else in place that will carry on that sort of vision. (P12)

OVER-ARCHING FACTORS

OVERVIEW OF FINDINGS

In the third part of this collective story, three over-arching contextual factors were identified during the data analysis process. Unlike other questions such as those relevant to the internal and external context, I had not deliberately formulated a question about the over-arching influences. Instead, these emerged as a key area in its own right during the data analysis process. As such, this area comprised three themes – Culture, Hierarchies, and Organizational stigma. Their influences on sustainability occurred all levels and contexts.

Participants were asked to explain how the concept of Pacific culture influenced organizational sustainability, given how frequently this term was mentioned in all the interviews. Using the term ‘culture’ as a theme, four sub-themes were developed – personal worldview; the Pacific worldview; doing things the Pacific way and cultural competency. The need to understand one’s personal worldview was echoed by both Pacific and non-Pacific participants. Non-Pacific participants focussed on how this understanding impacted on consumer engagement and ultimately, service delivery. Pacific participants chose to reflect on their historical roots and how views on the importance of Pacific languages have changed over the years, and the impact this has on their current roles.
Understanding the Pacific worldview of consumers was acknowledged as important even if it did not necessarily match with that of the individuals engaging with them. Mainstream services were thought to struggle in understanding these differences, and consequently had a harder time trying to provide culturally appropriate services. Doing things the ‘Pacific way’ extended from the way consumers were greeted, where the meetings occurred to how long the sessions were, as each aspect influenced consumer satisfaction and the likelihood of them staying engaged with services. Finally, the best way for people to become more culturally competent was to immerse themselves into the culture, rather than relying on ad hoc training courses. Knowledge of Pacific customs and protocols were deemed more important than being fluent in ethnic languages.

The theme of ‘Hierarchies’ emerged after participants were asked to elaborate on how they viewed the interactions between different groups both within and outside the organizations. Two key hierarchies were identified: one relevant to the internal service context, the other pertaining to the relationship between organizations and funding bodies.

Within the internal context, tensions arose between clinicians and cultural workers following misunderstandings about the value of each other’s roles, exacerbated by language barriers. Similar tensions were reported between how services perceived the attitudes of funders and planners, who were responsible for allocating funding. Funders and planners were believed to make funding decisions without consulting organizations or consumers and by virtue of their role, were more powerful than services.
The final theme, ‘Organizational stigma’ emerged after participants were asked to elaborate on how they thought external stakeholders such as funders, policy makers and the community perceived their services. Services with a poor history of performance and/or engagement felt stigmatised by other stakeholders, who appeared to continue their mistrust of the organizations, even after staff turnover and improvements in service delivery. This not only damaged the reputation and credibility of these services, but also negatively impacted on organizational sustainability.

In the sections below, the theme ‘Culture’ is presented first, followed by ‘Hierarchies.’ The theme of ‘Organizational stigma’ is presented is last. The original figure illustrating these key findings has been reproduced below highlighting the over-arching factors below to help link specific results to the different components.
Figure 27: Overview of the key themes comprising the over-arching factors

CULTURE

PERSONAL WORLDVIEW

The need to understand one’s personal worldview was echoed by both Pacific and non-Pacific participants. Participants stressed the need to first have a sound understanding of one’s own cultural worldview before attempting to become competent in another culture. A non-Pacific participant explained how she examined her own cultural lens before giving great consideration to understanding how this translated to culturally responsive Pacific mental health services. Only by understanding the different cultural paradigms and the needs of consumers could organizations improve service delivery and their sustainability.

One of the things that we have spent a lot of the time thinking about is, and particularly for Pacific people, what does culturally sensitive services actually mean and a lot of
people don’t actually understand that the first thing you have got to do is understand your own lens you know, what your overlay is in terms of the culture that you bring, and how it might be different to the people that you are actually providing support to and understanding what their culture is about is the next step. So understanding yourself is one thing, understanding what the different paradigms are that the people that you are dealing with bring and the more knowledge you have about that, the more appropriately you can respect them and respond to them in the way you provide services. (P19)

Participants also reflected on their individual journeys, highlighting how despite being born into Pacific cultures, they also had to improve their own cultural competency to help fulfil the roles into which they had been appointed. Past migrations that brought Pacific families to New Zealand was used as an example to illustrate how Pacific communities’ views on issues such as language had changed; earlier generations had deliberately chosen not to teach their children their ethnic language in the belief that English was more important. Consequently, many Pacific adults currently in the workforce lacked fluency in Pacific languages. One participant explained that as an adult, having realised the importance of the Samoan language, she was now at a stage of rectifying this omission.

What was the original intent of migration by our parents here? What was their intention? You know, there was the sort of the remittances that went back to the Pacific, you know, obviously the strong catalyst to bring Pacific people here. But I know that when my parents raised me, it was all about education and to the point that they didn’t want any barriers and they didn’t teach us the Samoan language. And now, [with’ me being in this role, I actually need that skill. And I am old enough to seek that myself. (P14)

THE PACIFIC WORLDVIEW

In order to deliver successful services, it was important to understand the cultural lens through which Pacific people viewed the world, even if this didn’t directly match one’s own view.

Pasifika bring their value on things, you know God and the sense of kind of their understanding of the world and I s’pose that comes to their view of the world, that’s
quite important to be able to understand the view, what the client brings or consumer, doesn’t always match [with yours] but it does help in regards to have an understanding. (P7)

Participants found that mainstream services often struggled to understand this, particularly clinicians who lacked cultural knowledge. Consequently, aspects of cultural protocols, such as saying a prayer before consultation, which were viewed as basic skills by Pacific people, were often ignored.

Most clinicians in the mainstream services won’t feel that confident about how to approach things with the Pacific families and they won’t have, I guess knowledge that would allow them to do a few Pacific friendly things at the beginning, for example, most CAMHS clinicians wouldn’t feel confident to say a prayer and probably might not offer that to the family and that’s a really simple thing that you can do. (P5)

The importance of family dynamics and cultural beliefs further impacted on service delivery. The traditional view of mental illness being a result of spiritual possession was still prevalent in Pacific families, and although services could do little to directly influence such notions, participants believed that would be much better if services were aware of these perspectives rather than taking steps to actively dispute these beliefs.

It’s just understanding those [cultural] nuances that a mainstream service, I think tries, but struggles to provide, so it’s the understanding of the importance of the family that when you’re treating someone, understanding of the dynamics within their family is really important, understanding the culture and the culture beliefs that this person comes from, you know the one that’s often bolted is that mental illness may be seen by some parts of their family as you know, possessed by the devil or things like that, and it’s not that you need to treat that, but just being aware and dealing with it. (P9)
Participants explained how, when interacting with consumers, they followed Pacific cultural protocols. This required a good working knowledge of different customs as each ethnic group was distinct in the way they operated. One participant used the example of how his team interacted with a Samoan family, taking great care during the introductions and the way senior cultural leaders such as matai were addressed. This level of care of was not only necessary given the shared cultural values and beliefs between the services and the community, but it was also required to ensure consumers and their families felt well supported by the service, and kept future appointments.

*Right from the beginning, we use our Samoan protocol if it’s a Samoan family, then you know we use that, how they come in, we do the introduction of the protocol and actually do it properly. If they’re Matai, we need to address them the proper way so we make sure that we’ll say the right thing and just make them feel at ease.* (P10)

First meetings with consumers and their families were so crucial for building rapport, that they were often conducted at the homes of consumers, which changed the power dynamics and helped services assess the wider context within which consumer operated. Home visits had the added advantage of recognising the socio-economic constraints facing many Pacific families and as such, could be used as a way of eliminating potential barriers to consumers accessing services.

*Sometimes, we get a referral and this case manager might meet with the family first at home and if we can’t get through to them with a telephone call, we might go and knock on the door, whereas in the mainstream services, it would be expected that the family would come into the clinic for the first session. I mean we would potentially do that later on but it might be that the first meeting might be at home and there’s rapport building and then working on what’s gonna work best for the family and then when we discover that they don’t have a car, we realise that they won’t get into the clinic so let’s just meet at home.* (P5)

The length of the appointment also needed to be taken into consideration, as Pacific people preferred to spend a significantly longer time during the sessions dialoguing about
issues. Consideration also needed to be given to consumers visiting the service; it was highly likely that they had taken time off work to attend the appointment and had an expectation that the session would last long enough for them to connect culturally. Participants also found these longer sessions more effective at identifying the key issues and getting a more holistic picture. Failure to provide sufficient time and space for dialogue often resulted in consumers disengaging from the service, which became an issue for organizational sustainability, given the time demands placed on the service could not be accommodated within the current processes.

Often how you meet people and greet them shows how responsive you’re being, how much time you set aside, if you have a 50 minute session and that’s your assessment, sometimes Pacific families will be put off by that because they might’ve taken some time off work to come and then it’s all over and they just need to come straight back the next week for the same time, whereas if you set aside a 2 hour slot for that first appointment, there’s enough time to do the cultural connecting and then it’s like suddenly the space for talking and the talking can happen and you can get a whole lot of understanding from that conversation that if you cut things off and then try to recover the next time, you might miss out ‘cause they might not turn up. (P24)

**CULTURAL COMPETENCY**

Participants believed that Pacific culture could not be learnt via attending a course. It instead required full immersion through connecting with Pacific communities and having access to people who could provide the relevant guidance and mentoring.

The best way to learn culture is to live in it with ability to debrief constantly with other people who can help answer questions that are generated through your interaction with the other person, that’s on going learning, it’s not about going on a course, culture is too complex to learn in a course. (P1)

Others acknowledged that while cultural knowledge was vital, proficiency in Pacific languages was less so. What mattered most was the ability to empathise and to treat
consumers with the dignity and care that stemmed from Pacific values and beliefs. One participant shared the example of the diversity in his team’s composition; having people from different age groups and generations, as well as those born in New Zealand versus the Pacific islands meant that while everyone had some level of cultural proficiency, this did not translate to being fluent in Pacific languages. As such, a greater appreciation for Pacific worldviews was seen as more useful than speaking the language without giving any consideration to the cultural context.

You need, well you absolutely need to have the Pacific cultural knowledge, like customs and protocols. Language is helpful but in our team we have got a mix of New Zealand born, Island born, and so we don’t all have the language but it is that Pacific heart, you know what I mean. (P25)

HIERARCHY

Participants were asked to elaborate on how they viewed the interactions between different groups both within and outside the organizations. An analysis of the data revealed the presence of two key hierarchies, one relevant to the internal service context, the other pertaining to the relationship between organizations and funding bodies. Participants explained that within services, although people generally worked well together, largely sharing Pacific cultural values and beliefs, there was an underlying current of unease when others’ roles were perceived to be of less importance. Such was the impact of these tensions that at times, it threatened to tear the very fabric of the service, and as such, was one of the biggest hurdles facing the sector.

I think there’s a strength of common Pacific identity that’s keeping people together because my gosh, it is exactly the same issues in every other service that’s trying to work collaboratively without any language or cultural differences. It’s professional differences and perspectives and hierarchy is one of the biggest challenges to the sector. (P2)
INTERNAL CONTEXT: CLINICIANS VERSUS CULTURAL WORKERS

Within services, this ‘power play’ was most pronounced between clinicians and cultural workers. Consumers using Pacific mental health services, not only had access to clinicians, but also had a cultural worker assigned to their case, which in many cases they expected as the norm. The role of the cultural worker was to carry out cultural assessments, which took into account the service users’ cultural worldviews, and language needs. Using this information, the cultural worker then liaised with the clinical team, often acting as a vital link between the two parties, interpreting the findings as well as providing cultural advice to clinicians for the engagement process.

When the client went to see a clinician, a psychiatrist or a psychologist or what have you and they would have a cultural worker be present, they would ask for a cultural worker to be present and what that cultural worker needed was some kind of tool by which they would give their assessment which was a cultural assessment based on presentation that was being held here. (P6)

Tensions arose when there was a lack of understanding and respect between clinicians and cultural workers. Clinicians often struggled to understand the level of importance ascribed to cultural workers, who were highly regarded in the Pacific community given their matai/chiefly status. Cultural workers often found it difficult to adequately explain and justify traditional Pacific protocols in English. Furthermore, their ways of engaging with consumers and families were often at odds with organizations’ rigid and more Western mode of operations, which sometimes led to clashes with clinicians and senior management.
As one participant explained, these tensions were largely due to professional differences as opposed to an ethnic split, given some Pacific clinical staff also felt this way about cultural workers. The failure to adequately explain the cultural and spiritual dimensions caused much frustration to clinical staff. Cultural workers also found these interactions difficult as it made them question their abilities to communicate and carry out their core tasks. This disconnect in understanding gradually resulted in cultural workers being perceived as of less value than clinical staff.

The participant, given her Tongan background and proficiency in the language, went on to explain that her conversations with cultural workers revealed the subtle, yet complex dynamics of consumer views and experiences which had been observed by these employees and as such, could have a significant impact on how consumers interacted with clinicians, adhered to therapies and stayed engaged with services. However, once the ‘usefulness’ and credibility of cultural workers had been questioned, clinical teams of both Pacific and non-Pacific ethnicities tended to make life difficult for cultural workers, often by citing official organizational policies to tightly control what these employees could and could not do.

It is an on-going challenge and there was a split between the cultural workers and the clinical and it wasn’t a racial split, it was a professional because the nurses and all that were also Pacific. Some of the cultural workers are not that proficient in English and not proficient enough to allow them to convey quite subtle observations that they are making of a person in a context of cultural nuances like to convey that as part of their assessment so that a medical non-Pacific person who doesn’t speak the lingo and all that, from some other culture, well, they were not actually quite connecting. You are not heard but then you are not doing a really good job of actually making any other human being on the planet understand what you are trying to say. And if somebody has an attitude that these cultural workers have no work or are not adding any value, the cultural connection provides lots of evidence against that view, like if I talk in Tongan to the cultural workers, their insights (on consumers) are fantastic…So when non-Pacific clinicians, Pacific nurses, and Pacific doctors who agree more with the mainstream perspective, use policy against the cultural worker’s view. (P1)
EXTERNAL CONTEXT: SERVICES VERSUS FUNDERS

Outside services, this ‘power play’ was observed in the way funders and planners engaged with organizations. The majority of participants believed that this group made funding decisions without consulting organizations or consumers and by virtue of their role, were more powerful than services. One participant was adamant that funders and planners needed to move outside the confines of their offices and spend time in the community and in services to have an open dialogue about sector and consumer needs, rather than guessing what was required and using these assumptions to then allocate funding.

When Ministry of Health and funders and planners are thinking about services, they should be talking to providers, and consumers and [their] families and thinking, you know, “what, would you like, tell me?” That conversation needs to happen. Not funders and planners sitting in their office thinking, “I think this is what they need.” Instead, they need to actually go and talk to people. And they [funders] hold so much power than providers. (P16)

Another participant raised her concerns about the level of training and experience some funders and planners had had, and how this impacted on the decisions they made. These decisions were of considerable importance given their power to directly influence the amount of funding services received and by extension, the type and level of service that could be provided. With this level of power and responsibility, she found it disturbing to observe the number of funders and planners who were quite junior in their roles, and as such, lacked the vital experienced necessary to make these decisions. She explained that this trait was a particular characteristic of DHB based funder and planners. The participant attributed this to the DHB organizational culture, where funding and planning units were perceived as a type of training ground in which junior staff could spend a little time before moving to more senior positions within the organization. This career development
opportunity, while in favour of junior funders and planners did little to appropriately fund and support services, or seriously take into account the true needs of consumers.

*I think one of the things that really concerns me is some of the key decision makers in determining what services will be on the ground and what is going to be funded are the funders and planners. They hold the power but quite often they are very junior in their roles. Sometimes you find a DHB will have people that are in the role for a long period of time, they have relative stability and they are the DHBs that seem to make the most progress but a lot of DHBs they treat it as sort of like the ground that you cut your teeth on. So if you are any good as a funder and planner, you get moved out really quickly. So they never really really get to grips with the complexity of what mental health and addictions services are about, let alone what they are about for consumers that they have absolutely no experience or understanding of. (P19)*

**ORGANIZATIONAL STIGMA**

Participants were asked to elaborate on how they thought external stakeholders such as funders, policy makers and the community perceived their services. Services with a poor history of performance and/or engagement with funders and the community often found themselves judged harshly by external stakeholders. This directly impacted on the quality of their relationships and despite best efforts, left them labelled as a poor service.

*If you have been seen as delivering a poor service at any point in time, immediately this somehow puts you on the back foot, you know and it’s a stigma I think that stays regardless of what you do. (P11)*

People gossiping about the service and spreading rumours, which may or may not be true, exacerbated this discrimination. One participant felt that although he could do little to halt the ‘gossip train,’ based on his experiences he was now acutely aware of the impact rumour on services.

*Because the other thing that can kill is village gossip. And once your reputation gets shot by something like that. And let’s face it; village gossip will always be present, you know, so you’ve got to sort of factor that in and be really mindful and there’s no room or scope for your reputation to be shot through rumour. (P18)*
Another participant reflected on his journey within the service, from the time he was recruited to salvage the organization, which was struggling due to poor financial and operational management. He explained how difficult the first few years were given the lack of documenting and record keeping. After significant effort, the service reached a point where it was financially viable and able to demonstrate good outcomes against its performance indicators.

However, despite these successes, the external collective perspective still viewed the service as being of poor quality. The level of organizational stigma was so ingrained within the community that people often reacted negatively after hearing the name of the service. Those who had actually experienced the quality of the service had more positive feedback, but these were a small voice in a large community that seemed to have already made up its mind. For the participant, these negative views did little to acknowledge the work that had been put into improving the service and instead left him feeling isolated and vulnerable.

When I came here as part of rescuing the service, it was in trouble, it was very difficult because we didn’t have, you know there was no paper work or any records, absolutely nothing. Since then, we have built this service from the ground up but people still think we are no good. It’s hard, it’s sad…you’re on your own sometimes because of what happened in the past. (P10)

**Critical success factors**

**Overview of findings**

In the conclusion to the collective story of organizational sustainability, participants were asked what they perceived as the critical success factors for organizational
sustainability. Four key concepts repeatedly emerged across all thirty-one transcripts. These were classified as: 1) the need for effective communication; 2) having shared values & beliefs; 3) sound stakeholder engagement & understanding; and 4) the strength of relationships within and outside the sector.

The need for effective communication was perceived as paramount to organizational sustainability. Participants felt that the absence of a loud, strong collective voice was noticeable since Pacific services were often too ‘humble’ and did not disclose how well they were operating. Clear communication was deemed a necessary component of being business savvy and as such, the way outcomes could be suitably explained. It needed to happen across all interactions, especially ones concerning funders and the community. Effective communication was regarded as a way to help funders understand the realities and complexities of service needs. It was also deemed an appropriate way to include the community voice into service delivery, provided it was done with care and in line with cultural expectations.

Shared values and beliefs were another critical aspect to organizational sustainability. As such, two different types of beliefs and values emerged: 1) concerned the cultural aspects; and 2) pertained to the wider context based on the way people, systems and organizations interacted. By having a shared set of cultural values and beliefs, teams were able to relate and connect better with the community. This shared understanding also allowed both Pacific and non-Pacific individuals to work together to help improve outcomes for the community. Wider shared values and beliefs applied to all levels within and outside the sector, from services to funders to the community. It revolved around the sharing and
appreciating of each other’s diversity and recognising the common goals between stakeholders, without which the sector remained directionless.

The key stakeholders were identified as funders and the community, both of which required different ways of engagement. Understanding these differences were deemed critical for sustainability, and examples were given to illustrate how these varied in the sector. The final crucial success factor for organizational sustainability was identified as the strength of relationships, within services, with the community, and funders. Within services, strong relationships were used to ensure team cohesiveness and provide the basis for supportive working environments. Relationships with communities influenced the credibility and reputation of services, while those with funders could be used to demonstrate the quality of interactions with consumers and provide assurances that organizations were performing well. The original figure illustrating these key findings has been reproduced highlighting the critical success factors below to help link specific results to the different components.
EFFECTIVE COMMUNICATION

The need for effective communication was deemed paramount to organizational sustainability. An external stakeholder observed that Pacific services were often too humble and did not disclose how well they were operating. As such there was an absence of a loud, strong collective voice that was noticeable compared to mainstream services.

*I think too many times we take humility a bit too far, you know it’s all very well to be humble but don’t be that humble, you know that you shut up about the success and it’s really important. If we don’t talk about what is important, if we don’t talk about what we have achieved, what our successes are, then how can people realize that our services are really working as they should? We need to be a louder, stronger voice, we need to talk about our services, talk about our communities. (P9)*
Clear communication was deemed a necessary component of being business savvy and a key aspect of a service’s ‘toolkit.’ It was viewed by services as a way to illustrate their value, service uniqueness and explain the depth and qualities of the outcomes being generated. Such was the importance of this factor that it needed to happen consistently across all interactions, with a particular emphasis on those with funders and the community.

*It is part of being business savvy I think is that we need to recognise that whilst we want to operate within a Pacific paradigm we also need to be aware that we develop the sustainability through being able to communicate really clearly about the value that we bring as an organization to what is required and to show the absolute outcomes from the work that is being done. This communication is so important and we need to do it at every level, from funder to community, and we need to do it in every way, not just the talking, but also in our reports.* (P5)

Effective communication was regarded as a way to help funders understand the realities and complexities of service needs. A participant explained how people in her funding and planning team often lacked vital knowledge regarding the sector and the interactions between services and funders needed to increase such that, these knowledge gaps could be filled.

*People that I sit alongside some of them are quite, absolutely naive to the needs of Pacific so how on earth did they then say, “oh yeah you are right”, or even think about suggesting, “have you thought about this, or come on let’s meet and let’s talk and discuss you know what needs to happen”, so there is a tendency to just, “oh we are the funders and we sit here” and you just do and then you report back monthly but rather there needs to be much greater interaction and communication between, between the funder and the provider.* (P20)

Organizations acknowledged the challenges in appropriately including community voice into service delivery, particularly if they were part of DHB systems. On one hand, the breadth and depth of Pacific diversity within the service could be said to represent the Pacific community, however, it failed to capture the feedback from those who were solely at the receiving end of the services. The key to communicating effectively with the community
rested on how they were approached and engaged, while being mindful of the cultural expectations and protocols.

*Getting the voice of the community into this workplace has been very difficult especially with DHBs and even for us, we’re caught up in that when we’re looking at “are we on the right path?” “who’s voice has not been included?” and always tend to be a community, we all tend to think that if we live here, then we are the community. But it needs to be more than that. We need to talk right with the community, and by that I mean dialogue in a way that is appropriate, the way they would expect us to. We can’t be a sustainable service without talking effectively with the community. (P7)*

**SHARED VALUES & BELIEFS**

Shared values and beliefs were another critical aspect to organizational sustainability. As such, two different types of beliefs and values emerged; 1) concerning the cultural aspects; and 2) pertaining to the wider context based on the way people, systems and organizations interacted.

One participant explained how Pacific staff within his service with a poor cultural knowledge base experienced challenges connecting with the community. Before this could be addressed however, the shared cultural values between team members inside the service needed re-establishing. Senior staff more experienced in cultural matters facilitated this process. Once the teams had ‘stabilised,’ meaning that they had a greater awareness and understanding of each other’s worldviews, only then were they able to reconnect with the community.

*The shared knowledge and awareness is so important, vital for sustainability. I can think of people who haven’t had so much cultural knowledge even though they come from that culture, and they’ve sometimes come a bit unstuck. So cultural processes have been used, which have helped stabilise teams that have been having some difficulties. And then they have re-established the cultural connections with the community. (P5)*
Another participant reflected on how the people within her service shared a similar vision and goal of improving health outcomes for Pacific communities, a shared understanding present between both Pacific and non-Pacific individuals. As such, shared cultural values and beliefs transcended ethnicities and language barriers.

*We here have our shared vision, shared goal and that you know, it is all for our people really, so that has been quite fortunate...you don’t have to be, you know fluent in the language, or have to be of Pacific heritage. Just have a passion to work with Pacific and have an understanding around the values, the cultural values, just the way of interacting with people, that respect and all those sorts of things.* (P25)

Wider shared values and beliefs applied to all levels within and outside the sector, from services, to funders, to the community and extended beyond the confines of culture. One participant explained that by sharing a set of values and beliefs, this did not translate to people having to agree on everything, rather have a wider appreciation for others’ perspectives and experiences. Failure to do so meant that the sector operated in a directionless manner, without a common foundation to unite the stakeholders.

*The values and beliefs we share, they are much more than just the cultural. They are the way everything works, how the services work, how the different people work together, how the values and beliefs that services share collectively reflect that of Pacific people. The funders are in that mix too. What are their values and beliefs? And those of their organizations. We need to come from a shared understanding. It doesn’t mean we all agree on everything, no, it is more about sharing and appreciating each other. That is what lies beneath sustainability, the values and beliefs we share.* (P11)

*Why do we do things the way we do them? Some of it is about culture, but there’s other stuff too, like what we think and what we experience. These things shape our values and beliefs. Then there is the way a system does things. It is a different kind of culture but more in the organizational sense rather than Pacific culture. It comes down to the way we do things and how the things that are important to us and the things we believe in shape our actions. And unless we have some common understanding of the similarities and differences, unless we can come together and share some of these things, we can’t really improve things for Pacific. Without it, it’s like we are travelling in different directions.* (P14)
The key stakeholders were identified as funders and the community, both of which required different ways of engagement. Understanding these differences were deemed critical for sustainability. Participants provided a number of examples to illustrate the different ways to approach the two groups. Consumers and their families needed the space to dialogue freely, without being constrained by time limits. At face value, this may appear unnecessary and a long, protracted process, however, it was vital as a means to build rapport and increase service credibility. Funders, however, were unlikely to engage in such a manner, and as such, needed a different set of approaches.

*The way we engage with our Pacific families is just so important, like we don’t just come and sit here and say that we’ve only got half an hour. Pacific families, sometimes they talk on and talk on and you just allow them to talk and you listen to them, and then you finish, you have your cup of tea and they’re still talking. That’s how it is, you know and that’s the way, to get them to feel confident in you and us as an organization. Yes, some of this is about culture, but it is more than that. It is the different ways we engage, like we wouldn’t engage with the funders like that. They have different rules, different ways of doing stuff. So the way we engage with the different people that really matters.* (P10)

Engagement with funders needed to centre on outcomes, particularly how services could demonstrate the depth and quality of interactions they were achieving with consumers. One participant felt that the performance measurements used for such purposes were not as relevant as actually engaging and interacting with funders, and during this process coming to a shared understanding of the current gaps and how these could be reduced. The main goal, from his perspective was to improve outcomes in the community, and as such, by considering the different stakeholder needs, there was greater chance of success.

*We really need to engage with planners and funders, engage in an outcomes discussion, it doesn’t matter what measurement you use, it matters that you’ve got some form of*
measurement. And you’re saying, “yep, here’s where we’re doing well here’s the gaps, how we gonna address those gaps”. This is a different discussion to one we could have with say, the community or anybody else. We are all working towards the same thing, to make things better for our people but the way we talk about how we get there, that engagement is different. (P26)

**STRENGTH OF RELATIONSHIPS**

The final crucial success factor for organizational sustainability was identified as the strength of relationships, within services, with the community, and with funders. Within services, strong relationships were used to ensure team cohesiveness and provide the basis for supportive working environments. One participant explained how this translated to his relationship with his manager. A contentious relationship put additional strain on day-to-day interactions, with worsening consequences if any aspect of the service, whether external or internal was compromised. A strong relationship meant that communication lines remained open and honest, and staff felt supported by their managers regardless of any changes that impacted the service.

*Strong relationship’s really key, if I’m not getting along with my boss, already that creates a bit of tension here or the ground gets shattered, you know, I want that line with my boss really strong, so that if something’s happened, she’ll be able to talk with me, and in fact, she’ll be supporting us, whatever the next direction. (P7)*

Relationships with communities influenced the credibility and reputation of services. One participant associated the quality of a person’s health with the quality of their relationships, which is one of the traditional Pacific views on the holistic nature of an individual’s health and wellbeing.

*We have situations where something works really well and we gain a reputation and it grows from there and that’s how it’s happened and I think it all comes back to relationships. There is nothing without relationships and actually, good health is generated by good relationships. I definitely agree with that. (P2)*
Another explained how as a community mental health service, they provided support to both Pacific and non-Pacific consumers, but their success to date was underpinned by the quality of relationships they had built over the years with the community. Once relationships had been initiated, there was an on-going need to strengthen and maintain them. Without this solid connection, there was little chance of succeeding in service delivery.

From my experience, a strong relationship with community, I just think that crucial to being successful. We are an example of the grass roots delivering to Pacific people and non-Pacific too, you know, but it relies on building relationships to help us to deliver a successful service. We not only build relationships, but we have to grow them, nurture them, make them stronger. How can we deliver good services to our people if we don’t have a good, solid relationship with them? (P11)

Meanwhile, relationships with funders were regarded as still being in the early stages of development, and needed careful consideration. One participant reasoned that using the strength of this relationship; funders could be convinced of the complex, yet dynamic nature of service delivery. Funders would then be able to appreciate the lengths services go to, to support consumers and why they operate in specific ways. This information currently failed to be captured adequately by the current reporting processes, so while these were being addressed, services could have the confidence of knowing that funders were listening to their needs and taking their feedback seriously.

In Pacific, there is a whole lot of relationship development that still needs to happen, especially with the funders. If we build those relationships and build them really well, then they can see, they can see how we deliver the service. They can see the journey of what happened, like how we helped the community, why we left the doors wide open so the community can see us and come back the next time the need us. We need to show funder how we do that, not just through the reports we write, but through the relationship we have with them, because if we have a strong relationship with the funders, they will know, they will know what we do and how we do it. (P22)
SPECIFIC INTERACTIONAL EFFECTS

The findings thus far have already indicated the complex and interactive nature of a number of factors in the Pacific mental health sector. While it is almost impossible to untangle each one, four specific examples were identified in participant narratives, which capture how some of these factors interact with each other: 1) illustrating how the community voice influences funding; 2) how service placement within the wider system determines the political and financial influences; 3) how leadership influences funding relationships, and 4) how communication influences funding.

HOW THE COMMUNITY VOICE INFLUENCES FUNDING

During the process of defining organizational sustainability, the views of participants who used their work lens generated three sub-themes, namely funding, performance and reporting; workforce development and community satisfaction. Further analysis of the data revealed that these three aspects also interacted with each other and thus, influenced service sustainability. One of the participants captured this interaction by using the example of a local Pacific mental health service that was dis-established. In comparing the demise of this service to his own, the participant realised that their performance was sufficient to ensure funding, as evidenced by their reporting. However, to guarantee on-going funding, their performance needed to be advertised better.

Additionally, an extra layer of protection from funding cuts came via their strong relationship with the community. As such, local hospital board elections were seen as the key interactional meeting ground for the community to demand accountability from funders.
and service providers. Sustainability could be demonstrated by being the best service provider in the region, however, for this to happen, strong Pacific leaders, with new and bold ideas were needed.

My manager says to me, “you know, they’ve sort of dis-established [one of the local Pacific mental health services], and so on. How come we haven’t?” And I said, “well, the only reason they haven’t is ’cause we’re showing we’re value for money. And two, ’cause we do what we say we do.” We’ve just got to increase the ante by maybe 5%. And that shows better value. But if we’ve got the community behind us, they [funders] have to face the community when it comes to DHB board elections. Pasifika representatives managing Pasifika services have to also front up. But if they can use us as the jewel in the crown, then we’re sustainable. So what I think sustainability is, it’s coming back to the leadership. Being prepared to be innovative. Being prepared not to be constricted by what your contracts say. (P12)

HOW SERVICE PLACEMENT WITHIN THE WIDER SYSTEM DETERMINES POLITICAL AND FINANCIAL INFLUENCES

When organizational sustainability was threatened by political influences, the placement of a service within the greater health system could either provide an additional layer of protection or leave it more exposed. Services were classified as either being part of DHBs were believed to be more resilient, compared to NGOs.

There are quite a lot of, you know services that are funded through NGOs and I think on the one hand, there’s been some quite good funding and on the other hand, they can suffer when the wind changes politically, whereas we might be a bit more fortunate to be working in a DHB where once the funding’s going, it’s a bit harder for it to be cut back, whereas NGOs will suffer more in that kind of situation, so we’re in a recession now and I think there’ll be NGOs who are struggling quite a lot more than what they were. (P5)

HOW LEADERSHIP INFLUENCES FUNDING RELATIONSHIPS

Participants who had been part of the sector for over ten years found that their leadership and credibility were strong influencers of service sustainability. They firmly
believed that they had been in the roles for long enough to prove their trustworthiness and accountability when it came to funding.

If they [funders] didn’t believe in my madness, they would not have given anything to the organization, because leadership I think is important, they need to know that you are going to use the money for what it is given for and I think I have been here long enough to prove that I am not delirious enough to use it wrongly. (P21)

**HOW COMMUNICATION INFLUENCES FUNDING**

Participants, who had been in management roles for over 5 years acknowledged that they had a responsibility to deliver services as per their contractual obligations and failure to do so, meant some loss of funding. Poor or incomplete service delivery could not be masked in performance reports and in such cases it was best to have an honest discussion with the funder. Service sustainability hinged on appropriate data collection and monitoring to help track and identify the reasons for poor performance.

In the last 12 months, I learnt a few things and I’ve learnt that they know, they can tell and not only that, they just won’t leave it, they’ll find these things out, they’ll see it and then they’ll want to talk to you about it and so when they do sit down with you and talk about it, you’ve got to be up front and honest with them, if something hasn’t been delivered for some reason, the stats show it, so then it’s just a matter of you tracking it back to you know, what may have happened. (P11)

I know when the funder says this is what you’re expected to deliver on, that’s what you’re expected to deliver on, there’s no two ways about it, if you don’t deliver on it, then they’ll claw back or something, which is, well whatever, if you don’t deliver, then of course they should take something back and so because I understand that really well and I’ve been through that. (P10)

**Summary**

This chapter presented the collective story of organizational sustainability as perceived by thirty-one participants from the mental health sector. Following data analysis, a set of recurrent themes emerged, which were used to develop the overall structure of this
story, which was supported using quotes from transcripts. The story began with defining organizational sustainability, then moved to the internal and external contextual factors, and the over-arching influences, before finally concluding at the critical success factors.

The next chapter will collate these findings into a more useable format by describing the development of two conceptual frameworks for organizational sustainability and a guide for services to translate these findings into practical applications.
SECTION 3: ANALYSIS & INTERPRETATION

CHAPTER 7
THE CONCEPTUAL FRAMEWORKS

INTRODUCTION

The last chapter presented the collected data as evidence to support the thesis and argument developed in previous chapter, and as such, focused on answering the three research questions. The results were presented under five key areas: how organizational sustainability was defined, the internal contextual factors, the external contextual factors, over-riding influences and critical success factors. Each of these key areas generated a number of themes and sub-themes, which were described in detail. This chapter attempts to collate these findings into a more useable format by presenting two conceptual frameworks for organizational sustainability. Figure 29 provides an overview of the chapter and the topics covered.
GUIDELINES FOR DEVELOPING CONCEPTUAL FRAMEWORKS

These frameworks are underpinned by the gathered evidence and look to link the different bodies of knowledge, such as the literature review and the findings from this study. By doing so, they provide a comprehensive understanding of organizational sustainability in the Pacific mental health sector. Care was taken, however, not to rely too heavily on literature as dominant paradigms have been known to cause researchers to
undermine the value of findings from their own study, particularly if these are not already prominent in the research arena (Becker, 2007). This assertion is supplemented by arguments that participant perspectives, particularly how they perceive the world and use these to justify their actions are usually undervalued in conceptual frameworks even though they are the ones living, breathing and experiencing the phenomena being studied (Blumer, 1969; Menzel, 1978).

A conceptual framework is regarded as a tool that “lays out the key factors, constructs, or variables, and presumes relationships among them” (Miles & Huberman, 1994, p. 440) Levering (2002) adds to this assertion by arguing that the aim of a conceptual framework is not to predict the outcome, but rather to understand and interpret how participants make sense of their world. As such, a number of approaches have been proposed for developing conceptual frameworks including: grounded theory (Andersson et al., 2003; Strauss, 1987), conceptual framework analysis (Jabareen, 2009) and concept mapping (Novak & Govin, 1984). This last style, i.e. concept mapping has gained considerable interest in the research arena, given its ability to visually portray factors and associated relationships (Miles & Huberman, 1994; Ravitch & Riggan, 2011).

To develop a conceptual framework, the following steps need to be considered (Miles & Huberman, 1994; Strauss, 1987):

1. Identify key words, factors, themes or concepts relevant to the study. These can emerge from both the literature and the findings of the research;
2. Identify where these could ‘fit’ within a framework, in terms of grouping and structure;

3. Examine the factors to identify any connections or relationships, based on concrete examples or findings from the data; and,

4. Explain how the framework would operate in light of these factors and interactions.

Given these recommendations, the following steps were taken to generate a conceptual framework for organizational sustainability for the Pacific mental health sector:

**Step 1**

The four key areas, namely, the internal contextual factors; the external contextual factors; over-arching influences; and success factors were used to identify the key themes. These themes were as follows:

a) The Individual, the Team, the Leader & the Organizational climate – as the internal context;

b) Political and Financial – as the external context;

c) Culture, Hierarchies & Organizational stigma – as the over-arching influences; and,

d) Effective communication, Shared values & beliefs, Stakeholder engagement & understanding, and Relationship strength – as the critical success factors.
The sub-themes were not directly listed in the conceptual framework for two reasons: 1) the terms used to describe the themes above were sufficient to encompass the nuances of the sub-themes; and 2) adding all the sub-themes would have made the framework considerably unwieldy, given their sheer number.

**Step 2**

I spent considerable time trying to identify the best way to group and structure these themes. Other studies appear to have chosen one of two ways to depict their framework: 1) using squares, circles and arrows (e.g. Collings et al., 2010; Greenhalgh et al. 2004), or 2) using pictures or art work (e.g. Pulotu-Endemann, 2004; Te Pou, 2007). Of the two approaches, it was noticeable that researchers undertaking ethnic-specific research were more likely to use images and illustrations familiar to their communities. Pulotu-Endemann and colleagues (Te Pou, 2007, p. 7) argue that this “compiling and languaging” approach is important for Pacific work as it influences how Pacific people relate to the phenomena being discussed.

In light of this assertion, I considered the two approaches, while weighing the merits and drawbacks of each. On one hand, a diagrammatic representation comprising circles and arrows (to put it crudely) would be relatively simple to execute, while developing an ethnic-based, visually-appropriate illustration would require a deeper investigation of available images. An illustration grounded in Pacific world-views posed additional complications such as the need for a pan-Pacific image, which could ideally be recognised and embraced by all Pacific groups, rather than being appreciated be a select few.
It was also important not to plagiarize a Pacific image that was already in widespread use such as the fale/house (Pulotu-Endemann, 2004), the pandanus/woven mat (Agnew et al., 2004) and the sei/flower (Te Pou, 2007). The illustration also had to ‘capture’ the Pacific mental health context and that of services, given the processual-contextual perspective and its emphasis on the dynamic and fluid nature of organizational sustainability (Buchanan et al., 2007). Finally, the graphic also needed to be robust enough to capture all the themes in such a way that: 1) these could be appropriately represented by specific aspects within the diagram; 2) the themes were not jostling for space or attention; and 3) they did not appear ‘forced’ into the different aspects of the picture.

Despite these challenges, I decided that this study would benefit from a conceptual framework underpinned by Pacific imagery. This decision was made on the following grounds: 1) despite being a study on organizational sustainability, all other aspects of this research were essentially Pacific in nature – from the study context, to the majority of participants as well as the methodological framework for engagement and data collection; and 2) given the translational aspirations of this study, a conceptual framework grounded in Pacific visual imagery was more likely to be understood, appreciated and utilised by the stakeholders.

In light of this decision, I employed an extensive search of Pacific images and symbols to identify a suitable illustration to capture the range of themes identified in the results. The searches revealed several symbols and images that could be classified as common or well known amongst most, if not all Pacific ethnic groups. Examples included
the coconut, flowers such as the frangipani, and traditionally constructed houses, all of which were already either in use in New Zealand settings (Pulotu-Endemann, 2004, Te Pou, 2007; Helu-Thaman, as cited in HRC, 2004) or too ‘simple’ in their representation to adequately capture the different aspects of the findings.

One image that persisted was that of the Pacific outrigger canoe. It had been used in one instance, as a fixed object (i.e. without reference to its sailors or the ocean) as a Tokelau model for mental health assessment (Kupa, 2009). Given its ability to represent multiple factors, this model served as the initial stepping stone in my thinking to identify if an outrigger canoe navigating the ocean could be used to depict the conceptual framework.

This imagery appealed to me on several fronts: 1) the inclusion of sailors on the canoe could be used to represent some of the internal contextual factors, i.e. the Individual, the Team and the Leader; 2) specific parts of the canoe could represent other factors, based on their similarity in function, particularly in terms of the Organizational, Cultural, Political, and Financial aspects; 3) the waves on the ocean could provide ways of depicting the challenges associated with the damaging effects of two over-arching influences i.e. Hierarchies, and Organizational stigma; 4) the critical success factors i.e. Effective communication, Shared values & beliefs, Stakeholder engagement & understanding, and Relationship strength could be represented using a key component of the outrigger, without which it could not sail forward; and 5) the sailing motion of the canoe could be used indicate the dynamic nature of the services.
The image of a sailing outrigger canoe was also deemed relevant to all Pacific communities in New Zealand, given its connection to their migratory history from the Pacific Islands, and as such offered a visual image that they could recognise and respond to. This image could also apply to the contemporary Pacific context, since although the migration on outrigger canoes has ceased per se, Pacific people are still in the process of navigating the complexities of the wider health systems (amongst others) to improve their outcomes.

Finally, of the images available, the outrigger canoe that I chose to use was a Fijian one (Gillett, 2016), as tribute to my Pacific heritage.

**Step 3**

Thus, with a sailing outrigger canoe in mind, my next challenge was to use the framework to illustrate the connections and relationships between the factors. This aspect was unfortunately difficult to carry out on an image already saturated with key themes. As such, there was a danger of over-loading the image with these details to the point that it would become too unwieldy to offer a useful understanding of organizational sustainability. Given these issues, I developed a diagram using squares and arrows, as this was deemed to be the best way to illustrate the relationships between the concepts.

**Step 4**

Finally, an in-depth explanation was generated to help the reader understand how these two frameworks would operate in light of these factors and interactions.
Figure 30 summarises the key steps taken to develop the frameworks.

Figure 30: Summary of how the frameworks were developed
BRINGING IT ALL TOGETHER: A PACIFIC FRAMEWORK FOR ORGANIZATIONAL SUSTAINABILITY

Figure 31 presents the Pacific outrigger framework, incorporating the different factors influencing organizational sustainability. The outrigger canoe serves as a metaphor on a number of levels. It illustrates how services appear to be navigating the unpredictable ever-changing environment to deliver best outcomes to consumers. On this journey, organizational sustainability is a phase in a sequence of events, i.e. represented by the journey being undertaken, rather than an endpoint. The conceptual framework illustrates the range of factors likely to influence sustainability from both within and outside an organization in the context of Pacific mental health. The use of a processual-contextual perspective enables these key factors to be examined as part of the bigger picture, rather than focussing on “single causes and simple explanations” (Buchanan et al., 2007, p. 33).
Figure 31: A Pacific conceptual framework for organizational sustainability

Culture as the sail – i.e. what makes a Pacific service unique

Organizational Stigma & Hierarchies buffeting against the hull

The Individual

Financial resources

The Team

Organizational climate as the stabilizing outrigger

Four critical success factors – Effective Communication, Shared Values, Stakeholder Engagement & Relationships make up the Mast

The Leader steering the canoe from the back, rather than the helm

Political Pressures that can help or hinder
INTERNAL CONTEXT

THE INDIVIDUAL

Represented on the image as a solitary figure, ‘the Individual’ influences the organizational sustainability through his/her commitment and level of competency. Their attitude and satisfaction to the work is influenced by how s/he perceives his role within the organization. S/he is passionate about Pacific mental health and in many ways, sees his/her role as a way to serve the community in achieving the best possible outcomes. S/he may hold similar expectations of others in the sector, believing in empowerment through service. His/her passion for service delivery may need to be considered in light of the other factors, such as a sound mix of cultural and clinical competencies necessary for sustainability.

THE TEAM

This factor is represented via the individuals surrounded by other aspects of the work environment to illustrate its multi-disciplinary and supportive role. The team can find the immediate work environment conducive to its own wellbeing, provided its cultural roots are acknowledged so that it can work with others who share similar values and beliefs. Failure to provide such an environment negatively affects the team culture, with members turning to nurturing self-interests and foregoing collaboration. The ideal team would comprise both younger and older staff to help address the consumers’ cultural beliefs on age-based hierarchies, as well as a mix of genders and Pacific ethnicities. This increasing team size, however, can put the rest of the canoe in jeopardy and have adverse resource implications. Sometimes it may be more viable to retain existing team members even if they
are less qualified, rather than bringing on board people who do not share the team’s cultural values and beliefs.

Team diversity and the ‘right’ mix of members can not only best support consumers but also help the organization navigate the challenges of the sector. When not in the ‘work canoe’, the team may invariable socialise and discuss work issues, given its preference for small, tight-knit groups. While this may blur personal and professional boundaries, it helps strengthen working relationships and service delivery.

**The Leader**

This factor is represented via an individual at the end of the canoe, with their hand on the steering mechanism. This particular positioning of ‘steering from the back’ may appear problematic to non-Pacific audiences, given the traditional Western perspective of the leader being at the front, however, in this case, is very much aligned with Pacific cultural values and beliefs. While the leader is integral to organizational sustainability and needs to possess a strong vision for the service, their ability to inspire and direct staff can often come from a different position on the canoe. This flexibility enables a range of leaders to operate at different levels of influence within and outside the organization.

As with the team, a mix of younger and older leaders is needed. Sometimes this background positioning can be problematic for the leader, particularly when the issues require him/her to be more assertive and put aside the more traditional, deferential ways of engagement. Failure to do so has negative implications for both the organization and service
delivery. Additionally, the leader may lack the years of experience, compared to non-Pacific counterparts. This can be somewhat mitigated by supporting the leader through career development opportunities and allowing him/her to work up through the ranks within the organization. The leader has to balance both the organizational requirements and his/her accountability to the Pacific community. As such, the leader is expected to focus on improving Pacific health outcomes rather than on personal gains.

THE ORGANIZATIONAL CLIMATE

This factor is represented as the stabilising outrigger for the canoe. From this position, it exhibits with the struggle between delivering services aligned to the organizational policies versus those of Pacific cultural values and beliefs. Consequently, it bears the brunt of these tensions. Its stability is tested again when there is failure to follow organizational procedures, which increases the bumps the canoe experiences. It struggles with the limitations of reporting requirements, which undervalue the quality of consumer engagement.

The lack of strong management structures further threaten its stability, an issue that can be somewhat mitigated based on where the organization fits within the greater health system of other canoe fleets. Its configuration impacts on not only on organizational sustainability but also the consumer recovery. A better alignment between the organization’s business model and its service objectives would improve its configuration and associated stability. This change, however, needs to include a re-designed business model that incorporates community feedback.
EXTERNAL CONTEXT

POLITICAL

Given how strongly this factor is felt by the mental health sector, and its consequent influences on direction, it is represented at the back of the canoe, thus trying to nudge services in the direction it best sees fit. Its effects on organizational sustainability can be mitigated somewhat by a sound understanding of how the government operates. Furthermore, the organization’s place within the system can sometimes buffer it from political influences, though these benefits can be offset if the government decides on a complete overhaul of the canoes within the sector. A way to respond to these political influences is for the canoe to develop a degree of flexibility, which helps it to manoeuvre, align and prioritise its ability to develop and apply innovations for sustainability. Another solution is to develop networks and maintain connections with other canoes, which has the added benefit of providing more holistic care to consumers.

FINANCIAL

The finite number of goods available on the canoe represents this factor. The limited funding environment can make it difficult to offer services at the same rate as well as pose challenges for re-allocating funding. Its detrimental effects extend to staff wellbeing and can be felt at all levels in the organization. The lack of transparency around funding and contracting can make it even harder to focus on sustainability. Issues such as rigid funding models, unrealistic contract specifications, and poor communication compound the effects of this factor. The system can be seen as unfair and inequitable, which means that if no new
funding resources are added to the canoe, frequent poor performance can lead to negative stereotypes of being an unsuccessful service.

The lack of good business skills exacerbates this issue but can be remedied by having suitably qualified people on board. Some of these challenges may be resolved if the funding model allocates resources based on need and acknowledges the uniqueness of Pacific culture. Regardless of the scenario, sustainability efforts need to look at ways of working more creatively with available resources and incorporate community feedback into on-going plans.

OVER-ARCHING INFLUENCES

CULTURAL

The sail represents the cultural factor, given its high visibility and uniqueness in the sector. As such, it requires a sound understanding of one’s own cultural worldview before attempting to become competent in another culture, something, which is a life-long, on-going process. Successful service delivery rests upon understanding the cultural lens through which Pacific people view the world, following cultural protocols and adapting practices to accommodate consumer needs. Often it is the small things that make a big difference in consumer satisfaction. Cultural misunderstandings at the clinical level can be mitigated by the presence of cultural liaison teams, which can be highly useful in mending tears and preventing new ones from forming. However, the implications of poor alignment between consumer and the organizational cultural values can threaten the very fabric of the sail as its effects extend to every aspect of the service.
**Professional & Cultural Hierarchies**

This factor is represented as waves, which buffet against the canoe’s hull and create tensions both internally and externally. The internal struggles concern the lack of respect between clinicians and cultural workers, given their unfamiliarity with the value of each other’s work. Language barriers and rigid organizational processes further compound this poor understanding of the clinical-cultural mix necessary for effective service delivery. While the external struggles occur between the organizations and the funding bodies, its root cause also stems from poor communication and a lack of understanding.

**Organizational Stigma**

Also represented as waves buffeting against the canoe’s hull, this factor concerns how external stakeholders perceive the organization. Services with a history of poor management or stakeholder engagement can struggle to regain trust and build credibility, even after new people and processes have been implemented. Consequently, these services can experience persistent organizational stigma long after the deficits have been corrected, which not only impacts on sustainability but also has detrimental effects on staff morale.

**Critical Success Factors**

These are illustrated using the canoe’s mast, to indicate their key role in organizational sustainability. In this context the mast (i.e. the critical success factors) provides the necessary height for navigation and can also be used by the leader to assess how well the canoe/service is positioned in terms of these factors.
**Effective communication**

Effective communication is paramount to organizational sustainability and influences every aspect of service relationships, including those with funders, consumers and the community. Consistent communication helps illustrate service value, service uniqueness as well as explaining the depth and qualities of the outcomes being generated.

**Shared values and beliefs**

The influence of this factor cannot be stressed enough. Its effects are pervasive throughout the organization. Working from a common platform is integral to minimising misunderstandings, helping develop respect for the different roles within an organization and enabling a unified, holistic approach to service delivery.

**Stakeholder engagement and understanding**

The influence of this factor impacts on relationships between the organization and consumers, their families, the wider Pacific community, funders and stakeholders, each with their own styles and methods of preferred communication.

**Strengths of relationships**

This final factor, in many ways encompasses the key elements of the other three critical success factors. Given the crucial role relationships play in the Pacific context, the sustainability of an organization depends on how these are initiated, developed and nurtured.
Figure 32 presents the interactions between the key factors.

Figure 32: A conceptual framework illustrating the interactional influences
SUMMARY

This chapter collated the findings before presenting them as a Pacific conceptual framework for organizational sustainability, which used the image of a sailing outrigger canoe to embed the influencing factors, the over-arching themes and the critical success factors. The position of these factors on the canoe and their functions were explained. This was followed by another conceptual framework, which depicted the interactional effects of the factors. Finally, a guide to sustainability was also developed that could be used by services to examine their organizations in light of these findings. This guide is attached as Appendix G.

The next chapter will discuss the findings of this study to advance the central argument of the thesis using the literature. These discussions will also take into account the conceptual frameworks and the sustainability guide.
SECTION 4: DISCUSSION

CHAPTER 8
INTERPRETING THE COLLECTIVE STORY

INTRODUCTION

The last chapter presented the collected data as evidence to support the thesis and argument developed in previous chapters. This chapter discusses the findings of the study to advance the central argument of the thesis within the context of existing sustainability literature. It establishes the key difference between how the Pacific mental health sector viewed sustainability as an issue concerning organizational survival rather than the implementation of new working practices as envisioned by healthcare overseas. Figure 33 provides an overview of the chapter and the topics covered.
**STUDY AIMS**

This study’s key aims were to define organizational sustainability as it applied to Pacific mental health in New Zealand; and, develop a conceptual framework to help services identify the key factors, which influence organizational sustainability and are crucial for success. In line with these two aims, the study sought to answer three research questions:
• What is organizational sustainability in the context of Pacific mental health?
• What factors influence organizational sustainability?
• What are the critical success factors for organizational sustainability?

**Process**

After considering current literature (Chapters 2 and 3) and the best way to answer the research questions, it became clear that approaches grounded in Pacific epistemologies would be most appropriate. Therefore, a Pacific methodological framework was developed that combined three key elements – strengths approach, talanoa and narrative analysis (Chapter 4). This framework was subsequently used to recruit and engage with participants, collect data and undertake analysis (Chapter 5). The study was conducted while being aware of the key characteristics of a processual-contextual perspective, as recommended in other organizational studies (Buchanan et al., 2007; Dawson, 1994; 1996; 2003; Pettigrew, 1985; Pettigrew & Fenton, 2000). As such, a qualitative approach was used, with in-depth interviews as the primary data source, which were supplemented via observational notes and key documents.

**Key findings**

Findings from the data analysis were presented in the Chapter 6, first reporting on how organizational sustainability was defined by participants, before presenting the influential and critical success factors relevant to sustainability. This thesis has produced two conceptual frameworks for Pacific mental health service sustainability that can be used to support policy and clinical development in the mental health sector. The first framework
was embedded within the image of an outrigger canoe, and the other was presented as a figure with squares and arrows to illustrate the interactional effects. Finally, these findings were translated into a sustainability guide for mental health services.

**Discussion chapter layout**

The sections below will follow the collective story of organizational sustainability, as drawn from the perspectives of the thirty-one participants and supplemented via observations and key documents. This story began with how participants sought to define organizational sustainability using their experiences and observations from the mental health sector. The definition ascribed to organizational sustainability was influenced by the professional work lens as well as emotional responses.

The second part of the collective story presented participants’ views on the factors that influenced sustainability. The internal context revealed four factors – the Individual, the Team, the Leader and the Organizational climate, while the external context identified two key factors – Political and Financial.

The story continued with the emergence of three key over-riding factors – Culture, Hierarchies and Organizational stigma, whose influences could be felt across all levels of the organizational context. The final stage of the collective story revealed the four success factors – Effective communication, Shared values & beliefs, Stakeholder engagement & understanding and Relationship strength – which were deemed critical for organizational sustainability. Each of these findings are discussed below with particular reference to how
they fit with and differ to other literature and their implications for the wider sustainability and Pacific mental health context.

**Defining Organizational Sustainability**

**An Overview of Findings**

In this first part of the collective story, participants struggled considerably when asked to define what organizational sustainability meant to them and their practice (the first research question). Consequently, their views were categorised as: 1) being unable to answer the question; 2) believing that organizational sustainability was under-developed; or 3) describing organizational sustainability via their professional work lens. For many participants, this was the first time they had been asked about their views on this particular question and as the interviews progressed, it surfaced their anxieties around the lack of dialogue regarding this topic. Those who were able to define organizational sustainability via their current roles, focussed on three specific aspects: 1) funding, performance & reporting; 2) workforce capability and 3) community satisfaction of service delivery.

**Putting These Findings Into Context**

Based on these findings, a definition for organizational sustainability as it applies to the Pacific mental health context is anything but clear-cut. The variability of responses has provided a range of indicators, which could be used to develop a potential definition. While on the face of it, this issue may seem problematic, however, the works of Bell and Morse (2008) and McKenzie (2004) have argued for exactly this outcome i.e. it is better for relevant
stakeholders to come up with their own list of key characteristics, rather than be given a definition laden with pre-conceived indicators.

Faber and colleagues (2005) provide further evidence towards this argument, explaining the bias that can come from the researcher and the associated professional discipline, which results in a definition that holds no viable meaning for the stakeholders involved. Buchanan and colleagues (2003) have extended further upon these propositions by arguing that the context needs to encompass not only the organization and the stakeholders being studied, but also where the organization fits with the greater system and the point in time the study is conducted. Furthermore, given these variables are likely to be different for each scenario; people’s understanding of sustainability is also likely to be personal and contextual (Fitzgerald & Buchanan, 2007).

Given the challenges participants experienced in defining this concept, it could be argued that this study has not been able to achieve clear description of sustainability as prescribed by literature (Kidd, 1992; McKenzie, 2004; Pezzey, 1992), although the works of others such as Buchanan and colleagues (2003), and Fitzgerald and Buchanan (2007) suggest that this to be an expected outcome. So the question arises: where does this leave us in defining organizational sustainability for Pacific mental health?

To answer this question, I return to the baseline definition for organizational sustainability that was given during the process of examining the implications of previous research on this thesis (Chapter 2). Here, the term ‘organizational sustainability’ was defined as how a given group of individuals maintain an action at a particular level in a given
context (Oxford Dictionary of English, 2013). Keeping this definition in mind, along with the arguments in literature, as stated above, for the purposes of this study, organizational sustainability could be defined as ‘a group of people in the Pacific mental health sector maintaining services at a particular level, which are aligned to their cultural identity and serve the needs of consumers and the community.’

**Using this definition as a starting point**

While this definition does not explicitly mention all the indicators that were raised, or show the lack of responses from participants and their associated struggles, it could serve as a reasonable starting point for discussions in the sector for these very issues to be aired. The decision not to include other indicators i.e. funding, performance & reporting; workforce capability and community satisfaction was also in light of the argument by Buchanan and colleagues (2003) that the definition is influenced by point in time the study is conducted.

Given participants’ perceptions of the turbulent reform environment surrounding and directly affecting the sector during the study period, it is highly likely that some of these responses were based on participants’ then-occurring experiences to demonstrate financial viability, focus on performance indicators and justify decisions to lose or retain staff. This does not mean that these issues have resolved completely in the current environment and are unlikely to emerge again; rather that a relatively neutral definition could be more beneficial for the sector at this point in time.
This stance does raise the question of my choice to retain culture as part of the definition. This decision was based on a number of factors, the most important of which concerned the findings that informed the development of the conceptual framework. Every interview highlighted the importance of culture and its associated implications for service delivery. Its pervasiveness across all levels and domains within the sector was such that participants could not envisage a Pacific service operating without this aspect. Culture is what differentiates services from other organizations. It is the blueprint for the collective understanding, and sharing of values and beliefs. It is an intrinsic part of service identity and that of its staff, service users and stakeholders.

Its importance in the sector has been firmly established via the criteria describing the requirements for a mental health service looking to be classed as ‘Pacific’ (Annandale & Richard, 2007; Mental Health Commission, 2001b) as well as every relevant policy and strategy (e.g. Le Va, 2009; Minister of Health, 2005; 2006; Ministry of Health, 2000). Further evidence for its significance is highlighted by research looking at its fundamental role in the Pacific worldview of self and inter-relationships (Helu-Thaman, 1995; Te Pou, 2010), the traditional beliefs about mental illness that have persisted through generations and carried into present day contexts (Agnew et al., 2004; Suaalii-Sauni et al., 2009; Tamasese et al., 2005) and arguments for its inclusion into all aspects of service design and delivery (Agnew et al., 2004).

The weight of this evidence aside, the final factor in the decision to include culture stemmed from my personal perspective, given my Pacific ethnic background. This could be categorised as part of the researcher bias that has been known to influence organizational
sustainability definitions (e.g. Faber et al., 2005). However, unlike some prior studies, which chose to define sustainability using pre-conceived rigid parameters, and consequently ended in failure during the translational process (Bell & Morse, 2008), this thesis approached the issue in a way that would first elicit data from sector stakeholders before analysing and interpreting the findings in light of the evidence. By doing so, this approach has mitigated some of the pitfalls associated with this aspect of sustainability research, while being cautious of the implications researcher judgement poses on the issue (Buchanan et al., 2003).

While there is some literature examining the challenges of defining sustainability and offering potential solutions to alleviate these (e.g. Bell & Morse, 2008; Buchanan et al., 2003; Faber et al., 2005; McKenzie, 2004), there appear to be a paucity of studies demonstrating instances where stakeholders have actually been asked to define organizational sustainability and their associated responses. Even studies such as those by Buchanan and colleagues (2007), which have moved beyond theoretical considerations to translational research, have omitted to explicitly identify the process used to arrive at their definitions.

A possible explanation for the dearth of evidence could be a phenomenon of publishing bias, where studies unable to arrive at a concise definition, do not get accepted to peer-reviewed journals (Buchanan & Bryman, 2007). Another reason could stem from the widespread knowledge that since the task of defining sustainability is so fraught with difficulties, the existence of this challenge is either taken for granted or mitigated somewhat by extrapolating key ideas and concepts from literature to develop new context-appropriate definitions (e.g. Boström, 2012).
ONE OF THE MOST SIGNIFICANT DIFFERENCES BETWEEN THIS DEFINITION, AS GENERATED BY THE
COLLECTIVE STORIES OF THE NEW ZEALAND PACIFIC MENTAL HEALTH SECTOR AND THAT OF OTHER STUDIES IS
ITS FOCUS. IN THE NEW ZEALAND CONTEXT, ORGANIZATIONAL SUSTAINABILITY PERTAINED TO THE STABILITY
AND BY EXTENSION, THE EXISTENCE OF PACIFIC MENTAL HEALTH SERVICES, WHILE FOR OTHER COUNTRIES
SUCH AS THE UK, SUSTAINABILITY GENERALLY REFERS TO SPECIFIC INNOVATIONS IMPLEMENTED AND
MAINTAINED WITHIN AN ORGANIZATION (E.G. BUCHANAN ET AL., 2007). THIS DIFFERENCE IN PERSPECTIVE
COULD PERHAPS BE EXPLAINED BY THE RELATIVE SIZE OF THE ORGANIZATIONS THAT WERE ASKED FOR THEIR
VIEWS. PACIFIC MENTAL HEALTH SERVICES OPERATE WITHIN THE WIDER NEW ZEALAND HEALTH SYSTEM
CONTEXT, AND AS SUCH, COULD BE CONSIDERED RELATIVELY ‘SMALL PLAYERS’ WITHIN MUCH LARGER DHB
STRUCTURES. CONSEQUENTLY, THE IMPACT OF EXTERNAL INFLUENCES SUCH AS FUNDING AND POLITICAL
PRESSURES MAY BE FELT MORE ACUTELY. IN THE CONTEXT OF THE GREATER HEALTH SYSTEM, ENTITIES SUCH
AS NEW ZEALAND DHBs AND THE UK’S NHS WOULD CERTAINLY BE THE ‘BIGGER PLAYERS’, AND THEIR
RISK OF COMPLETE COLLAPSE WOULD BE SIGNIFICANTLY LESS THAN THE POSSIBILITY OF DIS-ESTABLISHING
SMALLER SERVICES (EVEN THOUGH CURRENT MEDIA IS HIGHLIGHTING THE VULNERABILITIES OF THE NHS
GIVEN ITS “ACUTE FUNDING CRISIS” (CAMPBELL, 2016).

Buchanan and colleagues (2007) acknowledge that organizational structures rather
than just working practices may be targeted during turbulent times, however, this
perspective usually stems from trying to solve the ‘sustainability problem’ once and for all,
rather than taking a dynamic view that on-going development, monitoring and evaluation is
required. Applying this argument to the New Zealand Pacific mental health context reveals
that while current policies designed to shape the direction of services are taking a longer-
term view of between 5 to 10 years (Mental Health Commission, 2012a; 2012b), it does little to allay concerns of those in the sector as to how these changes will be appropriately managed.

**ISSUES AND IMPLICATIONS**

It could be argued that it is not the role of such policies to offer these directives, and the process of implementing these changes should, in theory, be discussed and negotiated by the different parties concerned. However, the evidence from this thesis points to the perception of a fragmented sector, largely driven by a ‘top down’ approach where the voice of funders and policy makers heavily influences whether a service survives, thrives or dies. Studies looking at the different aspects of organizational restructuring have found evidence of similar occurrences, further strengthening the argument to closely examine the context within which organizations operate to identify the key factors influencing change (Fulop et al., 2005; Tomoaia-Cotisel et al., 2013). To date there is no evidence of a Pacific mental health service that has been able to meet the funder performance criteria and consequently failed to continue due to a discontinuation in funding.

**FACTORS INFLUENCING ORGANIZATIONAL SUSTAINABILITY**

**AN OVERVIEW OF FINDINGS**

In this second part of the collective story, participants’ responses led to the identification of the internal and external contextual factors that influenced organizational sustainability. Internal factors comprised four key themes – the Individual, the Team, the Leader, and the Organizational climate. The external factors comprised two key themes –
Political and Financial. In the third part of the collective story, in addition to the internal and external themes, three over-arching factors were identified – Culture, Hierarchies, and Organizational stigma – whose influence on sustainability could occur at all levels of the organizational context. The collective story concluded with the identification of four success factors – Effective communication, Shared values & beliefs, Stakeholder engagement & understanding and Relationship strength – each of which were equally critical for sustainability.

**INTERNAL CONTEXT**

The internal context revealed four factors – the Individual, the Team, the Leader and the Organizational climate, each of which are discussed below, starting with a brief overview of the findings, before putting the results into the wider context of other literature and exploring the ‘bigger picture’ issues and implications. The figure from Chapter 6 illustrating these key findings has been reproduced below to help link specific results to the different components.
Figure 34: Overview of the key themes comprising the internal context

THE INDIVIDUAL

OVERVIEW OF FINDINGS

This theme comprised three sub-themes: 1) attitude & satisfaction; 2) passion versus purpose; and 3) clinical versus cultural competence. The findings revealed that all study participants generally felt happy in their roles and greatly appreciated the people they worked with. In many ways, this finding was a contrast to how participants in other studies usually described their attitude and satisfaction, particularly during a period of reform and general upheaval within organizations.
**Attitude and Satisfaction**

Other studies have highlighted this issue describing the resultant fears and anxieties felt by employees (Henkoff, 1994); the guilt of having a job compared to colleagues whose contracts have been terminated (Kirk, 1995) and the decrease in job satisfaction during the downsizing process (Luthans & Sommer, 1999). In terms of the New Zealand context, Collings and colleagues’ (2010) investigation into sustainable primary mental healthcare found that individuals from partner DHBs who experienced significant management restructure found themselves highly stressed and as such, were completely unable to participate in the project for several months.

In light of this evidence, two possible explanations are put forward for these findings: Firstly, while there was a general feeling of unease in the sector, on an individual level, some of these anxieties were diffused when participants examined their situation and evaluated it in light of possible merits, such as the freedom to operate in a relatively supportive niche, having strong working relationships, and a personal tendency towards positivity and resilience. Secondly, these organizations as a whole may have already communicated to employees that their focus was primarily on examining the range of services being delivered to consumers as opposed to downsizing staff. Additionally, for organizations that were seeking to downsize, individuals may have been given the criteria that would be used and the extent of which staff would be affected. By having access to sufficient information and the time to adjust to the upcoming changes, individuals may have felt better prepared.
Luthans and Sommer’s (1999) study found this to be the case, particularly for managers at a medical rehabilitation hospital. Given that most of the participants in this study were at senior management level, Luthans and Sommer’s (1999) finding could be applicable to this context. Of the thirty-one people interviewed, one had been informed by management that her position had been made redundant and I managed to interview this participant, on what was her last day of employment.

Sitting in a medium sized office surrounded by cartons, some packed, the others patiently waiting for their contents, I found this to be a slightly surreal experience, but one that highlighted the realities of a restructure for this participant, who had been informed a few weeks prior of a new management structure, which essentially removed her role, without explaining how her responsibilities would be reconfigured in the ‘new’ form. When asked about what the future held for her, the participant explained that she had been unable to secure another job so was thinking about travelling abroad to visit family briefly before coming back to New Zealand to seek employment. The literature on employee attitudes during redundancy process is predominantly skewed towards reporting the negative effects of such organizational change (Kivimäki et al., 2003), with few studies noting that it is how staff perceived this development is of higher importance (Dewettinck & Buyens, 2002; Ursin & Eriksen, 2004).

Organizations in which employees feel that they have been treated fairly and with respect contribute to their resilient outlooks (Sirota et al., 2005), although those in senior management roles generally feel more negatively about their job loss (Wiesenfeld et al., 2000). In light of these finding, the key issue seems to be employee perception, which in turn
shapes their attitudes. Returning to the case of the participant departing her workplace, her view of this change as an opportunity, rather than a threat, at least at the time of the interview would have also had a bearing on her remaining responses to the questions. My analysis of this transcript revealed that most of the narrative was reflective and insightful, rather than filled with malice and anger, though she did raise concerns about how her managerial and reporting responsibilities would be covered.

**Passion versus purpose**

Further findings from the study revealed that participants were incredibly passionate about Pacific mental health and as such, were strongly focussed on improving health outcomes for service users. By keeping consumer wellbeing as the core of service delivery, participants were convinced that the organization could weather any challenges it experienced. To do so, it was felt that services needed to continually find ways of improving service delivery in such a way that outcomes within the community kept improving. Additionally, by pushing themselves a bit further, participants felt that they could not only achieve outcomes for Pacific people but also use the opportunity to realise their own potential. Rather than looking at this combination of altruistic and personal motivations studies have mainly focussed on one particular aspect, i.e. either the intrinsic (relevant to the individual’s personal growth) or the extrinsic factors (concerning external issues such as interpersonal relations).

Boardman and Sunquist’s (2008) examined both factors and found that employees who strongly believed that their organizations contributed to improving outcomes for the
community were more committed to their roles and personal learning. Wrzesniewski and Dutton (2001) focussed on why this may be the case and identified that employees psychologically re-crafted their professional roles such that it informed their ‘work identity’ in an effort to exert some form of control on their roles and to improve their self-image, which then had implications for how they interacted with others.

Most research that has looked at both intrinsic and extrinsic factors are primarily from the not-for-profit and educations sectors such as Wittmer’s (1991) study, which revealed that employees from non-profit organizations were more concerned by meeting community needs rather than personal financial rewards. Similarly, an extensive education study spanning Australia, New Zealand, England, and the United States revealed that the motivation for teachers in all four countries to enter the profession was to primarily to aid children (Scott, Stone & Dinham, 2001). As such, there is strong evidence in the literature for employee motivation, which is driven by personal perception. In the case of Pacific mental health services, since the primary reason for their establishment was to improve health outcomes for consumers, participants may have felt that by working for such organizations they were able to combine their personal passion with the organizations’ purpose.

A wide range of studies has examined the role of staff within an organization and their associated competencies, with the majority focussing on individuals most likely to drive change (e.g. Beatty & Gordon, 1991; Hammer & Champy, 1993; Ottaway, 1983). As such, these studies have focussed on employees at middle to senior management level. This stance, however, is argued to overlook two critical aspects of implementing and sustaining
change: 1) individuals within an organization may inhabit multiple roles and at times, switch positions (Buchanan & Storey, 1997); and 2) as the boundaries of what constitutes change become ill-defined over time, the responsibility for implementation spreads to other individuals (Buchanan et al., 1999).

Reflecting on the types of participants recruited for this study, it is clear that the majority could be classified as operating at senior levels of management, similar to other studies (e.g. Buchanan, 2003; Luthans and Sommers, 1999). However, unlike other research whose explicit focus right from the outset was this target group (e.g. Buchanan et al., 1999; Doyle et al., 2000), the recruitment of participants in this study was open to employees all levels of the organizations. As it happened, the people who responded to the initial query held senior roles and as such, volunteered themselves for the interviews, rather than suggesting or asking say, administrative or cultural support staff to partake in the study.

**Issues and Implications**

In light of this observation, two possible explanations are put forward: 1) the topic of organizational sustainability may have been perceived to be of higher strategic and operational importance to staff in senior leadership and management roles. Furthermore, given the reforms occurring at the time, this group may have felt most well equipped to answer questions about sustainability and change; and 2) as indicated by many participants, this project was the first time they had had the opportunity to provide their perspective on organizational sustainability, which given the changes occurring in the sector were timely and also somewhat overdue. As such, the expectations of some participants were for me to
provide immediate solutions that could translate into practical applications in the sector, something that was unfeasible for a number of reasons. These developments provide a glimpse of the desperation facing the sector at the time, given the dearth of sustainability knowledge and the uncertainties of how the reform would affect them.

**Clinical versus cultural competence**

The last finding under the ‘Individual’ theme revealed that participants needed a sound mix of clinical and cultural competencies in order to successfully deliver services. A growing number of studies have begun to examine the intricacies of incorporating cultural aspects into the clinical domain, given the growing racial and ethnic diversity of patients (Lewis-Fernández & Díaz, 2002). While there are strong recommendations for this combination of skills, one of the best ways of incorporating this into services is thought to be via the development of cultural assessment tools that can be used in clinical settings. As such, a number of conceptual models have sought to systematically integrate cultural and clinical components into a viable assessment tool; however, many of these are still yet to be validated (Lewis-Fernández & Díaz, 2002; Lo & Stacey, 2008). Furthermore, the degree of success with the implementation of such tools have been found to vary, depending on the cultural, clinical and organizations contexts (Vega, 2005).

In terms of the New Zealand Pacific mental health context, a Tokelauan cultural assessment tool was developed in consultation with the community and has been shown to be a useful mechanism for incorporating the cultural aspects of a specific ethnic group into clinical work (Kupa, 2009). My understanding is that although new research on the viability
of this tool have not been published since the initial paper in 2009, the tool continues to be used within select Pacific mental health services. Similarly, Pacific mental health services may be already using other cultural assessment tools that are either ethnic-specific or pan-Pacific that have not been published in traditional academic domains, but would certainly be worthy of further investigation.

THE TEAM

OVERVIEW OF FINDINGS

This theme comprised three sub-themes: 1) the importance of organizational culture; 2) striking the right balance; and 3) blurred boundaries. The findings revealed that the work environment contributed significantly to participant wellbeing as well as the level and type of service they were able to offer consumers. The ideal work environment was one that acknowledged their ethnic cultural roots, allowed teams to work with people who shared their values and beliefs and enabled sharing of cultural knowledge. Organizational culture was influenced by the level of support other team members provided and shared knowledge practices. Poor organizational culture resulted in weakened team cohesion, and exacerbated self-interest tendencies.

THE IMPORTANCE OF ORGANIZATIONAL CULTURE

Hackman (1992) highlighted the importance of team culture and dynamics and argued that while teams are embedded within the greater organizational context, the notion of a ‘team’ is a context within itself. As such, the impact of ethnicity and diversity within the
team also extends to the organization. Kanter (1977) noted that when people who identified as the ethnic minority reached a stage of sufficient critical mass in an organization, this protected them from negative stereotyping within the workplace. This can then accumulate as a tipping point and increase overall workplace diversity and tolerance (Kossek, Markel & McHugh, 2003). These benefits also extend to the organizations, since those, which embraced diversity, and its associated practices report increased productivity and reduced staff turnover (Richard & Johnson, 1999).

Ethnicity and the associated cultural values and beliefs are characterised by a shared ancestral heritage and a commonness that is accumulated through history (Barth, 1969; Bhattacharya et al., 2010; Fishman, 1989; Royce, 1982), as well as the way a group reacts, relates and interprets their experiences (Heller, 1987). This sharing of cultural features gives rise to a collective group identity (Ferdman, 1990), which becomes threatened when significant cross-cultural differences arise, thus impacting on motivation, attitudes and job satisfaction (Tannenbaum, 1980). It adversely impacts service delivery and consequently, strengthens the argument for organizations to focus on becoming multi-cultural, given its benefits for team cohesion, and in reducing interpersonal conflicts (Cox & Blake, 1991). Care must be taken, however, with managing and maintaining group dynamics as such that it addresses the organizational context within which teams operate; otherwise diversity becomes the reason for high turnover and conflict (Kochan et al., 2003).

**Striking the right balance**
This study has found evidence to support Kochan and colleagues’ arguments (2003), given participants’ serious considerations to staff recruitment. Such was the importance of having the ‘right people’ that it impacted at all levels of the organization, its service delivery, and ways of navigating through sector challenges. Further examination of team composition revealed staff age groups, gender and ethnicity were key to team functioning and service delivery. Accommodating all these issues, however, raised challenges for team size in light of finite resources. Optimal team size has been the focus of on-going debate within the research arena, with varying degrees of success. Studies have recommended team sizes ranging from seven (Scharf, 1989) to upwards of twelve or more (Katzenbach & Smith, 1993). These assertions, however, are usually based on personal experience rather than being grounded in empirical evidence.

The mixed evidence trail continues with some research identifying that team size improves performance (e.g. Campion, Medsker & Higgs, 1993), while others have found negligible difference (e.g. Martz, Vogel & Nunamaker, 1992). More recent research indicates that the issue of team size is not of that much importance as evidence of stability emerges naturally once the ideal size is reached (Guimerá et al., 2005). Others argue that the key issue is the composition of team personality, given its significant impact on organizational performance (Prewett et al., 2009), which may help understand why participants in this study were so particular about who came on board.
The key principle underlying team dynamics for this study stems from the need for shared values. Research on team values and its associated organizational effects is an emerging area of interest. The collective psychological orientation that underpins values has been shown to be a positive attribute in teams with strong, shared understandings when it comes to information sharing and decision making (Randall, Resick & DeChurch, 2011). While these studies on team size, composition and dynamics are useful in explaining psychological and cohesion aspects; they do not mention the issue of financial resource constraints, which was one of the primary concerns for participants in this thesis. Little has been published in this particular area, with the majority of studies focusing on the organizational profits and productivity, rather than internal resource constraints during difficult times.

Haleblian and Fincklestein’s (1993) study is one that examined CEO-level senior management performance in turbulent environments and found that large team sizes were better performers compared to smaller ones. At face value, this finding may increase the odds in favour of larger teams; however, a closer inspection revealed that large teams by their very nature need intensive resourcing to assist in decision making to help organizations withstand the effects of turbulence. If this argument were to be applied to the Pacific mental health context, then it would seem that organizations which operate with relatively small budgets and invest considerably little in team size are more likely to experience higher levels of turbulence and be at greater risk of being unsustainable.
Participants in this study spoke highly of the merits of knowledge sharing and engaging in continuous learning practices. This finding is similar to that of Hovlid and colleagues (2012) who found that the use of shared reflective processes can be useful in successfully sharing of information between senior management and clinicians to help sustain quality improvement initiatives. While such processes enable individual staff to develop a common model that could be used to improve performance, they also allow clinical and management teams to identify issues and propose innovative solutions, including deeper system changes, which are more likely to result in sustainability (Hovlid et al., 2012).

**Blurred Boundaries**

The last set of findings under the ‘Team’ factor revealed that participants often socialised outside the workplace and were comfortable discussing their work in informal settings. They acknowledged that while this blurred their personal and professional boundaries, it resulted in stronger working relationships and had a positive impact on their work. Workplace friendships and socialising have been studied via a range of different perspectives and approaches, with feminist ethnographies finding this level of interaction to be integral to the retail work environment (Cavendish, 1982; Pollert, 1981; Westwood, 1984). Meanwhile, Marshall’s (1986) study in the hospitality industry revealed that fluid and permeable boundaries between customers and staff were the norm, and Phal’s (2000) study demonstrated how employee age groups could influence group size and social activity. The extension of socialising from the workplace into personal lives has been well documented by Benson (1988), which showed employees sharing meals, match making and even taking...
holidays together. Such socialising is arguably tied into deeper issues of emotional support and psychological intimacy that transcend the workplace (Phal, 2000).

Workplace friendships have been found to transcend boundaries of age, gender and status, and as such, can occur between younger and older employees (Crampton & Mishra, 1999; Matheson, 1999; Simonetti & Arris, 1999); men and women (Eyler & Baridon, 1992; Lobel et al., 1994; Powers, 1998); and supervisors and subordinates (Boyd & Taylor, 1998; Valerius, 1998). These friendships enhance work performance, collegial support and instil loyalty (Ingraham et al., 1998; Palmer, 1998, Terry, 1993). Challenges arise, however, when friendships progress to romance and result in harassment (Bayes & Kelly, 1984; Seglin, 2000).

These studies indicate that there are several merits of socialising outside the workplace, which can have positive effects on service delivery. The one aspect that has not been investigated is the potential flow-on impact this socialising has on consumer perspectives. For the Pacific mental health sector, the small, close-knit nature of communities means that in many ways, a high degree of separation between work and personal lives of employees is unlikely. However, from the perspective of service users, there is some anecdotal evidence that Pacific consumers sometimes deliberately choose mainstream services over fears that if they were to visit a Pacific mental health service, they would be recognised and staff would not keep their information confidential.
**ISSUES AND IMPLICATIONS**

This notion of socialising outside the workplace raises interesting questions as to how people in the sector reconcile the blurred boundaries when these start to have negative impacts on service delivery. Literature has already indicated that Pacific consumers have poor access rates and while there are financial factors at play here (Malo, 2000; Suaalii-Sauni et al., 2009), there is little data to shed light on how fears of being recognised and later, stigmatised affect consumer behaviour. Staff operating in the mental health sector may not see their socialising as an issue but for consumers, it may be a deciding factor on whether to access their local Pacific service, or attend a mainstream service or avoid seeking help altogether. Given the extent to which Pacific staff are involved in activities outside work, as per the findings from this study, these blurred boundaries also provide an opportunity to raise awareness of mental health issues and reduce the stigma in the community. There is growing evidence to suggest that anti-stigma and discrimination campaigns do contribute positively towards consumer wellbeing (Peterson, Pere & Sheehan, 2004; Thornicroft, Wyllie, Thornicroft & Mehta, 2014) and in light of Pacific mental health services looking to increase access rates to meet the unmet population needs, and demonstrate their ‘value for money’ incorporating these well networked staff into their community outreach activities may be worth considering.

**THE LEADER**

**OVERVIEW OF FINDINGS**

This theme comprised three sub-themes: 1) different types of leaders; 2) leadership attributes; and 3) workforce capacity and capability. The findings revealed that leaders were
integral to organizational sustainability, and as such, younger and older, clinical and cultural leaders were required at different levels of the organization. Participants stressed the importance of consumer leadership, given its vital role linking the organization and community and the need for services to acknowledge the value of consumer leaders’ expertise.

**Different Types of Leaders**

The importance of consumer participation in mental health services has been recognised in a number of policies in New Zealand (Mental Health Commission, 2012a; 2012b), as well as other parts of the world, such as Australia (Australian Health Ministers, 1998) and the UK (Thornicroft & Tansella, 2005). New Zealand experienced a significant “paradigm shift” that saw mental health policies move away from consumer involvement to recognising the need for leadership roles within the sector (Gordon, 2005, p. 364). The importance of consumer leadership is an emerging area of research, with studies documenting the vital link consumer leaders provide between organizations and service users, even though those in such roles continue to experience a number of organizational and attitudinal barriers from others working in the sector (Bennetts et al., 2013). The paucity of studies looking specifically at consumer leadership and organizational sustainability is of particular concern, given the lack of evidence on how consumer roles are viewed during turbulent restructuring environments and what approaches are taken to retain these positions, given their significance.
LEADERSHIP ATTRIBUTES

The findings from this thesis also indicated the need for strong leadership presence to progress the organizational objectives. Leaders needed to be visionary, and to employ more assertive techniques, rather than always relying on traditional deferential modes of engagement, given failure to do so impacted negatively on organizational sustainability. As external stakeholders, communities often judged organizational performance via the quality of its leaders and as such, expected those in leadership positions to be highly altruistic.

The influence of leadership styles on organizations and employee behaviour has been well documented, with a small number of studies focusing on the mental health sector (Corrigan et al., 2002; Sluyter, 1995). Leaders have been identified as crucial to motivating and influencing staff to develop innovative solutions to meet consumer needs (Corrigan et al., 2000), although there is some evidence to suggest that this compatibility may stem from employees’ individual perceptions of how the leader operates (Corrigan et al., 2003). In terms of organizational sustainability, this finding indicates that employees who feel comfortable with their leaders’ operating style are more likely to have the confidence that they will be well treated even if the organization is going through significant changes.

Studies examining how culture influences leadership styles have largely focused on the barriers to interaction between Western and Asian business leaders (Spencer-Oatey & Xing, 2004). Leaders’ decisions to choose different engagement styles depending on the
context have been addressed to some extent by studies looking at the concept of politeness, revealing that the changes in demeanour may be out of consideration for others (Holmes, 1995) and even how others interpret the signals (Watts, 2003). A considerable number of studies have been devoted to examining the definitions of polite versus impolite interactions, and the motivations behind such actions (Mills, 2003; Spencer-Oatey, 2005).

Johnstone and Powles (2012) compiled the stories of Pacific Island leaders from a number of different nations to illustrate the impact of colonisation, the challenges of governance and the successes of communities. Similar to this study, the stories illustrated the importance of vision and the need for leadership presence to help further the goals and objectives being pursued. One particular aspect highlighted by Johnstone and Powles (2012) was the reluctance of some leaders to take on more significant leadership posts, something which did not come up explicitly in this study, however, may need to be examined as part of ensuring that the people in positions of authority genuinely wish to be at the helm, rather than doing so because of others’ expectations.

In terms of the wider New Zealand context, Schnurr and colleagues (2007) argue that although the strategies leaders use for different interactions do take into account the norms of expected behaviour, these styles will always be open to interpretation by others who may either find them acceptable or inadequate, depending on their personal lens. The implications of these findings for organizational sustainability would suggest that leaders need to be extra vigilant about their communication and engagement styles within and
outside their organizations and perhaps even take time to examine recent interactions to
determine their effectiveness in advancing the goals and objectives of their service.

Another growing area of research is on the concept of altruistic leadership, which
looks at the dynamics of ethics, morality and selfless motivations and has highlighted the
debate on the attributes and characteristics of a ‘true’ leader (Greenleaf, 1997). Russell and
Stone (2002) suggest that leaders whose primary objective is to serve others are perceived to
be more reliable and trustworthy, while Brown and colleagues (2005) argue for the merits of
ethical leaders who employ constructive, collaborative communication styles across all
interactions.

Although studies on the expectations of ethnic communities on leaders remains
sparse, there is some evidence of the high expectations these external stakeholders have of
organizations, often viewing themselves as collaborative partners, and requiring honest,
trustworthy relationships with providers (Ammerman et al., 2003; Aumua, 2008). Given the
crucial role communities play as active participants in service delivery, their collective voice
is likely to carry considerable weight. Leaders looking to sustain change would do well to be
mindful of community expectations of not only the service, but also of their personal
motivations.
**Workforce Capacity and Capability**

The final set of findings under this theme revealed that the lack of suitably qualified and experienced leaders was of particular concern to the sector. Pacific leaders often lacked the years of experience necessary, given workforce development challenges. Initiatives to retain staff such as internal promotions, and mentoring were used in favour of external appointments. Participants were not against appointing non-Pacific people to leadership positions, but were concerned how this move translated to developing the Pacific workforce and the embodiment of cultural values.

Workforce challenges, particularly the lack of suitably qualified and skilled staff, poor recruitment, high turnover and unsuitable skill mixes have been identified as the key issues facing the mental health sector (Hatcher et al., 2005; Te Pou, 2007b). Pacific mental health services have also voiced concerns in other forums about the lack of Pacific expertise at leadership and governance levels and the impact this has on organizational stability (Mental Health Commission, 2001a). A number of policies have also recommended priority areas for workforce development (Ministry of Health, 2002; Minister of Health and Minister of Pacific Island Affairs, 2010).

These have led to the creation of Le Va, an organization dedicated to Pacific mental health and addiction workforce development in New Zealand (Ministry of Health, 2008). Despite a number of advancements, such as provision of academic scholarships and an emerging leaders programme (Le Va, 2016), the sector still struggles with workforce issues.
This aspect was captured by one of the participants who remarked that, “We do not have a Pacific mental health workforce that is sustainable. That’s going to take five to ten years to develop. In the meantime, how does this sector respond while that’s happening is a critical, critical question.”

**Issues and Implications**

In light of these findings, the above question is a valid one. The five to ten year projection as proposed by one of the participants is based on her sector experience, having witnessed the impact dedicated funding and development opportunities have on increasing the Pacific health workforce. However, given this lead-in time needed before the Pacific mental health workforce is at a point where there are sufficiently qualified and experienced people to fill leadership roles leaves services potentially vulnerable to change. With an insufficient number of Pacific leaders at different levels of an organization, it is somewhat understandable why non-Pacific leaders would be appointed, given their qualifications and experience base. On one hand, it could be argued that the presence of such leadership is helpful in navigating the day-to-day challenges of service delivery and to potentially mitigate the ill effects of turbulent environments, but how this translates to Pacific people taking ownership of service delivery as per the ‘Pacific for Pacific’ agenda (Agnew et al., 2004) is another question. There is of course, no guarantee that the presence of Pacific leaders would ensure service sustainability but given the interactional effects of leadership, cultural values and community satisfaction, there is a strong case to be made in favour of sustaining Pacific workforce development initiatives. Given the paucity of evidence on the influences of leadership style and ethnicity on organizational sustainability, this may be an area worthy of investigation.
THE ORGANIZATIONAL CLIMATE

OVERVIEW OF FINDINGS

This theme comprised three sub-themes: cultural and structural alignment; place within the system; and system potential. Poor alignment between the organizational cultural values and those of the staff led to constant struggles to justify the reasons for operating in what were essentially, more culturally-appropriate responses to consumer needs. The consequent failure of management to understand these reasons meant that organizational systems remained hostile to flexible approaches to service delivery, and more aligned with mainstream models of care, rather than embodying Pacific values and focussing on recovery.

CULTURAL AND STRUCTURAL ALIGNMENT

While this poor alignment impacts negatively on staff morale and service delivery, at its core the issue seems to be about the incongruence between staff and organizational culture. O’Reilly and Chatman (1996, p. 166) argue that organizational culture is “a system of shared values defining what is important and norms, defining appropriate attitudes and behaviors, that guide members’ attitudes and behaviors.” The collective sharing of staff values influences this culture (Dolan, 2011; Dolan et al., 2006), increasing trust and improving staff attitudes, behaviour and performance (Dolan, 2011; Edwards & Cable, 2009; Hemmelgarn et al., 2006; Hoffman & Woehr, 2006). A disconnect between personal and organizational values, however, leads to conflict in the workplace (Dolan, 2011). This incongruency in values consequently impacts on the organizational climate, i.e. the practices
and procedures that occur in the workplace (Ahmed, 1998; Glisson & Green, 2010). What starts off as individual employee perceptions, then turns into the collective view of how staff experience an organization’s policies and procedures (Glisson & James, 2002; Shadur et al., 1999).

There is some evidence to suggest that the responsibility for ensuring alignment between employee and organizational cultural values falls to leaders and senior management (Ahmed, 1998; Ross, 2008). This, however, assumes that people in managerial roles are accurately able to perceive this disconnect (Brightman & Sayeed, 1990). Furthermore, studies that have compared management and ‘frontline’ staff perceptions have found significant differences between the two groups, with those in managerial roles more aligned to the organizational culture and climate (Carlfjord et al., 2010; Martin et al., 2005). Collectively, this evidence indicates that in order to effectively address the organizational climate, first, the value congruency between frontline staff and management needs to be examined. Greater interactions between both groups has been identified as a potential way to reduce perception gaps and help develop a more user-friendly organizational climate (Zohar & Luria, 2010), as has the use of intervention tools to improve communication and understanding (Glisson et al., 2010).

**Place within the system**

The next set of findings under the Organizational climate theme revealed that with service systems perceived to be lagging in robustness and inadequate business models, a significant overhaul of the system was required, without which the sector would remain
directionless. Services operating under DHBs had access to more robust systems compared to NGOs, which had the advantage of being responding faster to consumer needs, given the lack of rigid bureaucratic structures. Despite these challenges, however, organizational systems were deemed valuable in helping understand the ‘bigger picture’ and could be used to improve service delivery.

Although there is considerable literature devoted to examining the need for redesigning organizations to improve service delivery and consumer satisfaction (Maurer et al., 2015; Restuccia et al., 2012), the process has been noted to be frustratingly slow, regardless of resource investment and stakeholder commitment and competencies (Jha et al., 2005; Rosenthal et al., 2004). A number of approaches have also been proposed to help undertaken system-wide improvements (Berwick et al., 2008; Kraft et al., 2015; Maurer et al., 2015), though these are context dependent and not necessarily conducive to direct adoption. Examining the literature to identify how others have responded to the issue of organizational redesign, one of the most striking features is the language used to describe this change, from ‘large system transformation’ (Best et al., 2012), to ‘organizational transition’ (Knox et al., 1997), and as such, the choice of terminology is dependant on policy directives and how the effects of this redesign are perceived. For instance, studies primarily reporting on the negative consequences appear to use words like ‘restructuring’ while more positively oriented reports speak of ‘innovations and transformations.’

Applying these observations to participant comments in this study, it is interesting to note that the word “change” was predominantly used, as in “…the business model needs to change…” instead of the ones mentioned above. Participants appeared to have, deliberately
or otherwise, stayed away from other terms, with none raising the concept of ‘restructuring’ when pointing out the changes required to the internal context. On the face of it, these variations in terminology may not look like they matter much, but behind them lies participants’ perceptions and expectations of how they want this re-design to occur, and would certainly benefit from further investigation.

Agnew and colleagues (2004) study also found similar evidence of differences between DHB versus NGO mental health services, and noted that while policies and processes in NGOs may be simpler than those at DHB level, this was reflected in their lack of sound infrastructure and smaller budgets, which made it significantly difficult to deliver services as effectively as they would like at times. Further, when mental health NGOs had been initially created, their unique ‘selling point’ was the inclusion of culturally appropriate services, which was either considerably lacking, or absent in mainstream services. However, following the extensive efforts of national anti-stigma and discrimination campaigns such as Like Minds Like Mine (Barnett & Barnes, 2010), and the development of Pacific mental health services under the DHB umbrella, NGOs have become another option for Pacific consumers, albeit one which is still able to respond relatively faster and offer a higher level of flexibility to accommodate service user needs. The study went on to conclude that while their cohort of consumers had not reported any significant differences in the level and type of care in DHB-based services versus NGOs, it would be better for NGOs to continue providing the services as they have (Agnew et al., 2004). From an organizational sustainability perspective, if NGOs were to carry on in this capacity, it raises questions about how they strengthen their systems to still be flexible enough to respond quickly and
appropriately, while at the same time ensure that their operational management practices are sound.

**System potential**

Finally, despite the considerable number of challenges with the organizational policies and procedures echoed by most of the participants, there was one ‘voice’ that took the opportunity to comment on the usefulness of the system. My decision to include this ‘conflicting narrative’, as it would be classified in organizational literature was to highlight that while the current system may not be deemed ‘perfect,’ there was still a value to having policies and procedures. Usually conflicting narratives operate in the opposite direction, i.e. pointing out the negative issues, while the dominant collective voices ‘sing praises’ of the organization, in line with the corporate slogan (Buchanan & Dawson, 2007).

In this instance, the comments were made by a senior service manager, who chose to reflect on how understanding of the organizational climate, helped one not only see the “bigger picture” but also identify opportunities for innovation. These comments align strongly with the processual-contextual perspective (Dawson, 1994; 1996; 2003; Pettigrew, 1985; Pettigrew & Fenton, 2000) and in many ways, go to the heart of organizational sustainability. There is a danger that if the collective view of the sector remains firmly focussed on the challenges, it loses the opportunities to identify ways of resolving the issues; this does not mean that the organizational policy and procedure issues should be ignored or ascribed less importance. Rather that by failing to be mindful of the wider context, solution generation can be perceived to be the ‘job’ of someone else, when the reality is that those
who are working within the confines of the current organizational climate may actually already have the solutions to improve things.

**EXTERNAL CONTEXT**

The factors arising from the external context marked the continuation of the collective study of organizational sustainability. Here, two factors were identified – Political and Financial. Each of these are discussed below, starting with a brief overview of the findings, before putting the results into the wider context of other literature and exploring the ‘bigger picture’ issues and implications. The figure from Chapter 6 illustrating these key findings has been reproduced below highlighting the external context to help link specific results to the different components.
External context
- Political
  - Understanding the politics
  - Impact of current government
  - Prioritising, manoeuvring & networking
- Financial
  - Bleak realities
  - Model & process challenges
  - Working smarter

Critical success factors
- Effective communication
- Shared values & beliefs
- Stakeholder engagement & understanding
- Strength of relationships

Over-arching factors
- Culture
  - Personal worldview
  - The Pacific worldview
  - Doing things the Pacific way
  - Cultural competency
- Hierarchy
  - Internal context: clinicians vs. cultural workers
  - External context: services vs. funders
- Organizational stigma

Internal context
- Individual
  - Attitudes & satisfaction
  - Passion vs. purpose
  - Clinical vs. cultural competence
- Team
  - Organizational culture
  - Blurred boundaries
  - The right balance
- Leader
  - Different types of leaders
  - Leadership attributes
  - Workforce capacity & capability
- Organizational climate
  - Cultural & structural alignment
  - Place within the system
  - System potential

Figure 35: Overview of the key themes comprising the external context

POLITICAL

OVERVIEW OF FINDINGS

This theme comprised three sub-themes: 1) understanding the politics; 2) impact of the current government; and 3) prioritising, manoeuvring & networking. There were firm views that government politics strongly influenced service sustainability in the sector and a sound understanding of politics was required. The current government and its priorities were perceived to be of significant concern to the sector given its impact on policies and funding decisions. Although there was a general air of unease, particularly during this part of the narratives, one participant was ‘brave’ enough to articulate how she felt that the attitude of currently elected officials were incompatible with the principles of improving health outcomes for the community. While working within the parameters set by political
influences, there was consensus on the need to be innovative and network both within and outside the sector to strengthen service sustainability and provide more holistic care.

**Understanding the politics**

To better appreciate the political influences, the history of reform for the wider New Zealand health sector needs to be considered, going back to the 1980s, when sector reforms were a continual and constant recurrence, with significant changes occurring for funding, planning and service delivery (Cumming & Mays, 2002). While all of the changes cannot be identified, given the lack of documentation and their occurrences happening ‘under the radar’ of public scrutiny, the table below illustrates some of the key changes (Ashton et al., 2000; Ashton & Tenbesl, 2012; Cumming & Mays, 2002; Gauld, 2012; WHO, 2014).

<table>
<thead>
<tr>
<th>Period</th>
<th>Description of change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Till early 1980s</td>
<td>Separate arrangements for healthcare funding, planning and service delivery. 29 hospital boards. 1 national Department of Health, with 18 district offices. Issues: lack of cost effectiveness; fragmentation of services; poor consideration of needs-based funding; weak accountability to central government, poor efficiencies and budget blow outs.</td>
</tr>
<tr>
<td>1983-1993</td>
<td>14 territorial Area Health Boards created under fourth term Labour government. Population-based funding model. Stronger accountability to central government. Issues: fragmented funding; poor financial management; variable quality of care; poor cost effectiveness; and unresolved issues of accountability</td>
</tr>
<tr>
<td>1993-1997</td>
<td>Significant changes with the new conservative National government. Separation of purchaser and provider roles. Unified health budget for most funding arrangements. 4 Regional Health Authorities created as purchaser arm. 23 Crown Health Enterprises as provider arms, under national government ownership. Competition with private sector encouraged. Expectation of profit generation, while delivering services at lower cost. Issues: constraints too tight to demonstrate significant change. Low public confidence. Expectation of complete</td>
</tr>
<tr>
<td>Time Period</td>
<td>Description</td>
</tr>
<tr>
<td>-------------</td>
<td>-------------</td>
</tr>
<tr>
<td>1997-2000</td>
<td>1 national purchaser called Health Funding Authority (instead of 4) under the National–New Zealand First coalition government. By-line changed from competition to cooperation. Profit expectation revised. The 23 Crown Health Enterprises renamed Hospital and Health Services.</td>
</tr>
<tr>
<td>2000-2002</td>
<td>Development of national health strategies and significant structural changes following election of Labour-Alliance coalition government. Health Funder Authority removed. New Ministry of Health and 21 District Health Boards (DHBs) created. Significant responsibility to DHBs including allocating funding, owning and managing hospitals – focus on more decentralised decision-making. Development of a Pacific health strategy, amongst others. Development of Pacific health services. Issues: administrative duplication; increased cost; ambiguity with territorial roles.</td>
</tr>
<tr>
<td>2008-2012</td>
<td>Centre-right coalition government elected. Establishment of a National Health Board, under central government ownership for funding and planning, monitoring DHB performance and reducing duplication. DHBs reduced from 21 to 20. Focus on regional collaboration between DHBs. 1 national and 4 regional ‘shared services’ agencies created to address the administrative duplication. Ministry of Health restructured and downsized. DHB structures left as before. “Better, sooner, more convenient” policy for primary health services. Issues: DHB size relative to population; overlapping responsibilities; territorial ambiguity. Dis-establishment of the Mental Health Commission and amalgamating some of its functions with the Health and Disability Commission. Centre-right coalition government re-elected in 2011.</td>
</tr>
<tr>
<td>2012-2016</td>
<td>Centre-right coalition government re-elected in 2014. Continuation of polices and reforms, with a particular emphasis on service integration.</td>
</tr>
</tbody>
</table>

**IMPACT OF THE CURRENT GOVERNMENT**

This history of health reforms provides a snapshot into the impact of political influences on service design and delivery. What it doesn’t illustrate are the day-to-day implications these changes have for those working in the sector and service users. As mentioned earlier, the unease and distress of participants was clearly palpable during the interviews as they explained the impact reforms were having on their work. Reforms and
the associated restructuring have profound impact on employee wellbeing, eroding morale and expertise (Walshe, 2010). Organizational sustainability can be seriously threatened with continual sector reforms, which legitimise any aspect of an organization and its service delivery to be considered for restructuring (Buchanan et al., 2007).

ISSUES AND IMPLICATIONS

So the question becomes: where does this leave Pacific mental health services? Given the political dimension is an externally generated influence, there is relatively little that can be done by services to directly impact the policy directives. A case could be made for electing another major political grouping, however, there is little guarantee that this would result in no net change, as evidenced by the history above (Cumming & Mays, 2002). Services looking to weather out periods of turbulence and greater fiscal constraint may perhaps be better placed to strengthen their structures and monitoring processes such that they have strong, credible evidence to argue against unreasonable demands.

PRIORITISING, MANOEUVRING AND NETWORKING

In this study, participants had already identified ways of prioritising, manoeuvring and networking, which would help strengthen their resilience against adverse change. A significant amount of literature has been dedicated to the value of networking, with new research differentiating between face-to-face engagements and those via online social media (Cunningham et al., 2012). Given the Pacific mental health sector’s proclivity towards face-to-face interactions, particularly in terms of relationship building, Greenhalgh and colleagues (2005, p. 163) suggestion of a collaborative, i.e. “an initiative that brings together
groups of practitioners from different healthcare organizations to work in a structured way to improve one aspect of the quality of their service” may be worth considering. This relatively structured approach provides the time and space for deeper discussions as opposed to the superficial nature of ‘meet-and-greet’ interactions, however, frequent short-burst networking opportunities may be more beneficial for the sector than dedicated collaboratives in time-poor environments. An examination of what styles of networking work best for the sector would certainly be worth pursuing.

**FINANCIAL**

**Overview of Findings**

This theme comprised three sub-themes: 1) bleak realities; 2) model and process challenges; and 3) working smarter. The tight fiscal constraints exerted significant pressures on the sector, the effects of which were exacerbated by participants’ perception of unsympathetic funders. Participants described the impact on staff morale and the temporary relief at receiving additional funding. Senior management staff reported feeling more acutely stressed, given their line responsibilities. They reported a lack of transparency in funding and contracting was of particular concern, as were the limitations of current funding models. Funders in this study, however, blamed the sector’s lack of good business skills as one of the main reasons for their financial woes. Participants within the sector accepted that they needed to identify, develop and rollout new innovations to ensure service sustainability, even though the fiscal constraints made it difficult to identify new ways of doing things. Being accountable for how these taxpayer dollars were used was a high priority, as was delivering up to community expectations.
PUTTING THESE FINDINGS INTO CONTEXT

The implications of operating in fiscally tight environments have been well documented, as have the strategies demonstrating varying levels of success (Buykx et al., 2012; Mays, 2013; Mitten et al., 2013). Others have opted to justify the need to increase funding, rather than curtailing it, given the prevalence of mental disorders and issues of unmet need (McDaid, 2011). Given the complexities of funding arrangements, following health reforms, key policies in New Zealand have attempted to explain how the mental health sector is funded, with regards to the specific pool of funds (known as ‘ringfence funding’) that sought to address unmet needs and improve access to services (Mental Health Commission, 2012a; 2012b).

In light of the tighter fiscal climate, the new recommendations are to: 1) enable greater flexibility in how the funds can be allocated; 2) focus on population-based funding at DHB level; and 3) focus on outputs and outcomes performance measures (Mental Health Commission, 2012a; 2012b). In light of these changes, the Pacific mental health sector would benefit to some extent, given the focus on needs-based resource allocation and a potential change to the funding models. How these translate to increased transparency is yet to be established. Further, while the focus on outputs and outcomes may allow the sector to include the depth and quality of engagement in their performance reports, how this impacts on their funding levels is also unclear. The current policy directive advises a timeframe of between 5-10 years before significant changes are likely to emerge, at which point the ringfence funds arrangements may be reviewed again. A closer examination of the sector to
identify the impact of these policy decisions and how these translate to financial sustainability of services would be worthy of consideration.

These developments, however, still do not address the sector’s lack of business skills, as identified by funders, and in some ways covered by the workforce development challenges noted earlier. Studies have documented the challenges of poor business skills for health services, particularly in low and middle-income countries (Mills, 2014) as well as the competencies for financial management in healthcare organizations (Guo, 2003; Kowalski & Campbell, 2000; Long, 2001). Given the sector’s focus on recruiting Pacific staff to its workforce, it is unclear whether this strategy also includes such technical roles. While the ideal scenario may be for Pacific people with financial management qualifications and experience working within services, the current Pacific workforce development initiatives are predominantly focussed on clinical roles (Le Va, 2016). Given the importance of sound financial skills and systems, focussing recruitment efforts on employing the ‘best people’ for these roles should be a high priority.

OVER-ARCHING FACTORS

In the third part of the collective story, three over-arching factors were identified – Culture, Hierarchies, and Organizational stigma – whose influence on sustainability could occur at all levels of the organizational context. Each of these are discussed below, starting with a brief overview of the findings, before putting the results into the wider context of other literature and exploring the ‘bigger picture’ issues and implications. The figure from
Chapter 6 illustrating these key findings has been reproduced below highlighting the over-arching factors below to help link specific results to the different components.

Figure 36: Overview of the key themes comprising the over-arching factors

**CULTURE**

**OVERVIEW OF FINDINGS**

This factor comprised four sub-themes: 1) personal worldview; 2) the Pacific worldview; 3) doing things the Pacific way; and 4) cultural competency. Pacific and non-Pacific participants strongly stressed the need to first have a sound understanding of one’s own cultural worldview before attempting to become competent in another culture. For Pacific people working in the sector, this meant recognising the need to improve their
fluency in Pacific languages relevant to their ethnicity, given the historical reasons for not learning these while growing up.

**Putting these findings into context**

Understanding the Pacific worldview was deemed crucial, something that clinicians in particular struggled with. Interactions with Pacific consumers required a good working knowledge of different customs, as each Pacific ethnic group was distinct in the way they operated. A range of strategies was used to build rapport from meeting consumers in their homes to longer appointment sessions. Finally, the best way to ‘learn’ Pacific culture was via direct immersion into the community, rather than course-based training. Above all, an appreciation for Pacific cultures, customs and protocols was deemed vital for successful engagement.

The importance of recognising, understanding, and responding appropriately to others’ cultures has been documented extensively in mental health (Bhattacharya et al., 2010; Fernando, 2010). Culture in this context refers to the “conceptual structures that determine the total reality of life within which people live and die, and of social institutions such as that of the family, the village and so on. It may go on to subsume all features of a person’s environment and upbringing, but specifically refers to the non-material aspects of everything they hold in common with other individuals forming the social group…” (Fernando, 2010, p. 10). While calls for addressing cultural competence in mental health have spanned several decades, with varying levels of success (Bhui et al., 2007; Ridely et al.,
In terms of the New Zealand Pacific mental health context, a number of policies have recommended the need to understand Pacific cultures (Mental Health Commission, 2001b; Ministry of Health, 2008), while studies have established how cultural and clinical aspects blend at the consumer-clinical interface (Samu & Suaalii-Sauni, 2009; Suaalii-Sauni et al., 2009; Tamasese & Peteru, 1997). Few, however, directly address an individual’s personal cultural lens, focussing instead on explaining how Pacific values and beliefs are shaped and the implications for service delivery. Cultural competency training, specific to sector needs has also been developed (Le Va, 2016), underpinned by Pacific cultural frameworks (Te Pou, 2007a).

In light of these recommendations and developments, on one hand, it is somewhat surprising that clinicians still struggle to incorporate cultural aspects into service delivery, however, it may indicate deeper issues that have a bearing on how the overall service is perceived by consumers and the likelihood of continual engagement. Samu and Suaalii-Sauni (2009) argue that cultural competencies for Pacific people not only require knowledge of spiritual aspects but also needs to be appropriately explored within the different ethnic contexts to be valid. A number of ethnic-specific frameworks have already been developed to help guide people through the process (Suaalii-Sauni et al., 2009), however, this is an issue that requires on-going dialogue to untangle the subtle nuances and complexities that emerge through speech, body language, and presence. These issues add weight to the comments from one of the participants who asserted “The best way to learn culture is to live in it with
ability to debrief constantly with other people who can help answer questions that are generated through your interaction with the other person, that’s on-going learning.”

ISSUES AND IMPLICATIONS

So the question becomes: how do clinicians (and others) appropriately engage in this process, given the importance of culture to service delivery? The answer to this question may be two-fold: 1) services that recognise the value of culturally competent staff could develop a programme to provide on-going cultural learning and support within the organization; or 2) utilise the expertise of available training such as Le Va (2016) to tailor programmes to employee needs. Both suggestions, however, assume that the issue is the adequate provision of culturally appropriate training, rather than clinician resistance (Sue, 2006). Critics of cultural competency training argue that by focussing on clinician skills, this exacerbates the power imbalance present during consumer interactions (Kirmayer, 2012). Changing the focus from cultural competency training to other alternatives such as cultural humility - where clinicians acknowledge their limited understanding of the cultural nuances and are open to communication with consumers (Tervalon & Murray-Garcia, 1998) may be worthwhile pursuing.

HIERARCHY

OVERVIEW OF FINDINGS

This factor comprised two sub-themes: 1) the internal service context, dealing with the power dynamics between clinicians and cultural workers; and 2) the external context, revealing the politics of hierarchy between services and funders.
Within mental health services, although people generally worked well together, there was an underlying current of unease when others’ roles were perceived to be of less importance. Such was the impact of these tensions that at times, it threatened to tear the very fabric of the service. This ‘power play’ was most pronounced between clinicians and cultural workers. Tensions arose when there was a lack of understanding and respect between clinicians and cultural workers. Clinicians often struggled to understand the level of importance ascribed to cultural workers, given their chiefly status, while cultural workers often found it difficult to adequately explain and justify traditional Pacific protocols in English.

Outside services, this ‘power play’ was observed in the way funders and planners engaged with organizations, and made funding decisions without consulting organizations or consumers. By virtue of their role, although funders and planners were in a powerful position than services, they often lacked the requisite level of training and years of experience to understand sector needs and make decisions.

**Internal Hierarchies**

The hierarchical struggles between clinicians and nurses have been well documented (Malloy et al., 2009; Running et al., 2008), as have the implications of being under-appreciated in the work environment (Liedtka, 1989). Van Maanen and Barley (1984, p. 300) examined the dynamics of culture and control in organizations and found that “becoming a member of an occupation [e.g., a health-care professional] always entails learning a set of
codes that can be used to construct meaningful interpretations of persons, events, and objects commonly encountered in the occupational world.” As such, the organizational culture can have a constructive or destructive influence on employee behaviour (Aarons & Sawitzky, 2006; Sawatzky, 2006).

Although there is a paucity of literature on the dynamics of how cultural workers fit into clinical teams, there is emerging evidence pertaining to peer-support workers in the mental health sector. Given the similarities between peer and cultural worker groups, in terms of the vital link they provide between consumers and services, there is a valid argument for comparing the findings from peer worker studies to that of cultural workers. This does not mean that the roles are identical in nature, given the complexities of lived experiences of mental illness in peer workers and the nuances of cultural hierarchies in cultural workers. Rather in light of the paucity of evidence for cultural workers, peer worker studies may help identify ways of improving team cohesion and working more collaboratively.

Gillard and colleagues’ (2013) study, which examined the perspectives of peer workers in UK mental health services, found similar results to that of cultural workers in this thesis. Peer workers felt poorly accepted into existing teams, experienced hierarchical challenges and found it difficult to remain within the confines of their roles as stipulated by tight organizational policies (Gillard et al., 2013). The study examined the views of both peer workers and team managers, and revealed insights into how each group perceived the others’ role, with similar reports of poor understanding and conflict.
**ISSUES AND IMPLICATIONS**

In light of this evidence and the emerging nature of cultural worker roles, it would be useful to seek the perspectives of this group alongside that of clinicians, managers and peer workers to untangle the dynamics of working relationships and uncover the different hierarchical structures influencing service delivery. This would be particularly important given that although the hierarchical challenges between clinicians and nurses have been fairly well documented, and there is some emerging evidence on how peer workers are faring in this mix, there is no data to indicate how peer and cultural workers perceive each others’ roles.Hidden hierarchical structures are likely to emerge based on the perspectives of each group as they seek to justify their standing in the ‘pecking order.’

**EXTERNAL HIERARCHIES**

In terms of the second sub-theme, namely, the tensions between services and funders and planners, while there is a lack of studies specifically examining the dynamics of these two relationships, there is a significant body of evidence on the influences of external funding stakeholders on organizations. Pfeffer and Salancik (2003) argue that although the power funders’ hold over organizations vary, depending on the funding context, it is important to understand the extent of this control and influence. Employees and communities may put their faith in leaders of organizations but their influence may be considerably limited if key funding decisions are made elsewhere (Shafritz et al., 2015).

Given the considerable power external influencers hold, they are also likely to pick and choose issues that suit their agenda rather than considering the needs of organizations
or service users (Shafritz et al., 2015). In light of the findings from this study, there is some evidence for this phenomenon; however, there is insufficient data to assess the degree to which funders rely on personal agenda versus following the directives of their organization. Given their lack of experience and training, it would be reasonable to hypothesise that while funders and planners constitute the key interface between services and funding bodies, and consequently are the focus of much criticism, the ‘real’ loci of power may be hidden within the leadership mantle of the funding bodies themselves.

If this supposition were to be extended to trace the origins of such directives, given the interplay between the political and financial aspects in the external context, it is highly likely that the decisions made at planning and funding level are birthed and shaped at the political level. At first glance, this assertion may appear self-evident, however, its implications on service sustainability need to be considered carefully. If financial directives have already been established by the political powers, and funding bodies are merely administering these processes, then in some ways, while the experience and training of funders and planners is important to some extent, the core issue for services becomes how they exert their influence on the political arena. This does not mean that service providers run for parliament, rather that a deeper analysis is needed of where the drivers of change truly come from and impact on sustainability (Martin et al., 2011; 2012).

In the meantime, while considering the ways and means to deal with funders and planners, given the obvious power differences, a number of approaches could be utilised. Strong leadership skills of assertiveness and a loud, collective voice can help address power imbalances by reminding funders and planners of the sector’s strength. The addition of
consumer and community voices can considerably strengthen this position, as observed by one of the participants: “if we’ve got the community behind us, they [funders] have to face the community when it comes to DHB board elections.”

Further, given participants’ assertions of the relatively short amount of time funders and planners spend in their unit before moving to another aspect of their organization, as part of their career progression, services could keep this in mind during their interactions, particularly if the relationship continues to fare poorly. While not ideal, the duration of the funder-to-organization relationship needs to be considered, given long-term relationships require greater investments of time and energy compared to short-term or one-off interactions (Alford & O’Flynn, 2012). Organizational sustainability thus, rests upon stabilising these influences to ideally increase service autonomy or at the very least, find ways of navigating through the power imbalances.

**Organizational Stigma**

**Overview of findings**

This was the final over-arching theme influencing service sustainability, where services with a poor history of performance and/or engagement with funders and the community often found themselves judged harshly by external stakeholders. Widespread gossip and rumour mongering often left organizations feeling vulnerable and isolated, even after demonstrating improvements in service delivery. Organizational stigma was regarded as a deeply ingrained and insidious phenomenon that seriously threatened sustainability.
Organizational stigma, its meaning and influences have recently begun to receive considerable attention in literature (Hudson & Okhuysen, 2014). It is defined as “a label that evokes a collective stakeholder group-specific perception that an organization possesses a fundamental, deep-seated flaw that deindividuates and discredits the organization” and as such, is markedly different from stigma experienced by individuals (Devers, et al., 2009). This is however, not to suggest that the individuals within organizations are not affected. As demonstrated in the findings of this study, participants felt lonely and isolated, stating that, “you’re on your own sometimes because of what happened in the past.” As such, individuals “lose legitimacy and valued reputations” and experience markedly increased poor negative health outcomes (Paetzold et al., 2008, p. 187).

While stakeholders are perceived to be the ones largely controlling the extent and impact of organizational stigma, given their influence on service delivery (Devers et al., 2009), two options have been suggested that could be used by organizations to remove this label and mitigate its associated consequences: 1) claiming that the poor behaviour or action that resulted in stigmatisation was committed without their full knowledge and consent, thereby resolving the organization of the blame (and by default, pointing out the individual, team or unit responsible), or 2) redefining the stakeholder parameters such that those who seek to discredit the organization most are excluded from future interactions (Scott, 2003). Considering these options in light of the Pacific mental health context, neither would appear to be viable solutions, given the Pacific community in particular, has deeply rooted beliefs and significantly high expectations of services, such that pleading ignorance is likely to
exacerbate the issue, with the blame most likely shifting to the leadership level. Further, given the ethnic-specific focus of the services, excluding the community would be downright impossible, without further aggravating the ‘rumour mill’.

Minisha and Devers (2012, p. 204) argue that the concept of reputation and organizational stigma need to be considered separately since the former is based on historical performance of good service delivery, while the latter concerns a “collective perception that the organization threatens the existing social order.” As such, the consequences of a poor reputation include financial loss, following inadequate performance, while stigma results in stakeholders’ disengagement, which in turn threatens sustainability. The assumption here is that by improving service delivery and performance reporting, organizations are able to redeem themselves in the eyes of stakeholder, and thus rebuild their reputation.

**Issues and Implications**

Applying this perspective to the Pacific mental health context immediately reveals significant challenges. The Pacific community perceives reputation to be an intrinsic part of service identity, such that there is little room to untangle the two concepts. Bound within this paradigm are the credibility of service leaders, the shared cultural values and beliefs and high community expectations. This complex interplay of factors challenges theories that examine reputation and stigma as two distinct concepts. It is unclear to what extent the organizational stigma literature is considering the cultural dynamics of different ethnicities,
since the findings from this thesis point to a far more complex picture, deeply rooted in value-based expectations.

The question then becomes: where does this leave the sector, particularly services struggling to overcome the negative effects of stigma? The answer is not straightforward. On-going attempts to convince stakeholders of improvements via performance reporting and community engagement may shift the balance back in the favour of organizations. The timeframe for such efforts are difficult to predict, as this will strongly depend on a number of factors such as the intensity of organizational stigma, the credibility and reputation of service leaders, a significant on-going demonstration of improved outcomes and a growing collective voice in the community that champions the efforts of the services.

**Critical success factors**

In this final stage of the collective story, four success factors were revealed – Effective communication; Shared values & beliefs; Stakeholder engagement & understanding; and, Relationship strength – all of which were deemed equally critical for organizational sustainability. Each of these are discussed below, starting with a brief overview of the findings, before putting the results into the wider context of other literature and exploring the ‘bigger picture’ issues and implications. The figure from Chapter 6 illustrating these key findings has been reproduced highlighting the critical success factors below to help link specific results to the different components.
Effective Communication

Overview of Findings

The need for effective communication was deemed paramount to organizational sustainability. Pacific mental health services were often reluctant to share their successes widely, making the absence of a loud, collective voice noticeable in the sector. Clear communication was vital across all interactions, to both help funders understand the realities and complexities of service needs, and to ensure the community voice was included.

Putting These Findings into Context
Organizational communication has been an area of considerable interest for decades, given its implications for working relationships both within and outside the workplace (Miller, 2014). A considerable amount has been written about the communication styles of different cultures and the best ways to negotiate, influence and succeed during these interactions, with Moran and colleagues’ book (2014), Managing Cultural Differences, being one of the most comprehensive. It is interesting to note, however that New Zealand and Pacific Island nations are not included in this cultural mix of effective communication techniques. Instead, given the dearth of written knowledge examining the different communication styles of Pacific people and the impact on service delivery, researchers may need to extrapolate findings from other cultures and contexts to develop a comparison framework until such time as the New Zealand Pacific communication styles can be appropriately explained.

At its most basic level, communication is described as “a complex process of linking up or sharing perceptual fields between sender and receiver. The effective communicator builds a bridge to the world of the receiver” (Moran et al., 2014, p. 39). The communication process is influenced by people’s values, social norms, attitudes, and even stereotypes (Moran et al., 2014). Verbal, non-verbal and written communications have their own separate ‘rules’ that organizations need to consider to ensure their messages are clear and effective (Hackman et al., 2013). Pacific communities, in particular have been known to engage in indirect forms of communication known as heliaki, where they may use symbolism and metaphors, which require unravelling to discover the hidden meaning behind the words (Kaeppler, 1993).
Ting-Toomey (2012) argues that when people are within their own cultural group, they speak the same language and share non-verbal cues that help them make sense of what is being communicated. When exposed to groups that do not share similar characteristics, people need to adapt their ways of communication to suit those of the group. Applying these arguments to the Pacific mental health sector, two interesting observations come to light: 1) Given people working in services also belong to the wider Pacific community, one would expect the communication challenges to be significantly less, as both groups would identify a greater sense of belonging. 2) However, it is possible that the challenges in communication signify how the groups perceive each other. The community as a collective, may perceive the day-to-day interactions with individuals from the sector as informal communication but when dealing with the organization, the rules of communication change, requiring a more formalised approach.

ISSUES AND IMPLICATIONS

So, where does this leave the Pacific mental sector in attempting to communicate effectively? At a national level, the publication of success stories such as those in Lalaga: Pacific providers making a difference (Ministry of Health, 2010) helped to profile a number of Pacific health services and inform the community of their achievements. Although the efficacy of this style of dissemination has not been evaluated, anecdotal evidence from the community indicated that the publication was well received, and in some instances clarified how services operated. No current plans exist for replicating this type of dissemination at national level, so the onus falls back on services to find ways of reaching their audiences in the best way possible. The recent developments of conferences dedicated to the Pacific
mental health sector have opened another avenue for communicating successes (Le Va, 2014). At the ‘grassroots’ level, services may need to rethink their strategies for communication and incorporate these into a communication strategy that addresses the needs of key stakeholders and ways of measuring success.

Services may also need to consider how the community perceives them as individual employees versus the collective. Messages coming from the organization may need to be delivered via more formal styles of communication by those in senior leadership positions in line with community expectations. The way messages are constructed will need much thought, particularly during times of uncertainty (Kramer, 2014). Communication by its very nature, much like organizational sustainability does not have an end-point, rather a process, requiring everyone to participate at varying levels, depending on the context (Dozier et al., 2013).

**Shared values & beliefs**

**Overview of findings**

Shared values and beliefs were another critical aspect to organizational sustainability. As such, two different types of beliefs and values emerged; 1) concerning the cultural aspects; and 2) pertaining to the wider context, based on the way people, systems and organizations interacted. Within services, staff needed to re-establish their shared cultural base before successfully engaging with the community. In terms of the wider context, an appreciation for others’ perspectives and experiences were necessary to ensure a common foundation for service delivery. Much literature is dedicated to examining the
organizational culture and its implications, some of which have been cited earlier in this chapter under the Organizational climate theme (fourth internal contextual factor), particularly to illustrate the misalignment of cultural and structural values and the impact this has on service sustainability.

**Putting these findings into context**

Shared cultural values amongst employees result in improved co-operation, co-ordination (Schwartz, 2011), as well as fewer conflicts and a stronger group identity (Earley & Gibson, 2002). Organizations comprised of multi-ethnic and multi-cultural teams have reported a number of challenges stemming primarily from poor understanding of individual values and beliefs (Stahl et al., 2010), in line with the findings from this study. Keeping in mind the earlier discussions that looked at the consequences of poor alignment between employees and the organizational systems, this finding indicates that issues of culture, values and beliefs need to be considered at two levels with organizations: 1) the system to human; and 2) the human to human. In the case of the human-to-human interaction, this can be further separated into two parts: 1) individual to individual within a team; and 2) team to community. Sustainability is threatened when any of these interactions suffer from poor value consensus.

A range of approaches, such as cultural intelligence tools and competency training have been devised to assess the level of disconnect between individuals and teams and help reduce the effects of these on service delivery (Earley & Ang, 2003; Flaherty, 2008; Groves & Feyerherm, 2011), although the focus on multi-ethnic and multi-cultural teams is somewhat
limited. In light of these findings, services could use similar tools to addressed poor value consensus, bearing in mind the limits of their applicability to culture, or consider utilising the expertise of older and more experiences team members who could help others develop a shared understanding that takes into account personal beliefs and values.

STAKEHOLDER ENGAGEMENT & UNDERSTANDING

OVERVIEW OF FINDINGS

The key stakeholders were identified as funders and the community, both of which required different ways of engagement. Understanding these differences were deemed critical for sustainability. Consumers and their families needed the space to dialogue freely, without being constrained by time limits, while discussions with funders needed to centre on outcomes to demonstrate the depth and quality of service delivery.

PUTTING THESE FINDINGS INTO CONTEXT

The needs of Pacific service users have been documented in a number of studies, and as such, have reported similar findings to this study, concerning the different style and level of engagement required for rapport building (Agnew et al., 2004; Malo, 2000). The study by Agnew and colleagues (2004) looking at Pacific service delivery models in mental health identified that one of the reasons consumers and families need the extra time during the engagement process is to set the tone and agenda for the meeting, assess each others’ worldviews and work out the trustworthiness of the other party. This phenomena was captured in one of the participant voices, who explained: “Pacific people often do not go straight
and talk about the issue; we beat around the bush and then carve your way in” (Agnew et al., 2004, p. 26).

The engagement processes with funders have not been studied, perhaps given the need to prioritise consumer interactions and unpack the cultural components. In terms of engaging with funders, while there are general principles outlined in organizational literature, such as being mindful of funder influences and the degree to which they could try and exert control (Shafritz et al., 2015), there is a surprising dearth of knowledge about how the engagement process should unfold. The power and control dynamics discussed under the theme Hierarchies (second over-arching factor) cover some of the negative aspects of funder-to-service relationships (Pfeffer & Salancik, 2003) but do not provide avenues for clear, constructive collaborative engagements. A number of studies have examined the ‘rules of engagement’ for donor relationships, given in the context of charity services, donors are the funders (Ein-Gar & Levontin, 2013; Özpolat et al., 2015), however, these interactions are different on a number of levels to the mental health sector, for example, even though charities are required to show transparency and accountability, dedicated performance measures are not set by the donors, nor are there regular meetings to discuss progress.

ISSUES AND IMPLICATIONS

In light of this sparse evidence, the question still remains: how do Pacific mental health services effectively engage with funders? In some ways the collective narratives of participants have begun to draw together the different strands of wisdom based on their individual experiences and thus, contribute towards this knowledge gap. Some of the
strategies mentioned include: 1) ensuring the performance reports are complete and reflect the level and depth of engagement with consumers. With the introduction of new reporting processes that accommodate both outputs and outcomes, including this type of information should be part of that package (though, currently there is a the lack of empirical evidence to suggest how well the new processes are operating); 2) improve the financial management systems such that data can be appropriately captured illustrating a true representation of service delivery; 3) utilise the experience base of leaders to build strong relationships with funders, given the evidence that those who have been in the sector for longer, have greater credibility and are more likely to be taken seriously; 4) be aware that unlike consumers and families, long rapport building sessions with funders are unlikely, given the differences in cultural outlook; and 5) follow the funding directive trail to understand the ‘true’ drivers of change as these may not be the funders themselves.

**Strength of relationships**

**Overview of findings**

The final crucial success factor for organizational sustainability was identified as the strength of relationships, within services, with the community, and with funders. Within services, strong relationships were used to ensure team cohesiveness and provide the basis for supportive working environments. Relationships with communities influenced the credibility and reputation of services. Meanwhile, relationships with funders were regarded as still being in the early stages of development, and needed careful consideration.

**Putting these findings into context**
There is strong evidence on the importance of relationships for Pacific people, given its intrinsic ties with culture and as such, also includes connections to ancestral spirits and gods (Agnew et al., 2004; Suaalii-Sauni, 2009; Tiatia, 2008). Others have echoed similar findings to those of this study, highlighting the need to carefully develop, nurture and maintain relationships (Agnew et al., 2004). In many ways, for Pacific people, relationships are the ‘glue’ that holds individuals, teams, organizations and stakeholders together. Such is the nature of relationships in the Pacific context that mental health services may over-deliver support i.e. “go beyond the call of duty” as this is thought to demonstrate the commitment to social and moral cultural codes of conduct, an aspect of service delivery that does not sit well within the tightly prescribed boundaries of service specifications (Agnew et al., 2004).

Every Pacific culture has its own cultural nuances and protocols that govern how relationships are developed and maintained. These affect every level of interaction from familial ties to workplace etiquette. In New Zealand, one particular concept, that of creating and nurturing a sacred space, the va, has gained considerable momentum (Te Pou, 2010). The concept of va, provides guidelines for how a person relates to other people, their environment and ancestors. Within this sacred space, an individual seeks to nurture or develop relationships, referred to as tausi le va, stands in the created space (soli le va) and maintains the relationship (teu le va) (Le Va, 2012).

With the significant and pervasive nature of relationships affecting every interaction, in hindsight, it is ‘easy’ to see why this factor was chosen repeatedly by participants. Its complex ties with the other three factors, i.e. effective communication; shared values and beliefs; and, stakeholder engagement and understanding have identified its key position as
part of the foundation building blocks for organizational sustainability. Given the paucity of evidence on how effective relationships should be developed and maintained, it would be an area worthy of closer inspection, particular to identify relationships strengths and how these are impacted during turbulent times. In terms of the Pacific mental health sector, people appear to have already identified the value of these relationships and the differences associated with engagement techniques and communication styles, while being aware of shared values. Going forward, how the sector incorporates these four success factors into organizational sustainability efforts will be worth investigating.

**The Conceptual Frameworks**

**Overview of Findings**

Two conceptual frameworks were developed to illustrate the findings from this thesis: 1) embedded within the image of an outrigger canoe; and 2) to present an overview of the key interactional influences (Chapter 7). The frameworks were underpinned by the gathered evidence and sought to link the different bodies of knowledge, such as the literature review and the findings from this study. By doing so, they sought to provide a comprehensive understanding of organizational sustainability in the Pacific mental health sector.

**Putting These Findings into Context**

The conceptual frameworks were grounded in the assertions of a processual-contextual perspective, and as such, explained sustainability in light of two key notions: 1) identifying the range of internal and external contextual factors, including the hierarchies
and power dynamics; and 2) appreciating the dynamic processes within which organizations operate, and how the factors interact (Buchanan et al., 2007; Dawson, 2003; Pettigrew & Fenton, 2000). The findings from the study, which informed the development of the conceptual frameworks were grounded in participant narratives to explain how sustainability was perceived and influenced, rather than relying on more narrow quantitative measures. They also focused on the significance of the events occurring in the Pacific mental health context, and explored the sector’s past to understand the impact of these events on the current realities.

The literature review (Chapter 2) listed the eleven factors Buchanan and colleagues (2007) had identified via a processual-contextual perspective as the key sustainability influencers. The table has been replicated below:

<table>
<thead>
<tr>
<th>Factor</th>
<th>Sustainability influences</th>
</tr>
</thead>
<tbody>
<tr>
<td>Substantial</td>
<td>Scale of change, fit with organizations</td>
</tr>
<tr>
<td>Individual</td>
<td>Commitment, competencies, emotions, expectations</td>
</tr>
<tr>
<td>Managerial</td>
<td>Style, approach, preferences, behaviours</td>
</tr>
<tr>
<td>Leadership</td>
<td>Vision, values, purpose, goals, challenges</td>
</tr>
<tr>
<td>Organizational</td>
<td>Policies, mechanisms, procedures, systems, structures</td>
</tr>
<tr>
<td>Financial</td>
<td>Contribution, balance of costs and benefits</td>
</tr>
<tr>
<td>Cultural</td>
<td>Shared beliefs, perceptions, norms, values, priorities</td>
</tr>
<tr>
<td>Political</td>
<td>Stakeholder coalition power and influence</td>
</tr>
<tr>
<td>Processual</td>
<td>Implementation methods, project management structures</td>
</tr>
<tr>
<td>Contextual</td>
<td>External conditions, stability, threats, wider social norms</td>
</tr>
<tr>
<td>Temporal</td>
<td>Timing, pacing, flow of events</td>
</tr>
</tbody>
</table>

Bearing in mind the contextual and definition differences, this study has found evidence to support the presence of some of these factors in the Pacific mental health sector,
although some stood out more prominently than others, particularly: 1) Individual; 2) Leadership; 3) Organizational; 4) Financial; 5) Cultural; and 6) Political. Although participants had identified the ‘Managerial’ aspects of service sustainability, it was predominantly entwined with the ‘Leadership’ factor. A possible explanation for this phenomenon may relate to the multiple roles participants embodied within organizations, given the workforce shortages, which necessitated leaders to also be managers of services.

Organizational literature has extensively documented the different skills and attributes for leaders versus those of managers, beginning with a debate back in 1977, which caused considerable uproar in business circles (Zaleznik, 1977). Since then, the idea has been clarified and the distinctions further refined, such that leaders are believed to primarily focus on changing and improving organizations, while managers seek to promote on-going stability (Kotter, 1990). Kotter’s works (1990; 2012) have had a significant impact on this area. He goes on to elaborate: “Leadership is different from management, but not for the reasons most people think. Leadership isn’t mystical and mysterious. It has nothing to do with having “charisma” or other exotic personality traits. It is not the province of a chosen few. Nor is leadership necessarily better than management or a replacement for it. Rather, leadership and management are two distinctive and complementary systems of action. Each has its own function and characteristic activities. Both are necessary for success in an increasingly complex and volatile business environment” (Kotter, 2001, p. 85).

What started with a debate on the differences in contribution to organizational success (Zaleznik, 1977) and led to the proposal of distinct, yet complementary sets of action (Kotter, 2001), leadership and management continue to attract on-going controversy
(Chiabrishvili & Chiabrishvili, 2013; Răducan & Răducan, 2014). Turbulent environments, tighter fiscal constraints and a better appreciation of stakeholder satisfaction have given rise to new literature focusing on ethical leadership (Yukl et al., 2013); transformational and charismatic leadership (Avolio & Yammarino, 2013); and strategic management (Swayne et al., 2012). Other professional disciplines, such as education and nursing, in appreciation of their contexts have chosen to combine leadership and management attributes into various sets of prerequisites for senior staff (Bush & Middlewood, 2013; Huber, 2013; Yoder-Wise, 2014). New literature has also begun to emerge focusing on clinical leadership in mental health, taking a stance similar to Kotter (2014) and arguing for the complementary nature of the two roles (Bhugra et al., 2014).

**ISSUES AND IMPLICATIONS**

In light of this widespread evidence, three key questions emerge for the New Zealand Pacific mental health sector: 1) How do leaders with management responsibilities (and vice versa), tease out the different aspects of the two roles to ensure that they have the requisite skills and attributes? 2) How is this dilemma compounded for leaders who are managers as well as clinicians? 3) What steps need to be taken to up-skill to overcome deficiencies or delegate some of the responsibilities to another person? These questions, however, are based on the following assumptions: 1) Given the intermingling effects of culture on service delivery, the sector may not perceive these as two disparate entities, expecting those in leadership and management roles to embody both qualities. 2) If there were the case, then delegation becomes considerably more difficult. However, in saying this, the findings in this study have already identified a number of key leadership attributes that
some sector leaders are perceived to be lacking. If and how leaders identify the need to up-skill and take advantage of delegating some responsibilities, if workforce shortages aren’t an issue remains to be seen.

PUTTING THE OUTLYING FACTORS INTO CONTEXT

The remaining four factors, as per the table below, emerged in a variety of different ways and are worth considering, given their influence on sustainability.

Table 6: Four specific factors and their influence on sustainability

<table>
<thead>
<tr>
<th>Contextual</th>
<th>External conditions, stability, threats, wider social norms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Processual</td>
<td>Implementation methods, project management structures</td>
</tr>
<tr>
<td>Temporal</td>
<td>Timing, pacing, flow of events</td>
</tr>
<tr>
<td>Substantial</td>
<td>Scale of change, fit with organizations</td>
</tr>
</tbody>
</table>

Buchanan and colleagues (2007) predominantly list the external influences as the core components of the “Contextual” factor. In the case of this study, two specific external contextual factors were identified, namely Political and Financial, with both posing a number of threats to service sustainability. Studies have noted how political influences can exist both within organizations as well as in the external context (Robins et al., 2013). For Pacific mental health services, internal politics certainly do exist, as evidenced by the hierarchical challenges between clinical and cultural support staff. Their effects, however, appear so pervasive and detrimental to service sustainability, that they need to be considered as a stand-alone factor for this context.
The ‘Processual’ factor was in some ways, covered by the Organizational climate, which noted the deficiencies of policies, procedures, systems and structures and the threats these posed to organizational sustainability. This study, did not however, examine specific implementation methods of working practices, which may have shed light on how organizations make decisions to continue an innovation versus letting it decay. Given that the focus of this study was to establish a common language for sustainability and identify the influencing factors, now that an evidence base has been established for these, examining the ‘hows’ and ‘whys’ of implementation can be better studied.

The ‘Temporal’ aspect, which relates to the timing of events, did not emerge as an exclusive factor. Rather, it was entwined with the other factors. Again, no specific questions were asked about particular events, with participants given the freedom to narrate their experiences over the ‘lifespan’ of sector. Given that participants perceived the reforms at the time of the study as some of the most significant that the sector had experienced, these could be used as a particular event to examine how organizational sustainability issues were addressed. Looking at the evolution of the Pacific mental health sector, since the first taskforce to develop a strategy for Pacific mental health in 1995 (Ministry of Health, 2003), and later the establishment of the Pacific mental health services, there is a considerable amount of information that either has not been documented or simply lost to time.

This phenomenon may be difficult for some to comprehend, but this study has provided evidence that the sector suffered from poor record keeping practices. Some of this timing information is preserved within the memories of key individuals, who were tasked with strategy development, allocating funding and managing services. While re-
constructing this history would be of some benefit, researchers would need to be aware of narrative variation, whereby subtle changes occur in stories each time they are recounted (Andrews, 2008), adding further complexity to studying sustainability (Buchanan, 2003).

The last factor, ‘Substantial’ relates to the scale of the change and how these ‘fit’ with organizations. Within services, these would relate to specific working practices as well as changes in staff. The findings from this study have identified how some current working practices, such as poor alignment between the organizational systems and cultural values have had detrimental effects on service delivery, and how leadership credibility affects community satisfaction. While participants did not explicitly quantify the scale of these changes, some insights could be gathered via the outcomes; for example, poor organizational policies impacted all consumer engagements, rather than a select few. Outside organizations, the scale of change can be examined in light of political pressures, and loss of funding, amongst others. Given the close relationship between the political and financial aspects, both were perceived to have a significant impact on service sustainability, though it would be worthwhile exploring how say, a quantifiable loss in funding directly impacts on service delivery.

THE GUIDE TO SUSTAINABILITY

OVERVIEW OF FINDINGS

Using the conceptual frameworks, a sustainability guide for mental health services was developed, primarily aimed at those in leadership and managerial positions looking to understand this phenomenon and bring about sustained change (Appendix G). Using the
components of the conceptual frameworks, the guide highlighted the key questions that need to be asked for organizational sustainability. It offered possible interpretations and explanations of the responses to help facilitate an informed dialogue within the organization and with external stakeholders, before finally offering potential action points using the research and evidence base in this area. This was seen as an important output for the study, given the current paucity of translational sustainability research in the mental health sector. It was also the type of resource that many participants had asked for during the interviews, so they had access to an evidence-based guide to help address sustainability issues in their workplace.

**Putting these findings into context**

Although a number of sustainability frameworks have been developed, many of these have been used to study how organizations operate, rather than offering practical guides and resources to services (Faber et al., 2005; Kiewiet & Vos, 2007). The NHS sustainability model, which developed while the sector underwent extensive reform, was able to achieve both goals, and thus, resulted in the production of a number of guides that could be used by services to examine the sustainability of new working practices (NHS, Institute for Innovation & Improvement, 2007). Similar to this study, the NHS guides were primarily aimed at those working in management and leadership roles. However, given the NHS Improvement teams’ access to significant multi-million pound budgets and a large pool of over 200 employees, the guides contained fairly comprehensive and in-depth materials to help services address sustainability.
Evaluations on the use and effectiveness of the model are beginning to emerge in literature. Recently, Doyle and colleagues (2013) published their findings on the NHS sustainability model, and reported poor engagement from stakeholders, who experienced difficulties given their different interpretations and expectations of sustainability and how this translated to viable results. The guide developed in this study has attempted to overcome these issues by including a discussion component right at the outset to help stakeholders identify and establish a common understanding of terminology, which can then be referred to and potentially evolve during the course of a sustainability project. The NHS model predominantly relied on choice statements, which was also problematic for stakeholders, forcing them to choose one answer from a list of prescribed options (Doyle et al., 2013). The guide in this study attempted to bypass this issue by being largely qualitative in nature, enabling stakeholders to express their thoughts and ideas more freely. It is however, imperative that an experienced facilitator is present at the sessions to help collate stakeholder feedback and formulate the next steps in the discussions.

Application of the NHS sustainability model occurred during a time of significant economic upheaval and fiscal constraints in the UK, the effects of which entailed the authors evaluating the model to emphasize that the economic and political context may require further scrutiny (Doyle et al., 2013). Based on this observation, given the New Zealand mental health sector has continued to experience varying degrees of fiscal constraint and reorganization, it may be that the two components, identified as “financial resources” and “political pressures” in the conceptual frameworks require further scrutiny by services applying this research into practice. The core dimensions of the factors are likely to remain stable, however the subtle interactional effects with other factors e.g. the strength of
relationships with funders, leadership credibility and ability to network effectively may elicit different findings that influence sustainability efforts.

Summary

This chapter interpreted the collective story of organizational sustainability for the New Zealand Pacific mental health sector. It proposed a working definition for organizational sustainability to establish a common language that could be used by stakeholders when addressing sustainability issues. It established the key difference between how the Pacific mental health sector viewed sustainability as an issue concerning organizational survival rather than the implementation of new working practices as envisioned by healthcare overseas.

It explained the effects of top down approaches where the voice of funders and policy makers heavily influences whether a service survives, thrives or dies. It examined the findings from the internal and external contexts, the over-arching factors and the critical success factors, noting similarities with other studies and explaining the differences, which usually came down to how Pacific cultural values influenced participant perceptions. The conceptual frameworks were also discussed; examining how the influencing factors compared to those stemming from the processual-contextual perspective as well as explaining how the sustainability guide had sought to overcome the shortfalls identified in the application of the NHS sustainability model.
Based on these findings, the central argument of this thesis relates to the significant, yet complex nature of organizational sustainability in New Zealand’s Pacific mental health sector and the influence of various factors, some overt, others hidden on service delivery. As such, the evidence presented in this study indicates a need to examine the Pacific mental health sector in light of the incongruities in definition and the range of factors influencing service sustainability. As alluded to previously, given the paucity of organizational research in the wider mental health sector, this study acts as a stepping stone for developing a more comprehensive understanding of the phenomena and translating these efforts into practical applications that assist services in enhancing service delivery to ultimately, improve health outcomes for consumers.

The next chapter will discuss the contributions of this thesis to new knowledge, along with the strengths and limitations of the study.
SECTION 4: DISCUSSION

CHAPTER 9
CONTRIBUTIONS, STRENGTHS &
LIMITATIONS

INTRODUCTION

The last chapter presented an interpretation of the findings from this study in light of other literature as well as their implications for organizational sustainability for the New Zealand Pacific mental health context. This chapter presents the contributions of this thesis to new knowledge, along with the strengths and limitations of the study. Figure 38 provides an overview of the chapter and the topics covered.
This thesis makes four notable contributions to new knowledge in each of the following domains: 1) Literature review; 2) Methodological framework; 3) Conceptual framework; and 4) Guide to sustainability.
Literature review

The findings from this study have resulted two notable contributions to the literature on Pacific mental health services and sustainability. Firstly, in the literature review exploring the evolution of sustainability and examining the Pacific mental health context, this thesis established that there is a paucity of sustainability studies not only for ethnic-specific services but also for the wider mental health sector. While in some ways, this paucity is to be expected given the focus over the last two decades on other topics of interest such as primary mental health care, given the rate at which new policies pushing for service sustainability have developed and consequently, set the agenda for the sector, it raises serious concerns about the evidence-base underpinning these directives. This lack of literature means that the sector continues to operate without fully grasping the significance and implications of a number of important issues such as the contextual influences, impact of leadership styles, and consumer involvement, which could have detrimental effects for organizations looking to sustain change.

Secondly, the literature review in this thesis identified the challenges of organizational sustainability research and the wide range of issues that need to be considered by researchers attempting to study change. These include: 1) the problems associated with definitions and the lack of common language for stakeholders when dialoguing about service sustainability; 2) the need to consider a longitudinal approach given the dynamic processes of organizational sustainability; 3) the techniques for establishing theoretical and empirical benchmarks; 4) the context specific nature of sustainability and how this prevents direct adoption of frameworks constructed by other
sectors; 5) the need for a systems approach; 6) inclusion of key contextual dimensions; 7) use of a processual-contextual perspective via sound qualitative techniques for data collection; 8) the importance and value of translational research; 9) identifying the key drivers of change and their implications for sustainability efforts; and 10) explaining the pitfalls of traditional triangulation methods on data analysis. Through the identification of these challenges and the integration of these important but disparate parts, this thesis has established a foundation for other studies in this area.

**Methodological Framework**

Another notable contribution to new knowledge is the development of a context-specific methodological framework, which was used successfully to recruit and engage with a large number of senior level employees from the Pacific mental health sector. The methodological framework combined key aspects of three approaches: 1) talanoa, a culturally appropriate engagement tool for knowledge generation; 2) strengths approach, which focussed on reframing how the issues were viewed; and 3) narrative analysis, which enabled participants’ stories to be analysed in light of how they were constructed. This methodological framework, while developed specifically for this study, has the potential to be used by other researchers undertaking research with Pacific communities.

**Conceptual Frameworks**

Another contribution of this thesis to new knowledge has been the development of two conceptual frameworks for organizational sustainability, the first of which presented the main influencing and success factors, while the second illustrated the key interactions. The
frameworks were developed after much consideration of what would actually be a useful way displaying the findings from this study, such that they were of symbolic significance to Pacific people and still managed to convey the key messages. In doing so, the frameworks address a key knowledge gap for organizational sustainability in the Pacific mental health context.

**The guide to organizational sustainability**

The final contribution of this thesis to new knowledge has been in the form of a guide to sustainability for mental health services. The guide is an output stemming from the translational nature of this study and is aimed at those in leadership and managerial positions, looking to understand this phenomenon and bring about sustained change. Using the components of the conceptual frameworks, the guide highlights the key questions that need to be asked for organizational sustainability. It offers possible interpretations and explanations of the responses to help facilitate an informed dialogue within the organization and with external stakeholders, before finally offering potential action points using the research and evidence base in this area.

**Strengths**

This thesis has six key strengths, that relate to the aims, study design and the translational aspects of the research. Each of these are discussed below.

1. The research questions were developed in light of the recommendations from literature and following stakeholder consultation. Ensuring that study aims and
research questions are of value and relevance to stakeholders is an area of growing interest for organizational studies (Buchanan & Bryman, 2007). This is to ensure that research carried out in this context is mindful of its ethical obligations, rather than blindly pursuing new knowledge because it may be ‘interesting’ to do so.

II. This thesis took the opportunity to discuss with stakeholders such that a definition for sustainability could be generated based on the collective narratives. This was considered particularly important for this study, in light of the arguments in the literature explaining the pitfalls of research that had not considered this perspective. The lack of common language for organizational sustainability in the sector is concerning and this study has sought to address this gap such that meaningful conversations can now occur using the emergent definition as a starting point.

III. This thesis developed and utilised a context-specific methodological framework, which took into account participant needs and cultural protocols for engagement (talanoa); deliberately choosing a strengths approach as opposed to a deficit model to obtain data; and use of narrative explanations as recommended by organizational research and in line with Pacific epistemologies.

IV. Another strength of this thesis was the use of mixed data collection methods, as recommended in organizational literature. The primary use of interviews to collect qualitative data was a significant strength, given it allowed participants to engage in
knowledge construction without the confines of forms or surveys. This choice of method was also influenced by Pacific literature, which argued that Pacific people preferred face-to-face communication and the use of qualitative techniques for data collection.

V. Having no direct connections to the sector was an additional strength of this thesis, since the absence of contentious history with participants made it easier for them to share their narratives freely.

VI. The final strength of this thesis was the development of evidence-based outputs that could be used by the mental health sector to understand, assess and implement change. Although this thesis is the primary academic output, it was anticipated that organizations would be interested in accessing more practically driven tools that could be applied to service delivery. In light of these considerations, the guide to sustainability could be used as a stand-alone document by the sector to address its sustainability needs.

**Limitations**

Three key limitations were identified during this study process. Each of these are discussed below.
I. Despite serious considerations, neither a longitudinal approach nor case study could be used for this study. Had these approaches been feasible, they would have most likely yielded fairly rich data on how mental health services operate, particularly during turbulent periods of reform. Both approaches would have also allowed for some quantitative measures to be considered alongside the qualitative component, which would have added to reveal a complex and dynamic picture of organizational sustainability in situ. In saying this, this study is not the first to have encountered these challenges; Buchanan and colleagues’ (2007, p. 280) study of the NHS documented similar issues, with their initial plans for in-depth case study research revised in favour of key informant interviews. They report that: “Inevitably, the choice of methods was driven as much by logistical constraints and pressures as by the theoretical considerations. This is common across all forms of organizational research, although much published research does not make this explicit. However, in this particular organizational context, rapidly changing, time pressured, customer funded, there were perhaps even fewer degrees of freedom than usual concerning choice of appropriate research methods.”

II. The participants in this study were primarily senior managers and leaders of organizations. While this group was not deliberately targeted, the responses from organizations were such that this became the cohort for this study. Given the complex and dynamic nature of organizational sustainability, the inclusion of other employee perspectives is likely to reveal differences in how sustainability is perceived by different layers of organizations.
III. This study also did not focus on consumer and community views, primarily because the ethics processes around the inclusion of such participants was considerably difficult, as evidenced by other studies I was involved in. The consequential time delay and the addition of other support structures were such that these could not be accommodated within the confines of this study. As such, the findings, the associated conceptual frameworks and sustainability guide are currently structured without a specific factor representing consumer and community views.

This does not mean that this aspect was not mentioned in the interviews, rather that their influences are spread across other domains. From participants’ perspectives, anything that influences service sustainability will at some point affect service delivery and by default, consumers and the community. Specific interviews with these groups may shed light on key aspects of organizational design and the internal and external contextual factors that they believe are more important, and as such, can be considered as part of a revised framework.

I anticipate that while the consumer and community factor would be situated in the external context, it may be necessary to untangle these into two separate categories as the issues identified by service users may be somewhat different to that of the community. The reasoning for this assertion takes into account the different experiences consumers may have with services given their direct involvement with ‘frontline staff’ i.e. clinicians and cultural teams compared to members of the community who may have specific views on the
leadership and governance aspects of services. It is interesting to note, however, that participants in this study used the terms ‘consumer’ and ‘community’ interchangeably. Inclusion of both consumer and community perspectives may also reveal the interactional influence between these two groups and that of service staff, given the finding of blurred boundaries between employees’ work and personal interactions.

**SUMMARY**

This chapter described the four notable contributions of this thesis to new knowledge, namely via the literature review, the development of a methodological framework, two conceptual frameworks and a guide to sustainability. The six key strengths of this thesis that related to the aims, study design and the translational aspects of the research were also explained. This was followed by the three key limitations that pertained primarily to the study design and types of participants recruited to this research. The next chapter will focus on researcher reflections, offer directions for future research and present the conclusions from this study.
SECTION 5: CONCLUSIONS

CHAPTER 10
REFLECTIONS, DIRECTIONS & CONCLUSIONS

INTRODUCTION

The last chapter presented the four notable contributions of this thesis to new knowledge, its six key strengths and three main limitations. This chapter discusses my reflections of the study process, before offering directions for future research and presenting the conclusions from this study. Figure 39 provides an overview of the chapter and the topics covered.
RESEARCHER REFLECTIONS

Conducting this study, in many ways has been a sign of promises made and kept to individuals, colleagues, families and communities. As with any journey, several things were fairly clear right from the outside, while others emerged as I travelled deeper into uncharted territory. With the Pacific mental health sector experiencing its own turbulence, there were no guarantees on what the findings would reveal and how these could be translated into
meaningful outcomes to address organizational sustainability. But before the findings could
be established, a number of ethical dilemmas needed to be confronted.

Chapter 5 introduced four key ethical issues as being of particular significance to this
study. These were: 1) research fatigue; 2) insider-outsider perspectives; 3) protecting
participant identities; and 4) contributing positively to participant wellbeing. All four issues
are part of a bigger picture, namely, conducting culturally safe research. These five topics
are discussed in further detail below, to illustrate how these theoretical considerations
translated to the practical realities of this study.

**Culturally safe research**

The need to conduct culturally safe research was one of the aspects identified at the
outset. Kearns and Dyck (2005, p. 126) argue that three key processes need to be considered
for culturally safe research:

1. Respect for the knowledge, practices and cultural values of others;

2. An awareness of one’s own way of seeing and doing; and,

3. Analysis of the effects of our actions on the knowledge that is produced.

My personal positioning had to be considered carefully, given its influence on all
aspects of the study. However, it is one thing to know of how you ‘see’ yourself, and yet
another on how others perceive you. Patton (2002) summarises this by explaining that
researchers are not invisible observers of phenomena, rather active participants who shape
the very world they are seeking to understand. Given the strong qualitative dimensions of this study, intense face-to-face interactions with participants were very much part of data collection realities. The active listening skills and observations that form the qualitative interviewing ‘toolkit’ needed to be observed (Patton 2002), however, given the strong cultural component of this study, the engagement processes needed to be considered very carefully.

The methodological framework developed for this study comprised the theoretical foundation for data collection. What this meant in practice was for me to be completely open to dialoguing about my personal and familial history, extending back several generations. Pacific people connect and build rapport over a sharing of history, looking for the common threads, whether these are places or people to help strengthen the ties. This way, by the end of an interview, life histories have been laid bare and bonds have been forged that may carry on well after the study is complete. The talanoa component of the methodological framework (Otsuka, 2006; Vaioleti, 2011) facilitated this process, where participants and I shared our pasts, recognised the merging of the present and held expectations for the future.

**INSIDER-OUTSIDER PERSPECTIVES**

What talanoa does not articulate clearly is the dynamic process of how ‘power’ changes during the course of an interview. In the case of this study, given I did not have direct experience of the Pacific mental health sector as an employee or a service user, I approached the participants as the ‘outsider’ and that of a subordinate, seeking to gain an
understanding of how the sector operated. However, during the course of the interview, as participants shared narratives freely, they treated me like the ‘insider,’ feeling that since I had reviewed the literature, I had sufficient knowledge of the sector to understand and unravel the complexities of what they were describing. I had to be aware of the change in positioning and as such, take great care to ask participants to ‘unpack’ their comments. These interruptions had to be managed carefully so that the narratives were not adversely impacted but also meant that I could interpret the data with as much contextual insight as possible.

A particular issue that emerged from the participant interviews and interactions was when they were asked to define organizational sustainability. Looking back through the data, a pattern can be identified where participants were unable to define organizational sustainability and when given the space to reflect on the term, declared it not only important but also worthy of further investigation. It is possible that if this study had taken place during a time when the term ‘organizational sustainability’ was more prominent in literature and policy documentation, then participants may have been able to use prior experience to articulate their personal definitions. Furthermore, had I been an employee in mental health services, it is possible that I may have used a different term that was more in line with the language used by the sector, rather than what was presented in academia. For instance, participants may have conflated organizational sustainability with service sustainability or security. This point further strengthens the need for researchers to examine how they are placed in relation to their participants’ perceptions and the impact this may have on the data.
Connolly (2007, p. 453) speaks of such complexities of the research process and argues, "research involving this level of human interaction and human relationship is going to feel messy!" One of the best illustrations of this phenomenon is how the term “you know” kept appearing during the narratives. Participants ascribed me a degree of understanding of what was occurring the sector even though I did not work in it. There were times when I sought clarification but given the widespread use of this term, it was almost impossible to capture all of them and seek clarification. This could be seen as a potential limitation since if time and frequent interruptions had permitted these to be unpacked, richer data may have emerged, though it raises questions as to how it would have affected the narrative flow and participant demeanour.

These interactional dynamics changed again at the conclusion of the interviews when participants expressed hope that the findings would be such that they could be used to improve service delivery. There were high expectations of the study and the associated findings, given the paucity of context-specific sustainability literature available to guide the sector. Participants were sometimes disappointed that the results would not be available immediately, and as such, could not be used improve their current conditions. I sometimes found this particularly difficult to handle and had to temper my desire to help by explaining the need to analyse the data thoroughly so that the findings were robust and valid.
Having no direct connections to the sector was also useful from another stance, since the absence of contentious history with participants made it easier for them to share their narratives freely. An observation of the cultural processes at play was crucial at times, as the participants used silences to emphasise their depth of feeling towards certain issues, which sometimes ‘spoke’ louder than the actual words. All interviews occurred at participants’ workplaces, with the exception of one, which happened at a café, following an unexpected change in the participant’s schedule. Speaking with participants at their workplaces gave me unique insights into how services operated and an indication of how well resourced they were. I interviewed people in modern facilities in high rise buildings, their glass and steel surfaces slick and shiny, and in small shabby rooms, the paint peeling, furniture mismatched, yet so scrupulously tidy. These observations were referred to often during the analysis process as they painted a vivid picture of the wider context, serving as visual reminders of how these realities influenced participant perspectives.

**Research Fatigue**

Pacific communities have reported feeling over-researched, misrepresented and unacknowledged during the research process, and have also shown a strong preference for qualitative research methodologies, which allow free dialogue, within which stories are told and knowledge generated (Finau et al., 2000; Finau, 2011).

Although a qualitative approach, particularly the use of narrative explanations had been strongly recommended in organizational research (Buchanan et al., 2007; Dawson, 2003), I was quietly grateful that participants also welcomed these techniques. During the
interview process, while participants were not specifically asked if they felt over-researched or had taken part in many research projects, there was unanimous agreement that this project was a welcomed opportunity to offer feedback on the sector’s sustainability. The research topic resonated strongly with participants’ day-to-day activities and those of improving service delivery. The main reasons for taking part in the study were to help improve the sector’s responsiveness and deliver sustainable services.

Participants commented that although they comprised the senior and leadership levels of the sector, researchers sometimes avoided reaching out to them to elicit their views, choosing instead to rely heavily on published literature, particularly those in peer-reviewed journal articles or based their findings primarily on the evidence from large quantitative datasets. While participants acknowledged that academic publications were useful way of gathering some knowledge, and large datasets provided epidemiological insights, the failure to connect with those directly working in the sector meant that significant amounts of information were missed.

Participants felt that when researchers did not have access to grey literature, especially in-house reports produced by organizations, and chose to ignore dialoguing with people from the sector, the findings of the study were likely to have little impact on improving outcomes, and more beneficial to increasing researchers’ publication counts. Participants strongly believed that the responsibilities they faced with being accountable with taxpayer funding should apply equally rigorously to the academic community so that knowledge generation is taken more seriously to benefit everyone in the community with significant translational outputs, rather than being produced for the sake of it. I appreciated
having these frank discussions with participants and realised that the issues raised were another form of research fatigue, where the sector felt tired of seeing academic publications that assumed to ‘know it all’ but the reality spoke of missed opportunities to connect with the very people who were being researched. This realisation was a stark reminder throughout the study to treat the stories with great care and produce an output that could be used by the sector.

**Protecting participants’ identities**

The relatively small size of the sector posed some challenges in trying to maintain participant confidentiality as per the ethics regulations. The reality of connecting with individuals in the sector was the expectation that I would be transparent about whom I had interviewed so the credibility of the project (as well as mine) could be evaluated and participants could offer other names of people they believed were worth contacting.

I employed different strategies to mitigate this issue, such as graciously accepting names from participants, without indicating who had and had not been interviewed, and gently reiterated the ethical obligations of confidentiality when participants sought further details. The process, however, was challenging at times, as I keenly felt the fine line of honouring the ethical responsibilities while trying not to cause offence to the participants. Given my prior research experience, some ‘quick thinking’ often helped resolve issues before they became problematic but it does raise concerns about how novice researchers would fare in such circumstances. Ethical processes, by their very virtue, are set up to protect participants from the harmful effects of inconsiderate research, but it sometimes can
conflict with participant expectations that are grounded in cultural values and beliefs of establishing credibility and reciprocity. Going forward, these issues bear serious consideration to find viable solutions that take into account the dynamics between ethics and culture for researchers in the field.

**Contributing positively to participant wellbeing**

Leaving participants better off in some way was a priority for this study. Chapter 5 has documented the ways I contributed in small ways to assisting participants with access to organizational literature and supplying information on postgraduate courses and programmes. While I was grateful to have offered these small tokens of appreciation, it raises a bigger question of how future research with Pacific communities should address this issue.

Communities see researchers, regardless of their position in the academic hierarchy, from undergraduate students through to senior Professors as people with access to incredible knowledge and power, something that can be overlooked by student researchers, when considering their positioning. Each participant in this study received a sevusevu/small token of appreciation, in the form of a book voucher and a small box of chocolates. Of the thirty-one interviews, I fielded three queries where participants wished to re-gift the voucher to a colleague or family member deemed in greater need and established contact to check if this was possible. Since the vouchers were not tagged to a particular person, they could easily be transferred to another recipient.
During my previous experiences working with ethnic communities, sharing food usually at the conclusion of focus groups was one of the best ways to show appreciation, given the importance of generosity in Pacific cultures. These events were best conducted when the interviews were held in participant homes and in community halls, neither of which applied to this study, hence the small box of chocolates, which were always received very positively, as if participants recognised that this contemporary adaptation of communal food sharing. Novice researchers may feel that by offering a standard ‘thank you’ token once interviews are over signifies the end of relationships with participants; after all, from a purely academic standpoint, the requisite data has been collected and now the task is about analysis. On-going correspondence from participants may come as a surprise, whether these are in the form of emails or through interactions at community events and conferences.

While there was not an outward expectation that I would be able to fully resolve the issues being raised post-interview (such as securing a place in a course), it signalled that participants’ anticipation that I would be able to help in some way. This can increase the burden of responsibility on researchers if they are unfamiliar with the on-going reciprocal nature of such relationships and can be difficult to justify to supervisors. Despite my experience, there were times when these requests were difficult to juggle in light of my other commitments and while an email request could be easily forwarded on to someone else to deal with, it was not always the most culturally appropriate response. Future research with Pacific people needs to seriously consider how expectations can be managed, to ensure that good relationships remain in place.
In documenting the methods, academic research seeks to ensure that enough details are provided that the study can be replicated. While this is generally correct for quantitative studies, qualitative research poses different challenges. Researchers using narrative approaches need to be cognizant that stories will differ depending on the listener, the teller, when the story is told and the context (Mishler, 2004). If this study were to be replicated exactly as described in this thesis by another researcher, it is likely that different narratives would emerge. While this could be argued for any qualitative study, the addition of culture dynamics, the observation of protocols, and sharing of values and beliefs make ethnic research somewhat more challenging to conduct and raises implications for how well equipped student researchers are to navigate through these processes.

A lot of the cultural aspects encountered by researchers when collaborating with ethnic communities are not taught in university settings. It could be argued that it may not be a University’s place to do so and culture by its very nature is learnt through immersion in a community, rather than in a classroom. Regardless of the situation, it raises interesting questions about how researchers can incorporate these experiences into culturally safe research. Neither University nor ethics applications focus explicitly on this aspect, even though it is of crucial significance and can either ‘make or break’ a project in terms of the quality of data.
Personally, looking back at this journey, I have learnt an incredible amount from participants, not just in terms of the knowledge gathered for this study, but also the cultural interactions, sharing stories over a cup of tea, whether it is in fine china or chipped porcelain. Speaking with people who are incredibly passionate and committed, and choose to carry on regardless of how challenging the environment gets is also a great lesson in humility. It is my sincere hope that the findings of this study transcend beyond the confines of a thesis and make a positive contribution to the sector.

**Directions for Future Research**

This study has identified a number of instances that would benefit from further research to better understanding organizational sustainability. This section summarises seven key aspects that have emerged during the course of this study that are worthy of consideration. Each of these are discussed below.

I. Test the validity of the conceptual frameworks to further refine the factors influencing sustainability. In light of the reform environment, new interactions may have emerged that need to be considered. Similarly, other critical success factors may be present that need to be considered.

II. Test the validity and robustness of the guide to sustainability. The views of the Pacific and wider mental health sector on the usefulness of the guide will provide valuable feedback that can be used to improve the guide and develop new resources that are of use in addressing sustainability.
III. Dialogue with the sector to identify opportunities for case study research using a longitudinal approach. This would require permission for in-depth immersion into one or more organizations for a considerable period of time, i.e. at least several months, to gain an in-depth appreciation of how sustainability is addressed in situ at all levels of an organization.

IV. Examine how consumer and cultural leadership roles influence organizational sustainability. There is emerging evidence on peer workers’ experiences in mental health services. Given the internal hierarchies identified, serious consideration needs to be given to better understanding the dynamics at play and how to mitigate their damaging effects on sustainability.

V. Examine the influences of leadership style and ethnicity on organizational sustainability. Very little is known about how these factors interact and given their importance, they need careful consideration. Findings from this study have identified the leadership attributes that are lacking in the sector and with moves to address workforce shortages; a better understanding of the types of leaders is crucial for sustainability.

VI. An investigation into the networking styles of the sector would be of great benefit. Participants have identified the value of networking to better understand the political influences and to develop more holistic services by collaborating with other sectors; however, there is a paucity of information on the best ways to achieve this.
Organizational sustainability often depends on networking efforts. Further, while the sector predominantly spoke of face-to-face interactions, in light of social media platforms becoming more widespread, it would be worth investigating to what extent these options are used by the sector to gain knowledge, spread information and influence decisions.

VII. Finally, if wide scale reform were planned, as happened with the NHS, this would be an opportune time to include a research-to-practice component to identify New Zealand context-specific findings that can assist the sector in addressing its sustainability issues via a strong evidence-based foundation.

VIII. Outside mental health, examine the transferability to these findings to other Pacific health services. The increasing pressures to demonstrate financial sustainability, coupled with meeting the growing demands of the Pacific population are significant issues for other Pacific health providers.

IX. Further, explore the transferability of these findings to health services in Pacific Island nations. The context of service design, availability and resourcing are likely to impact on how the research questions are framed but may provide valuable insights into how Pacific services with considerable less resources are addressing sustainability issues.
CONCLUSIONS

The New Zealand Pacific mental health sector has undergone considerable development and is now in the process of demonstrating their ability to deliver services effectively. Given the intense lobbying and advocacy to establish the sector, along with the developments that have occurred thus far and evidence of unmet need, while it is highly unlikely that ethnic-specific services will be completely disestablished, the view of the participants in this study was that there was a risk of reduction in services. At its core, sustainability concerns the ability of an organization to maintain its activities at a certain rate or level, and this can only be achieved if the challenges are examined via a system approach to identify the key contextual and success factors and their influence on organizational sustainability.

This examination, however, cannot be done without giving due space for the collective story of those working the sector. Each story makes a unique contribution given it is generated from an individuals’ perceptions, experiences and observations. Such is the importance of this collective story that it underpins the central argument of this study. The development of policies and strategies that guide the future direction of services need to incorporate the voices of those working in the sector as well as that of service users and the community. This level of consultation needs to include space to dialogue the meaning of key concepts such as sustainability so that a common language can be developed upon which the sector moves forward.
In light of this context, three key messages are drawn from this study:

I. For Pacific mental health services, culture is their strong point. It is what gives a Pacific service its unique identity. It is what drives employees’ passion and altruistic outlook, both of which are to be commended. Alongside these strengths, this study has highlighted three keys areas within services that need to be addressed to bring about sustainability: 1) internal hierarchies; 2) financial management processes; and 3) restructuring the organizational policies, procedures, systems and structures to embed Pacific cultural values.

II. To mitigate the perceived adverse effects of political and financial pressures, services need to use the factors identified to develop a degree of resilience and flexibility, so that future changes in the sector can be faced without fear of collapse. And even if collapse were to happen, the ‘new service’ may actually be a better outcome for consumers and the community. Behind this assertion sits one of the key principles of sustainability: there may come a time when the innovation has finally run its course and is no longer producing the benefits. Allowing it to decay makes space for new innovations to be crafted.

III. At its heart, this study is about the contextual story of organizational sustainability and how it was constructed by the Pacific mental health sector. Sustainability is a dynamic process so views can change over time and be influenced by experiences and observations. Recognising this dynamic interplay, now that a common language is established, open, honest and frank conversations desperately need to occur. It is only through constructive dialogue that issues such as hierarchies, organizational
stigma and the financial challenges can be addressed. The sector may be small, but its people are committed and highly capable to having these brave conversations.

Finally, in many ways, the impetus for this study emerged following my experiences while contributing to translational mental health research and the feedback from the sector. In view of the paucity of evidence concerning organizational sustainability and Pacific mental health, it is hoped that these findings will assist the sector to generate its own solutions, which are strongly embedded in the cultural values that underpin its identity to deliver sustainable services for generations to come. This study concludes with a quote from one of the thirty-one participants who shaped this new direction for organizational sustainability:

“Pacific mental health services are not just about ethnicity; it’s more about the philosophy that it’s based on. People need to feel it, there’s a certain feel about it, and sometimes, those are the things that make it purely Pacific. A Pacific service has gotta have soul, it’s gotta be an authentic. And ideally also have Pacific people running it, right from the governance right through, but the colour of their skin is not as important as the colour of the heart. It’s the heart that makes a difference and that’s the feedback that we hear from the users of the service, our community. Sustainability lies in being smart, we need to use all the things that we can from our experience but also have the flexibility to adapt to change.” (P15)
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NGĀI TAHU RESEARCH CONSULTATION COMMITTEE
TE KOMITI RAKAHU KI KAI TAHU

25/01/2011 - 15
Wednesday, 26 January 2011

Ms Currey
Public Health
Wellington

Tēnā koe Ms Currey

Title: Improving service responsiveness of Pacific mental health services to meet the needs of Pacific populations.

The Ngāi Tahu Research Consultation Committee (The Committee) met on Tuesday, 25 January 2011 to discuss your research proposition.

By way of introduction, this response from the Committee is provided as part of the Memorandum of Understanding between Te Rūnanga o Ngāi Tahu and the University. In the statement of principles of the memorandum, it states "Ngāi Tahu acknowledges that the consultation process outlined in this policy provides no power of veto by Ngāi Tahu to research undertaken at the University of Otago". As such, this response is not "approval" or "mandate" for the research, rather it is a mandated response from a Ngāi Tahu appointed committee. This process is part of a number of requirements for researchers to undertake and does not cover other issues relating to ethics, including methodology; they are separate requirements with other committees, for example the Human Ethics Committee, etc.

Within the context of the Policy for Research Consultation with Māori, the Committee base consultation on that defined by Justice McGechan:

"Consultation does not mean negotiation or agreement. It means: setting out a proposal not fully decided upon; adequately informing a party about relevant information upon which the proposal is based; listening to what the others have to say with an open mind (in that there is room to be persuaded against the proposal); undertaking that task in a genuine and not cosmetic manner. Reaching a decision that may or may not alter the original proposal."

The Committee notes that funding has already been applied for. In respect of consultation and collaboration it would be expected that the engagement process would have been undertaken at the earliest possible stage, prior to funding applications.

The Committee considers the research to be of importance to Māori health.

As this study involves human participants, the Committee strongly encourage that ethnicity data be collected as part of the research project. That is the questions on self-identified ethnicity and descent, these questions are contained in the 2006 census.

The Committee notes the researchers have identified that, “This research will add to mental health literature and evidence-base of improving service responsiveness for Māori”.

The Ngāi Tahu Research Consultation Committee has membership from:

Te Rūnanga o Otākou Incorporated
Kāti Huirapa Ritenga ki Paketerekiri
Te Rūnanga o Mourekiri
The Committee suggests dissemination of the research findings to Māori health organisations regarding this study.

We wish you every success in your research and the Committee also requests a copy of the research findings.

This letter of suggestion, recommendation and advice is current for an 18 month period from Tuesday, 25 January 2011 to 25 July 2012.

The recommendations and suggestions above are provided on your proposal submitted through the consultation website process. These recommendations and suggestions do not necessarily relate to ethical issues with the research, including methodology. Other committees may also provide feedback in these areas.

Nāhaku noa, nā

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The Ngāi Tahu Research Consultation Committee has membership from:
Te Rūnanga o Ōtākou Incorporated
Kūti Huirapa Rūnaka ki Puketeraki
Te Rūnanga o Moeraki
Multi-region Ethics Committee

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11 March 2011

Ms Nandika Currey
University of Otago, Wellington
23A Main Street
Newtown
Wellington

Dear Ms Currey

Re: Ethics ref: MEC/11/02/018 (please quote in all correspondence)
Study title: Pacific mental health services: Improving service responsiveness to meet the needs of Pacific populations.
Investigators: Ms Nandika Currey, Dr Sunny Collings, Dr Karlo Mila-Schaaf

This study was given ethical approval by the Multi-region Ethics Committee on the 22nd of February 2011.

Approved Documents

— Protocol, version 1, 01/02/2011
— Information sheet, version 1, 01/02/2011
— Consent form, version 1, 01/02/2011
— Interview schedule, version 1, 01/02/2011

This approval is valid until the 31st of December 2016, provided that Annual Progress Reports are submitted (see below).

Amendments and Protocol Deviations

All significant amendments to this proposal must receive prior approval from the Committee. Significant amendments include (but are not limited to) changes to:
— the researcher responsible for the conduct of the study at a study site
— the addition of an extra study site
— the design or duration of the study
— the method of recruitment
— information sheets and informed consent procedures.

Significant deviations from the approved protocol must be reported to the Committee as soon as possible.

Annual Progress Reports and Final Reports
The first Annual Progress Report for this study is due to the Committee by 11 March 2012. The Annual Report Form that should be used is available at www.ethicscommittees.health.govt.nz. Please note that if you do not provide a progress report by this date, ethical approval may be withdrawn.

A Final Report is also required at the conclusion of the study. The Final Report Form is also available at www.ethicscommittees.health.govt.nz.

Requirements for the Reporting of Serious Adverse Events (SAEs)

For the purposes of the individual reporting of SAEs occurring in this study, the Committee is satisfied that the study’s monitoring arrangements are appropriate.

SAEs occurring in this study must be individually reported to the Committee within 7-15 days only where they:

— are unexpected because they are not outlined in the investigator’s brochure, and
— are not defined study end-points (e.g. death or hospitalisation), and
— occur in patients located in New Zealand, and
— if the study involves blinding, result in a decision to break the study code.

There is no requirement for the individual reporting to ethics committees of SAEs that do not meet all of these criteria. However, if your study is overseen by a data monitoring committee, copies of its letters of recommendation to the Principal Investigator should be forwarded to the Committee as soon as possible.

Please see www.ethicscommittees.health.govt.nz for more information on the reporting of SAEs, and to download the SAE Report Form.

The Committee comments that the researchers should be cautious about the assumption that there are unlikely to be no Maori participants given that many Pacific families may have Maori ancestry as well.

We wish you all the best with your study.

Yours sincerely

Jacqi Bartlett
Administrator
Multi-Region Ethics Committee
Email: multiregion_ethicscommittee@MOH.govt.nz
INTERVIEW GUIDE

This interview guide is semi-structured and largely uses open-ended questions. Consequently, these questions will be used as a guide rather than adhered to rigidly. The interviewer will allow the direction of the interview to be led by the responses from the participants within the general themes that have been identified in the interview schedule.

Background

1. **Tell me about your role in your organization.**
   
   [Explore if participant has multiple roles e.g. clinician and manager. Explore multiple accountabilities role brings, from organizational and cultural perspectives.]

2. **What background and experience do you bring to this role?**
   
   [Focus on knowledge/experience/role in relation to mental health services planning, organization and delivery.]

3. **What do you like about working in this role?**

**Pacific peoples’ journey through mental health services**

It has been found that Pacific peoples suffer from mental illness at higher levels than the general population. They present late to emergency departments, often when their illness is more severe or advanced. They have been found to need longer stays in hospital, which adds to the cost of their care.

4. **In your experience, how are mental health services delivered to Pacific peoples?**
[Explore mainstream services versus ethnic-specific, primary versus secondary care.]

5. How do Pacific people access mental health services?

[Explore pathway Pacific person follows to get to mental health services.]

6. What happens with people who are over-stayers or with immigration issues?

[Focus on equity and continuation of care, especially if people return to the Pacific Islands.]

7. In your experience, what is the process for follow-up with Pacific peoples once they are discharged from Pacific mental health services?

[Explore GP/primary care route, secondary services, home-based treatment plans, alternative therapies, traditional healing.]

8. What is the role of other services in this?

[Explore A&D, forensic, child and adolescent CAMHS.]

Organizational sustainability in the Pacific mental health context

In New Zealand, building responsive, sustainable services for Pacific peoples who are affected by mental illness is of high priority.

Responsive services are those, which focus on recovery, reflect relevant cultural models of health, and take into account the clinical and cultural needs of people. Pacific mental health services need also to be effective, sustainable and resilient.

The need for organizational sustainability is gaining sufficient moment in NZ, with plans to include it in Blueprint II. It is also a priority under PPWDF.

9. How would you define service sustainability?

10. How do you think this applies to/influences Pacific mental health services?

[Issues, challenges, successes, relating to:
- Organizational culture and service delivery
- Systems, structures and processes
- People at all levels including leadership
- Consumer/community]
- Pacific culture
- Funding and resources
- Political environment
- Policy and implementation

11. In the past, there may have been Pacific/ethnic mental health services that didn’t survive. In these instances, what happened?
[Role of management, funding, PPDF, workforce, champions.]

12. When other services have faced similar challenges, how did people cope with and solve those challenges?

13. What solutions from these situations might be worth trying now?

14. For services that have managed to continue, how did this happen?

15. Who contributed to this progress, and how?

16. What do you think influences service sustainability?
[Is it a combination of things? If so, what are they?]

17. What are the most important things to consider in terms of sustainability?

18. What knowledge, skills or attributes are required to deliver successful Pacific mental health services?
[Explore value of having culturally aware staff, leadership, understanding of accountability, contracting, strategic planning.]

Encouraging movement & change

To build successful mental health services, we need to focus on tangible solutions and take steps that are realistic. We need to be able to describe how we want things to be i.e. being outcome focussed. These are changes that can be seen, solutions that are gettable and possible.

23. On a scale of 1 – 10 where 1 is the worst Pacific mental health service and 10 is the best, where do you think Pacific mental health services currently are?

24. What tells you that the services are at that point?

25. How did they get from 1 to that point?
26. How can services get to the next point?

27. What will be happening in Pacific mental health services when they are at the next point?

28. Do you have any other suggestions or comments?

Thank you very much for your time. If you think of anything further and wish to discuss it with me, please let me know.
APPENDIX D

PROJECT PROTOCOLS

Project Title
Pacific mental health services in New Zealand: what influences success? A conceptual framework for organizational sustainability

Principal Investigator
Ms Nandika Currey

Position
Doctoral Candidate

Contact Details
Social Psychiatry & Population Mental Health Research Unit
University of Otago, Wellington
Email: nandika.currey@otago.ac.nz
Phone: 021 477 387

Supervisory Team
Professor Sunny Collings, Dean & Director
Professor Tony Dowell, Deputy Dean

Abstract
Research indicates that Pacific peoples experience mental disorders at higher levels than the general population (Foliaki et al., 2006; Suaalii-Sauni et al., 2009). This disproportionate mental health burden is met with service trends of: low utilisation, late presentation, high rates of emergency referral, longer stays and the highest average cost of adult inpatient and community episodes (Mila-Schaaf & Hudson, 2009). Current evidence points to the limits of existing services to respond effectively to the Pacific mental health context (e.g. Le Va, 2009). It has been recognised that ensuring sustainable services for Pacific people is of high priority (e.g. Minister of Health, 2006). This project will look at the organizational sustainability of Pacific mental health services New Zealand. This knowledge will assist in improving service sustainability to meet the needs of Pacific peoples.

Background
The Pacific population is one of the fastest growing sub-groups in New Zealand (Cook, 1999; Statistics New Zealand, 2006). The 2006 Census recorded 265,974 people of Pacific ethnicity in New Zealand, comprising 6.9% of the population (Statistics New Zealand, 2006). The Pacific population is projected to increase by 2.4% each year and reach 480,000 by 2026 (Statistics New Zealand, 2010).

Pacific peoples migrated to New Zealand in large numbers in the 1960s following high demands for labour (Meleisea, 1998; Bedford, 2001). However, despite capitalising on such economic opportunities, Pacific peoples have remained disadvantaged in their socioeconomic status and over-represented in several negative social and health outcomes (Bathgate & Pulotu-Endemann, 1994; Statistics New Zealand, 2002). One of these outcomes is in the area of mental health.

**Pacific peoples & mental health**

Historically, there has been a paucity of data on the prevalence of mental health disorders in Pacific peoples based in New Zealand. It wasn’t until the first national mental health epidemiological study, Te Rau Hinengaro, was conducted that reliable estimates of the mental illness prevalence rates for Pacific peoples and other ethnic groups were identified (Ministry of Health, 2008).

Analysis of Te Rau Hinengaro data revealed that the burden of mental health disorders was high in Pacific peoples, with 25% Pacific peoples experiencing mental health disorders compared to 20.7% of the general population (Foliaki et al., 2006; Suaiili-Sauni et al., 2009). Nearly half of Pacific peoples (46.5%) had had some experience of mental illness in their lifetime (Foliaki et al., 2006). Further, only 25% of Pacific peoples who had been diagnosed with a serious mental illness accessed mental health services (Foliaki et al., 2006).

Significant gaps in provision of mental health services and service-use trends have been identified in Pacific peoples (Minister of Health, 2006). For example, in the mid 1980s Pacific peoples with mental health disorders were more likely to be committed to psychiatric care than Māori or other ethnic groups (Bridgman, 1996). This was attributed to Pacific peoples presenting to mental health services at much later stages of illness, usually at severe points of crisis (Malo, 2000). Reasons for late presentations ranged from difficulties accessing services (Suaiili-Sauni et al., 2009), low utilisation of services proportional to need due to issues of shame or pride (Ieremia, 2003) and lack of culturally appropriate mental health services (Samu et al., 2010a).

**Mental health services**

Traditionally, mental health services in New Zealand have been fairly mono-cultural in all aspects of service delivery (Agnew et al., 2004). Since the deinstitutionalisation of mental health services and the greater advocacy by Māori, however, these services have begun to implement Pacific cultural models of care into their practice (Agnew et al., 2004). These models are informed by Pacific health beliefs and focus more on cultural competency rather than service planning or delivery (Agnew et al., 2004). Recent developments in the mental health sector have added to this body of knowledge and resulted in the development of Real Skills plus Seitapu, a Pacific cultural competency framework combined with an essential knowledge and skills framework put together to help deliver effective mental health services in New Zealand (Le Va, 2009).
There has also been significant development of other Pacific-specific tools, approaches, roles, policies and frameworks for use in mental health services. These include: the traditional healing model (Agnew et al., 2004); the Pacific Consumer Leadership Framework (Samu & Richard, 2010b), Pacific Cultural Practice Framework, detailing roles of matua and Pacific cultural workers (Parsonage et al., 2009) and Kato Fetu, the Pacific Mental Health & Addiction Research Agenda (Le Va, 2009). These innovative approaches have not been empirically validated, supported or improved (Le Va, 2009).

Mental health service providers now have access to these innovative approaches to help provide quality care for Pacific peoples. Despite this, however, New Zealand still struggles with ensuring sustainable mental health services to meet the needs of Pacific peoples.

Improving service sustainability for Pacific peoples remains largely under-researched (Le Va, 2009). It is an area of on-going concern and demands for sustainable services are likely to grow. Currently, the New Zealand mental health sector, and in particular, Pacific mental health services do not have an evidence base for organizational sustainability. This gap has recently been highlighted in a study investigating mental health service provision in primary care (Collings et al., 2010) as well as via consultation in the sector.

**Study Aims**

**Aim**

The aims of this project are to explore a definition of organizational sustainability as it applies to Pacific mental health in New Zealand; & develop a conceptual framework for stakeholders to help identify the factors influencing organizational sustainability and are crucial for success.

**Research questions**

- What is organizational sustainability in the context of Pacific mental health?
- What factors influence organizational sustainability?
- What are the critical success factors for organizational sustainability?

**Administrative Organization**

The project will be managed from the Social Psychiatry & Population Mental Health Research Unit at the University of Otago, Wellington.

**Research Design & Methods**

Data will be gathered via three different sources (interviews, documents and direct observation). In-depth individual face-to-face interviews will be conducted with a purposive sample of Pacific mental health service providers as well as policy makers and academics. These interviews will be supplemented with relevant documents such as annual reports, frameworks, policies and evaluation reports and direct observation.
The interviews will be semi-structured and open-ended based on the principles of *talanoa*. “A *talanoa* approach is a traditional Pacific reciprocating interaction which is driven by common interest, regard for respectfulness and are conducted mainly face to face” (Morrison & Vaioleti, 2008, p. 11).

Ethical approval for the project will be sought. The interviews will be audio-recorded with participants’ consent and transcribed. NVivo qualitative software will be used to undertake systematic analysis of the data. Data from each transcript will be systematically coded manually and free nodes will be created for each topic or concept. As the coding progresses and the structure of the data emerge, themes and patterns will be identified across and within the nodes. These will be clustered and organised to create NVivo tree nodes. Further analysis of the data will be undertaken to identify the emerging themes.

Detailed notes will be taken in a field journal immediately after the interviews recording the non-verbal information such as tone of voice and body language. Pacific peoples are known to engage in *heliaki*, indirect verbal interaction where they use metaphor and layered meaning (Kaeppler, 1993). This additional data will supplement the two other data sources to provide a rich and comprehensive picture.

**Safety Monitoring Plan**

**Supervisory Team**

This is a supervised Doctoral project, overseen by Professor Sunny Collings and Professor Tony Dowell. Professor Collings is the Dean of the University of Otago, Wellington campus. She is Director of the Social Psychiatry & Population Mental Health Research Unit. She is also a practicing clinical psychiatrist. Professor Dowell is the Deputy Dean of the University of Otago Wellington campus. He is a highly regarded Professor of Primary Healthcare and General Practice and has published extensively in the field of mental health research. He is also a practicing GP.

**Pacific Advisory Group**

A small group of experts will provide advice, monitoring and guidance throughout the project. The expertise within the group includes: service delivery, research and cultural support.

**Risk of physical or psychological distress or other adverse events**

The risk of harm is nil/minimal. Participants will be chosen because of their knowledge of and experience working in Pacific mental health. Of all participants, the clinicians will be the only group that deals directly with mental health consumers and they will be already receiving professional supervision from their workplace. None of the questions in the interview schedule are designed to cause psychological distress. Given their line of work, participants will know of and also have access to other forms of support.

**Procedures to monitor participant safety**

The principal investigator, Nandika Currey is an experienced researcher and has worked in the areas of mental health, violence, suicide, mediation and counselling. She has significant experience in conducting focus groups and interviews with a wide range of people. In the event, an issue does arise; Nandika will discuss it with her supervisors. Regular supervision
sessions will be in place for Nandika to debrief and seek support. Advice and guidance will also be sought from the advisory group.

Given this is supervised work, should any emergencies occur, the first point of contact will be the supervisors and in accordance with existing University of Otago protocols.

**Analysis Plan**

Data will be analysed using NVivo qualitative software as described in the Research Design & Methods section.

**Dissemination of Results**

Results would be disseminated via meetings, hui, fono and presentations as appropriate to the sector. Existing networks will be used to build stronger links to ensure that the findings are shared with Pacific service providers, clinicians, and other stakeholders such as the Ministry of Health and Le Va, New Zealand’s Pacific mental health workforce development programme. Presentations will be made at relevant health and mental health conferences nationally and internationally. A number of academic papers will be generated for publication in relevant journals.

**References**


Morrison, S., & Vaioleti, T. (2008). Ko te Tangata: An analysis of key government policy documents and strategies to identify trends that will influence Māori and Pacific progress within the Adult and Community Education (ACE) sector and professional development (PD) opportunities within ACE.


INFORMATION SHEET

Pacific mental health services in New Zealand: what influences success?
A conceptual framework for organizational sustainability

Principal Investigator: Ms Nandika Currey
Social Psychiatry & Population Mental Health Research Unit
University of Otago, Wellington
Email: nandika.currey@otago.ac.nz
Phone: 021 477 387

Kia ora, Bula vinaka, Kia orana, Fakalofa lahi atu, Talofa lava, Malo e lelei, Taloha ni,
Greetings.

Thank you for showing an interest in this project. Please read this information sheet carefully before deciding whether or not to take part. If you decide to participate, we thank you. If you decide not to take part, there will be no disadvantage to you of any kind and we thank you for considering our request.

What is this project about?
It has been found that Pacific peoples suffer from mental illness at higher levels than the general population. They present late to emergency departments, often when their illness is more severe or advanced. They have been found to need longer stays in hospital, which adds to the cost of their care.

There has been very little research into Pacific mental health services – what they look like, what works in delivering good services to clients, what doesn’t and what’s needed for service sustainability. In New Zealand, ensuring sustainable services in the mental health sector is a growing priority.

This project will look at the organizational sustainability of Pacific mental health services New Zealand. It will ask what influences organizational sustainability and what are the key critical success factors. It will listen to what people believe are the important factors for a sustainable service.

What Type of Participants are we looking for?
We are looking for people who have knowledge of and experience in Pacific mental health services. This can be either through primary, secondary or community mental health, management, policy or research. This may include, but is not limited to: clinicians, community support workers, team leaders, managers, policy makers and researchers.

What will Participants be asked to do?
Should you agree to take part in this project, you will be asked to participate in a loosely structured interview with the Principal Investigator, Nandika Currey, lasting no more than 90
minutes. This interview will focus on your experiences in and perspectives on Pacific mental health services. The interview will be recorded and transcribed.

You will not be asked to experience any discomfort during the interview, and you will have the power to end your participation at any time. You will never be asked to break patient confidentiality.

**Can Participants Change their Mind and Withdraw from the Project?**

You may withdraw from participation in the project at any time and without any disadvantage to yourself of any kind.

**What Data or Information will be Collected and What Use will be Made of it?**

Your interview will be audio recorded and transcribed.

This project involves an open-questioning technique where the precise nature of the questions which will be asked have not been determined in advance, but will depend on the way in which the interview develops. Consequently, although the Multi-Region Ethics Committee is aware of the general areas to be explored in the interview, the Committee has not been able to review the precise questions to be used.

In the event that the line of questioning does develop in such a way that you feel hesitant or uncomfortable you are reminded of your right to decline to answer any particular question(s) and also that you may withdraw from the project at any stage without any disadvantage to yourself of any kind.

These interviews are being collected so that the researchers can better understand Pacific mental health services and the factors influencing organisational sustainability. Interview material will be available to the research team.

The results of the project will be published in a PhD thesis and peer-reviewed journal articles but every attempt will be made to preserve your anonymity. You are most welcome to request a copy of the results of the project should you wish.

The data collected will be securely stored in such a way that only the research team will be able to gain access to it. At the end of the project any personal information will be destroyed immediately except that, as required by the University's research policy, any raw data on which the results of the project depend will be retained in secure storage for ten years, after which it will be destroyed.

Reasonable precautions will be taken to protect and destroy data gathered by email. However, the security of electronically transmitted information cannot be guaranteed. Caution is advised in the electronic transmission of sensitive material.

**Statement of Approval**

This study has received ethical approval from the Multi-Region Ethics Committee.

**Information and Support**

If you have any questions or concerns about your rights as a participant in this research study, you can contact an independent health and disability advocate. This is a free service provided under the Health and Disability Commissioner Act.

Telephone, NZ wide: 0800 555 050
Free Fax, NZ wide: 0800 2787 7678 (0800 2 SUPPORT)
Email: advocacy@hdc.org.nz

Please feel free to contact the Principal Investigator, Nandika Currey if you have any questions about this study.
CONSENT FORM

Pacific mental health services in New Zealand: what influences success?  
A conceptual framework for organizational sustainability

I have read and understood the information sheet dated for a project looking at organizational sustainability and Pacific mental health.

I have had the opportunity to discuss the project with the Principal Investigator and I am satisfied with the answers I have been given.

I understand that taking part in this study is my choice and that I may withdraw at any time at no disadvantage to myself.

I understand that my participation in the study will be confidential and that no material which could identify me will be used in any reports on the study.

I agree for my interview to be audio recorded.

I agree for my interview to be transcribed.

I understand that the audio-tapes will be destroyed at the conclusion of the project but any raw data on which the results of the project depend will be retained in secure storage for ten years, after which it will be destroyed;

I, ____________________________________________________________, hereby consent to take part in this study.

Signature:

Date:

Principal Investigator: Ms Nandika Currey  
Doctoral Candidate  
Social Psychiatry & Population Mental Health Research Unit  
University of Otago, Wellington  
Email: nandika.currey@otago.ac.nz  
Phone: 021 477 387
GUIDE TO SUSTAINABILITY
IMPLEMENTING SUSTAINABLE PRACTICES IN YOUR WORKPLACE

WHY IS ORGANIZATIONAL SUSTAINABILITY IMPORTANT?

Sustainability is an area of long standing interest for a number of professional disciplines. Over the years, it has been an issue of significant concern for the wider healthcare sector in light of finite resources and a drive to identify new ways of working more effectively to improve health outcomes. The research in this area, however, has been fraught with a number of challenges, which have resulted in findings of variable quality and mixed successes. Most studies have focused on a particular aspect of sustainability, such as the issue of leadership, while others have attempted to take a wider system approach. Additionally, few have attempted to directly translate their findings to practical settings.

The most widely known of these is a project, which sought to reform the UK’s National Health Service (NHS) in the early 2000s. While attempting to improve patient care, the agency tasked with the project quickly realized that if staff were to implement and maintain new effective practices, it first needed to examine the processes for sustaining change. Consequently, it worked in consultation with staff and key programmes to examine the NHS organizational context and ways to sustain change. Their findings resulted in a large number of publications detailing not only the findings of this large-scale study, but how-to toolkit style resources, which could be used by the NHS to improve sustainability.
The New Zealand healthcare sector has been able to learn some lessons from this project, but has not had an equivalent response to examine its organizational sustainability. In terms of the mental health sector, however, no studies or applications of such nature have been documented. This has been particularly problematic for this sector given the increasing pressures for it to deliver more effective services and demonstrate sustainability.

The topic of sustainability has become core to mental health service delivery in New Zealand and as such, gained greater focus in key policies. An example of this is the most recent Blueprint documents, which list “productivity and sustainability” as one of their core principles (Mental Health Commission, 2012, p. 12) as well as a “Framework for sustainable development” (Mental Health Commission, 2012, p. 5). In the face of finite resources and the demands for improvement, it is highly likely that the issue of sustainability will be an area of on-going focus for the foreseeable future.

**How will this guide help?**

- This guide will help you examine service sustainability using a collective definition of the concept to help ensure there is a common language and understanding upon which activities are based.
- It will help you identify the factors present in your service that influence organizational sustainability.
- It will help you make decisions about the innovations needed to sustain change.
Who can use this guide?

This guide is designed predominantly for those in leadership and managerial positions, looking to understand organizational sustainability and implement innovations to bring about sustained change in their services. Note, however, that every person, at every level in an organization has a role in sustainability, and as such, will have an impact on any innovations that are developed and implemented.

How was this guide created?

This guide was developed using a five-year doctoral study looking at primary, secondary and community Pacific mental health services and mainstream services with Pacific clients in New Zealand. Thirty-one people working as clinicians, managers, policy makers, planners and funders, and academics participated in this study, sharing their perspectives on organizational sustainability and Pacific mental health. Their views, along with national and international literature were used to develop two conceptual frameworks for organizational sustainability for the Pacific mental health arena. The conceptual frameworks are also available for you to use. One is embedded within an image of a sailing Pacific outrigger canoe to illustrate the range of factors influencing organizational sustainability. The second framework explains how the factors interact with one another.

Who created this guide?
A team of three individuals from the University of Otago, Wellington created this guide.

Nandika Currey is a Doctoral Candidate in the Social Psychiatry and Population Mental Health Research Unit. This guide stemmed from her doctoral thesis examining the organizational sustainability of Pacific mental health services in New Zealand. Professors Collings and Dowell supervised her project. Her research interests are mental health, organizational behaviour, Pacific health and suicide prevention. She is also the Associate Dean Pacific at the University of Otago, Wellington.

Professor Sunny Collings is Director of the Social Psychiatry and Population Mental Health Research Unit. She is a consultant psychiatrist in the Wellington region. Her research interests are primary care mental health, suicide prevention, media and community mental health issues. She is also the Dean and Head of Campus at the University of Otago, Wellington.

Professor Tony Dowell is Professor of Primary Health Care. He is a practicing General Practitioner in the Wellington region. His research interests are mental health, primary care, health services research and communication in healthcare consultation settings. He is also the Head of the Department of Obstetrics & Gynaecology at the University of Otago, Wellington.

**Why isn’t there a single organizational sustainability guide for all mental health services to use?**

We know from previous research that a single one-size-fits-all approach is not recommended for organizational sustainability, as this type of direct adoption has not been
successful. Instead, the best way to sustain change in any organization requires a thorough examination of the local service context before generating innovations specific to that setting. The field of organizational sustainability, particularly for mental health is a relatively new area of research; therefore, this guide is intended to be a working document, marking the first step towards translating organizational sustainability research for practical applications in the Pacific mental health sector. There is however, potential for this guide and its contents to be adapted to other organizational contexts, which increases its applicability to the wider healthcare sector.

**How does it work?**

- Using the key components of the conceptual frameworks, this guide highlights the questions you need to ask in order to understand and sustain change.

- It provides possible interpretations and explanations of the responses to help facilitate an informed dialogue with staff and stakeholders.

- It offers potential action points using the research and evidence base in this area.

Note: In the tables below, the term ‘organizational sustainability’ has been abbreviated to ‘OS’ for better fit and ease of reading.
Table 4: A guide to organizational sustainability

<table>
<thead>
<tr>
<th>Main factor</th>
<th>Sub-factor</th>
<th>Key questions to ask</th>
<th>Possible interpretations</th>
<th>Potential actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>OS in context</td>
<td></td>
<td>What does OS mean to you?</td>
<td>Highly variable definitions indicate that individuals have had limited opportunities to dialogue about OS in the past.</td>
<td>Identify commonalities in the definitions.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>How does OS apply to you personally; this organization; the wider community?</td>
<td>Consistent definitions may indicate that the organization is well versed on what OS entails and may be ready to identify and develop innovative solutions to sustain change.</td>
<td>Consider how these definitions fit with the organization’s perspective and those of the sector.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>What do you think it means for other people in the sector?</td>
<td>Inconsistent definitions across the domains may indicate a misalignment of values and purpose.</td>
<td>It is crucial that the organization operates from a similar understanding of OS as this has a direct impact on sustaining change.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Understanding OS from different perspectives is often the first step in creating meaningful dialogue to develop and implement innovations.</td>
<td>Use a baseline definition of OS to start the conversation with staff and stakeholders.¹</td>
</tr>
</tbody>
</table>

¹ Organizational sustainability refers to ‘a group of people in the Pacific mental health sector maintaining services at a particular level, which are aligned to their cultural identity and serve the needs of consumers and the community.’
<table>
<thead>
<tr>
<th>Main factor</th>
<th>Sub-factor</th>
<th>Key questions to ask</th>
<th>Possible interpretations</th>
<th>Potential actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Team: Multi-disciplinary &amp; supportive</td>
<td>The importance of organizational culture</td>
<td>What role does the organization play in acknowledging your cultural beliefs and values? To what extent does sharing your cultural knowledge in the workplace help you with your role?</td>
<td>Team culture is strongly influenced by how the organization values and acknowledges its members. Poorly valued members are more likely to focus on their self-interests rather than working collaboratively, which has negative implications for service delivery and OS.</td>
<td>Invest in building the team culture through acknowledgement of values and beliefs. Seek feedback on what support structures are needed for teams to feel valued. What innovations could be developed and trialled that improve organizational culture?</td>
</tr>
<tr>
<td>Striking the right balance</td>
<td></td>
<td>What is the mix of genders and age groups of the teams? How does this mix meet the cultural needs of consumers? What is the ethnic mix of the teams and how does this meet the cultural needs of consumers? What would the ideal team</td>
<td>The best teams are usually those, which comprise younger and older staff. This helps address the cultural considerations of age-based hierarchies when working with consumers e.g. older members may exhibit more parental characteristics which helps in building trust. What are the practicalities of employing</td>
<td>Identify the attributes and qualities the ideal team members would need. How does this compare to the current team? Identify ways the teams could be better configured. Identify ways current members could upskill</td>
</tr>
<tr>
<td>The benefits of getting it right</td>
<td>How can you create the best teams using limited budgets?</td>
<td>How can the diversity of the team, in terms of knowledge and experience, be used for OS?</td>
<td>Members with a high skill base and supportive outlook are crucial to helping the team navigate through the different levels of the organization.</td>
<td>Who are the key knowledge holders within the organization? How can they best support the team navigate through the challenges of the organization and deliver better services?</td>
</tr>
<tr>
<td>--------------------------------</td>
<td>----------------------------------------------------------</td>
<td>---------------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>The importance of looking after your team</td>
<td>What mechanisms are in place to support the teams in their roles within and outside the organization?</td>
<td>Teams who feel unsupported are more likely to be involved in critical incidents and health and safety issues.</td>
<td>Work with teams to develop wellbeing support programmes. Discuss flexible working arrangements where possible to accommodate the family/community commitments.</td>
<td></td>
</tr>
<tr>
<td>Blurred boundaries: a</td>
<td>To what extents do team members socialise together</td>
<td>Teams that socialise outside the workplace can create conflicts of</td>
<td>If conflicts of interest arise, ensure teams can discuss</td>
<td></td>
</tr>
<tr>
<td>Main factor</td>
<td>Sub-factor</td>
<td>Key questions to ask</td>
<td>Possible interpretations</td>
<td>Potential actions</td>
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<tr>
<td>The Leader:</td>
<td>Vision setters</td>
<td>What is the leader’s vision for the service?</td>
<td>Leaders with a strong vision and people skills are more likely to gain others’ trust.</td>
<td>Has the leader clearly articulated the vision for the organization?</td>
</tr>
<tr>
<td>visionary, strategist, expert</td>
<td></td>
<td>What about their abilities to inspire and direct staff?</td>
<td>Efforts to sustain change are more likely to succeed if leaders can inspire and motivate staff.</td>
<td>How well has the leader engaged with all levels of the organization, the stakeholders and the community?</td>
</tr>
<tr>
<td>Different types of leaders</td>
<td></td>
<td>What are the different types of leadership roles in the organization?</td>
<td>Leaders in mental health organizations can be at clinical, consumer and cultural levels.</td>
<td>Identify the different types of leaders in the organization.</td>
</tr>
<tr>
<td>of leaders</td>
<td></td>
<td>What are the similarities and differences between the leadership positions?</td>
<td>Clinicians may require managerial training to take on leadership roles, while cultural and consumer leaders need support with organizational</td>
<td>Seek feedback from leaders on the best approaches to sustain change.</td>
</tr>
<tr>
<td>Leadership attributes</td>
<td>What types of support do people in these leadership roles need to help deliver better services?</td>
<td>What are the leadership attributes of Pacific leaders? How assertive are the leaders in negotiations? What style of communication do they employ when representing the organization? How successful is this style in helping achieve the goals of the organization?</td>
<td>Develop support programs to help leaders improve their organizational skills and experience.</td>
<td>A mix of younger and older leaders is usually the best way to capture the best attributes of both groups for OS.</td>
</tr>
<tr>
<td>Workforce issues</td>
<td>How does the leadership experience of Pacific leaders compare to that of their non-Pacific peers?</td>
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<tr>
<td>Pacific counterparts? What impact does this have on OS?</td>
<td>workforce issue that is slowly being addressed. The lack of similar experience may influence OS practices.</td>
<td>decisions for OS? How beneficial would mentoring and leadership programs be in this instance?</td>
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<tr>
<td>Promotion within the ranks What are the benefits to promoting staff internally to leadership positions, compared to bringing in someone new? How could the employee’s institutional knowledge and experience be used to sustain change?</td>
<td>Promoting staff internally to leadership positions can be helpful for OS, particularly if the employee has demonstrated the ability to take on additional roles and can help develop and implement innovations, and inspire staff.</td>
<td>Identify staff who could be promoted internally to leadership roles. Weigh the risks and benefits of the internal appointment versus a new recruitment.</td>
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<tr>
<td>Balancing expectations How do leaders balance the expectations of the organization as well as those of the community? What do leaders see as their priority – the goals of the organization, improving outcomes for Pacific</td>
<td>Pacific communities are likely to judge the success of an organization by the sole performance of its leader. Leaders are usually expected to create supportive environments that enable growth and progress for Pacific health, rather than focussing on personal gain.</td>
<td>Identify synergies between the goals of the organization, the community and the individual. How could these be used to bring about sustained change?</td>
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<tr>
<td>Main factor</td>
<td>Sub-factor</td>
<td>Key questions to ask</td>
<td>Possible interpretations</td>
<td>Potential actions</td>
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<tr>
<td>Organizational climate: Policies, procedures,</td>
<td>A clash of cultures</td>
<td>How well do the organization’s policies and the cultural values of the staff</td>
<td>Poor alignment can often lead to tensions within the organization and failure to deliver services in a timely manner</td>
<td>Explore ways the organization’s policies and Pacific cultural values can...</td>
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<tr>
<td>To what extent is the Pacific context recognised and acknowledged in the organization’s policies?</td>
<td>For an organization to regard itself as “Pacific”, one of the criteria specified by the Mental Health Commission is the inclusion of holistic cultural models of service delivery that align closely with Pacific beliefs and values.</td>
<td>Identify opportunities to implement such innovations.</td>
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<tr>
<td>How important are Pacific cultural values and beliefs in delivering the services?</td>
<td>Poor documentation of outcomes has several implications, including a reduced likelihood of continual funding.</td>
<td>Examine the list of key attributes required for a service to be classed as ‘Pacific’ by the Mental Health Commission.2</td>
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<thead>
<tr>
<th>Failure to follow procedures</th>
<th>How well are the outcomes documented?</th>
<th>How could the documentation be improved to capture the level of service being delivered?</th>
<th>Ensure that staff are well aware of the service specifications and there are mechanisms in place to document their efforts.3</th>
</tr>
</thead>
<tbody>
<tr>
<td>How well are the outcomes documented?</td>
<td>How could the documentation be improved to capture the level of service being delivered?</td>
<td>What discussions are required with the funder to explain the poor documentation?</td>
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</table>


3 Refer to the Ministry of Health website for the national service specifications.
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<tbody>
<tr>
<td></td>
<td>differences between the organization’s service delivery and reporting requirements? What training do staff require to understand the service delivery specifications and to document the outcomes?</td>
<td>the funder ways of capturing this data. Provide regular training for staff to ensure they are able to correctly complete the reporting requirements.</td>
<td></td>
</tr>
<tr>
<td>Starting from square one</td>
<td>What are the mechanisms to ensure the records are up to date? How can this responsibility be shared across multiple individuals to safeguard against loss of key skills and knowledge?</td>
<td>Issues with poor record keeping can compound when key staff leave the service and the burden of responsibility falls on incoming employees. What impact does poor or incomplete record keeping have on service delivery and reports to funders?</td>
<td>Build handover periods into employment contracts. Monitor/audit records to ensure their timely and accurate completion. Provide regular record keeping training to staff.</td>
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</tbody>
</table>

4 New policies are seeking to focus on both outputs and outcomes.


<table>
<thead>
<tr>
<th>Limitations of reporting</th>
<th>How can the current reporting requirements reflect the nature and quality of interactions with consumers?</th>
<th>A greater emphasis on outcomes, as opposed to outputs would help document the nature and extent of service delivery.⁵</th>
<th>Discuss with staff ways of improving the reporting requirements. Negotiate with funders for less rigid reporting structures.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Where the responsibilities lie</td>
<td>What are the processes for report reminders from funders? What are the follow-up mechanisms to discuss the</td>
<td>Constant automated report requests and reminders from funders need to be followed up.</td>
<td>Schedule regular meetings with funders, particularly after reports have been submitted. Include these interactions as</td>
</tr>
</tbody>
</table>

⁵ Refer to the new policies as per Blueprint II, listed on the previous page.
<table>
<thead>
<tr>
<th>Part of the Contract</th>
<th>Clarify whether the organization or the funder will have primary responsibility for scheduling these meetings.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balancing growth against management abilities</td>
<td>Poor financial management systems are cited as one of the most common causes Pacific organizations collapse.</td>
</tr>
<tr>
<td>Place within the system</td>
<td>Organizations part of DHBs feel that they have better access to good systems and processes than community based services. Community based organizations, usually feel that they are more agile in responding to consumer needs, given their small size, greater interaction with consumers and lack of rigid bureaucratic structures.</td>
</tr>
<tr>
<td>Balancing growth against management abilities</td>
<td>How robust are the financial management systems? What innovations need to be implemented to increase their quality?</td>
</tr>
<tr>
<td>Place within the system</td>
<td>Where does the organization fit within the greater health system? How does this placement compare to other services? What innovations could be implemented to improve this situation? How would these help better support the goals of the organization?</td>
</tr>
<tr>
<td>Place within the system</td>
<td>Identify where the organization fits within the greater health system and its interactions with other services.</td>
</tr>
<tr>
<td>System configurations &amp; its effect on consumers</td>
<td>How does the current configuration of the mental health system affect consumers accessing services?</td>
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<tr>
<td>Re-configuring the business model</td>
<td>How does the current business model align with the objectives of the service and the needs of the communities it is servicing? What are the mechanisms for eliciting and incorporating feedback from consumers? How can the business model be used to understand the wider system and processes?</td>
</tr>
</tbody>
</table>
such as accountability and transparency? practices from across the sector. stakeholders.

### External contextual factors influencing OS

<table>
<thead>
<tr>
<th>Main factor</th>
<th>Sub-factor</th>
<th>Key questions to ask</th>
<th>Possible interpretations</th>
<th>Potential actions</th>
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<tbody>
<tr>
<td>Political</td>
<td>Understanding the politics</td>
<td>What influences do government politics have on OS? How well do you need to understand the machinery of government to anticipate change in policies and funding? How resilient is your organization to political pressures?</td>
<td>Political pressures can have significant impact on OS. Organizations also need to awareness of how political pressures are affecting other organizations within the wider sector to mitigate future risks and develop resiliency.</td>
<td>Evaluate the impact government politics have had on OS. Scope outside the organization to identify lessons from other services within the sector which have been subjected to political pressures. What lessons can be learnt from their experiences to safe guard the interests of the organization and the consumers?</td>
</tr>
<tr>
<td>Impact of current government on</td>
<td>What impact does the current government have on OS?</td>
<td>A poor financial climate can lead to the development of innovations that may</td>
<td>Design, implement and evaluate innovations to generate an evidence base</td>
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<td></td>
<td>OS</td>
<td>What innovations could be implemented in light of tight fiscal constraints?</td>
<td>not have occurred otherwise.</td>
<td>for OS.</td>
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<td></td>
<td>Managing political outcomes: manoeuvring, aligning &amp; prioritising</td>
<td>How can the organization work more effectively with its current resources?</td>
<td>Organizations unable to adapt to change are more susceptible to failure.</td>
<td>Design, implement and evaluate innovations to generate an evidence base for OS.</td>
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<td></td>
<td>Networking to manage politics</td>
<td>What types of networking does the organization participate in?</td>
<td>Networking is vital to OS and to help potentially mitigate the negative effects of political pressures.</td>
<td>Identify the key networks for the organization.</td>
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<td>What would be the value of developing and maintaining networks with organizations from the allied health and social service sectors?</td>
<td>Developing collaborations with organizations outside the mental health sector can help strengthen service delivery, generate innovations and contribute to OS.</td>
<td>Identify new organizations for potential collaborations.</td>
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<td>What potential opportunities for collaboration do such networks provide?</td>
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<td>Main factor</td>
<td>Sub-factor</td>
<td>Key questions to ask</td>
<td>Possible interpretations</td>
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<tr>
<td>Financial</td>
<td>Bleak circumstances</td>
<td>What impacts does a limited or zero funding environments have on OS?</td>
<td>Tight fiscal constraints are often viewed as barriers to delivering effective services with little or no room for new innovations.</td>
<td>Identify what new innovations other organizations are trialling.</td>
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<td>What are the strengths and liabilities of ring-fenced funding?</td>
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<td>Elicit feedback from different stakeholders to understand their thoughts on funding and OS.</td>
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<td>What are the perspectives of different stakeholders, such as consumers and funders,</td>
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<td>on the funding environment.</td>
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<tr>
<td>The reality of funding cuts</td>
<td></td>
<td>What impacts do funding constraints have on staff?</td>
<td>Uncertain funding environments have a negative influence on staff morale and OS.</td>
<td>Dialogue with funders to establish more transparent contractual processes.</td>
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<td>How can staff be better supported during these processes?</td>
<td>Poorly transparent contractual processes when applying for funding can exacerbate these anxieties.</td>
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<td>How can contractual processes become transparent?</td>
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<tr>
<td>Drawbacks of funding models</td>
<td></td>
<td>What impact does the current funding model have on collaborating with other</td>
<td>Collaborations across the sector can assist with OS, however, models and policies must be flexible enough to</td>
<td>Dialogue with funders about changes to funding structures and increasing</td>
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<td>Playing unfair</td>
<td>Financial know-how</td>
<td>How accurately do contract specifications capture the reality of service delivery?</td>
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<tr>
<td>What impact does funders’ values and beliefs have on the contracting relationship?</td>
<td>How qualified and competent are staff making business decisions?</td>
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<tr>
<td>What are the advantages and drawbacks of having funders who are of Pacific ethnicities and share common values?</td>
<td>How can the organization demonstrate that it has improved its sound business skills and can handle larger</td>
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<tr>
<td>What impact does poor funding success have on how the organization is perceived by consumers?</td>
<td>Lack of good business skills contributes to poor financial management.</td>
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<tr>
<td>Organizations and funding bodies, which share similar values and beliefs are more likely to have better working relationships.</td>
<td>It further jeopardises OS by reinforcing perceptions that the organization cannot be trusted to deliver outcomes as per the contract specifications.</td>
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<tr>
<td>The inability to secure funding can often reinforce the stereotype of Pacific services being constantly in trouble, and unable to provide effective services.</td>
<td>Assess staff competencies in financial management.</td>
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<td>Dialogue with funders to identify common value and goals.</td>
<td>Provide regular business skills training.</td>
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<td>Communicate with stakeholders to help them understand the complexities of funding processes and ways the organization is committed to effective service provision.</td>
<td>Dialogue with funders to show how competencies</td>
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</tbody>
</table>
| Acknowledging the Pacific uniqueness | How is Pacific mental health viewed in the wider sector?  
Is it a stand-alone entity or combined with other ethnic groups?  
What makes Pacific mental health unique for prioritised funding?  
How does this translate on contractual and reporting requirements? | Issues such as the high prevalence of mental illness in Pacific populations, and low uptake and access of services need to be considered when developing a business case for dedicated funding. | Dialogue with funders to develop more outcomes based reporting models. |
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<tbody>
<tr>
<td>Working smarter</td>
<td>What new innovations can be developed in light of tight funding environments?</td>
<td>Fiscal constraints are likely to continue in the future, simply as a reality of finite resources. Given this, organizations that can develop and implement new innovations are more likely to be sustainable, and looked upon favourably by funders.</td>
<td>Explore opportunities for new innovations.</td>
</tr>
</tbody>
</table>
| Having brave conversations          | How can organizations best dialogue with funders to explain poor performance?                  | Poor performance can occur due to a number of reasons.  
Appropriate documentation and | Assess the capacity of current documentation and monitoring processes to |
<table>
<thead>
<tr>
<th>What tools and resources would be required to demonstrate performance?</th>
<th>monitoring processes greatly aid discussions with funders.</th>
<th>capture data. Dialogue with funders about performance indicators, using data to explain and demonstrate both successes and failures.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have a little faith in me</td>
<td>What role does the leadership and credibility of senior leaders have on relationships with funders?</td>
<td>Senior leaders who have been part of the sector for multiple years are more likely to have built strong working relationships with funders.</td>
</tr>
<tr>
<td>Looking beyond the funding fence</td>
<td>How does the consumer community view the organization? How does the organization engage with the community and elicit feedback?</td>
<td>What role does consumer feedback play in the organization’s evaluation of its success? How is this feedback incorporated into discussions with funders?</td>
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</table>
Over-arching factors influencing OS

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<tr>
<th>Main factor</th>
<th>Sub-factor</th>
<th>Key questions to ask</th>
<th>Possible interpretations</th>
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<tbody>
<tr>
<td>Cultural</td>
<td>Understanding your own lens</td>
<td>What do culturally responsive services mean to you?</td>
<td>Understanding how to deliver culturally responsive services often requires an in-depth understanding of one’s own cultural lens.</td>
<td>Explore the organization’s cultural values and beliefs to understand how these impact on the services being delivered.</td>
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<td></td>
<td></td>
<td>How does your own worldview influence the service delivery?</td>
<td></td>
<td>What are the organization’s strengths in this area? Which cultural values and beliefs could be used as a foundation to build more culturally responsive services?</td>
</tr>
<tr>
<td>The Pacific</td>
<td></td>
<td>What do you know about traditional and contemporary Pacific views on mental health?</td>
<td>Poor understanding of consumers’ world views negatively impacts on service delivery and stakeholder engagement. For traditional beliefs such as spiritual possession, an acknowledgement of</td>
<td>Examine how the organization reacts to Pacific worldviews. Are there opportunities to acknowledge different</td>
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<tr>
<td>world view</td>
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<td>How does this knowledge</td>
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<tr>
<td>Doing things the Pacific way</td>
<td>How familiar is the organization with Pacific cultural protocols?</td>
<td>Organizations familiar with Pacific cultural protocols often need to be configured differently to accommodate processes such as longer appointment times and home visits.</td>
<td>Look at how the organization and business model be configured to accommodate Pacific ways of doing things.</td>
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<td>What initiatives are in place to accommodate these?</td>
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<td></td>
<td>How flexible is the business model in allowing these processes?</td>
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<tr>
<td>The small things that make a big difference</td>
<td>Are there cultural advisors to oversee and assist with cultural matters?</td>
<td>Consumers usually engage better with services that have cultural advisors. Rigid organizational policies may prevent employment of such staff who could be viewed as not essential, especially if clinical roles take priority.</td>
<td>Identify if cultural advisors would improve service delivery. Develop a business case for employing them.</td>
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<td>How flexible are HR policies in employing such people?</td>
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<td>Where would the funding for such roles come from?</td>
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<td>Journeying</td>
<td>What types of cultural competency training is</td>
<td>Cultural competency training is</td>
<td>Identify the types of</td>
<td></td>
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<tr>
<td>Supporting non-Pacific staff</td>
<td>What are the best processes to help non-Pacific staff understand consumer needs?</td>
<td>Narratives or story-telling approaches can be useful in explaining Pacific concepts and ideas.</td>
<td>Dialogue with non-Pacific staff to identify their needs when working with consumers.</td>
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<td></td>
<td>What would be the value of employing cultural liaison teams to help with this?</td>
<td>Cultural liaison teams are highly useful in helping non-Pacific clinicians understand consumers and avoid misdiagnosis.</td>
<td>Investigate the value of employing cultural liaison teams.</td>
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<tr>
<td>When organizational culture</td>
<td>How conducive is the organizational culture towards consumer recovery?</td>
<td>Professional differences and hierarchy can negatively impact on service delivery.</td>
<td>Examine how well the organizational culture is aligned with consumer</td>
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</table>

Towards cultural competency: What competency training does the organization endorse? What value is placed on proficiency in Pacific languages versus general awareness of Pacific cultural values and beliefs? What mix of cultural knowledge, skills and attributes would be most effective in improving service delivery?

Available online, via workshops and full immersion programmes. Full immersion programmes are generally the best as they offer ongoing opportunities to learn and apply skills. Successful consumer engagement may rely more on awareness of Pacific cultural values and beliefs than language proficiency.

For full immersion programmes, identify key staff in the organization who could take on such teaching roles.

Successful consumer engagement may rely more on awareness of Pacific cultural values and beliefs than language proficiency.

Narratives or story-telling approaches can be useful in explaining Pacific concepts and ideas.

Cultural liaison teams are highly useful in helping non-Pacific clinicians understand consumers and avoid misdiagnosis.

Dialogue with non-Pacific staff to identify their needs when working with consumers.

Investigate the value of employing cultural liaison teams.

Examine how well the organizational culture is aligned with consumer.
<table>
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<tr>
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</thead>
<tbody>
<tr>
<td>Power play: professional and cultural hierarchies</td>
<td>Internal context: clinicians versus cultural workers</td>
<td>What impact does the relationships between clinicians and cultural workers have on OS? How can both groups gain a better understanding of each other’s roles and responsibilities? What are the strengths and limitations of this clinical and cultural mix for effective service delivery?</td>
<td>Cultural workers are usually of chiefly status and as such are highly regarded by the consumer community. Their role and responsibilities may be poorly understood by clinical staff, which can result in poor working relationships. Organizations that operate with a predominantly Western medical model of hierarchy, in which clinicians occupy the most senior level, can struggle to acknowledge and accommodate the senior cultural hierarchy of Pacific workers.</td>
<td>Identify ways of incorporating professional and cultural hierarchies into the organizational structure. Provide opportunities for staff to understand the roles and responsibilities of other members of the team.</td>
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<tr>
<td></td>
<td>External context: services versus funders</td>
<td>What engagement do funders and planners have with Pacific communities? What is their awareness of consumer needs? How well do their funding</td>
<td>Lack of engagement with Pacific communities can lead funders to make poor decisions when allocating funding.</td>
<td>Identify the mechanisms in place for funders to make informed decisions. How can the organization support this process, if mechanisms don’t exist for</td>
</tr>
</tbody>
</table>
| Organizational stigma & its damaging effects | How do external stakeholders perceive the organization?  
How has the organization’s past performance history affected its credibility? | Organizations with a history of poor management or those that lacked sufficient engagement with consumers and/or funders, can find it incredibly difficult to regain the trust of stakeholders and rebuild credibility. These issues can persist following staff turnover. | What innovations could be implemented to mitigate the effects of organizational stigma? |

<table>
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<tr>
<th>Four critical success factors for sustainability</th>
<th>Main factor</th>
<th>Sub-factor</th>
<th>Key questions to ask</th>
<th>Possible interpretations</th>
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| Effective communication | What are the processes for communicating with stakeholders?  
How well does this communication plan address the needs of the different stakeholder groups e.g. face-to-face community meetings | Poor communication impacts on relationships with funders and the consumer community. It is highly likely that stakeholder groups prefer to engage in different ways with the organization. | Develop and implement a communications and dissemination plan for stakeholders. |
<table>
<thead>
<tr>
<th>Shared values &amp; beliefs</th>
<th>What are the synergies between the organization’s values and beliefs, and those of consumer communities?</th>
<th>Staff with similar values and beliefs generally make stronger teams. This common platform helps minimise misunderstandings, help develop respect for the different roles within the organization and enable a unified, holistic approach to service delivery.</th>
<th>Examine the impact of staff cultural values and beliefs on team dynamics and service delivery. Identify innovations to help staff understand and appreciate different cultural values and beliefs.</th>
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<tbody>
<tr>
<td>Stakeholder engagement &amp; understanding</td>
<td>How well does the organization understand and respond to the needs of different stakeholders?</td>
<td>Effective stakeholder engagement is key to OS. The modes of engagement may vary depending on stakeholder needs.</td>
<td>Explore ways of improving stakeholder engagement. Incorporate these innovations in the communications plan.</td>
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<tr>
<td>Strength of relationships</td>
<td>How do relationships with stakeholders affect OS? Which relationships are vital to OS?</td>
<td>In the Pacific cultural context, relationships play a crucial role in understanding social hierarchy and contributing to health, wellbeing and success. Many of these can take multiple years to cultivate and require a high degree of engagement and interaction.</td>
<td>Identify the key relationships the organization has and needs to foster with stakeholders. Incorporate ways of strengthening these relationships in the communications plan.</td>
</tr>
</tbody>
</table>