

ST2-AP-EPA10 – Management of Pacific people

Area of practice	Adult psychiatry (Pacific peoples' mental health)	EPA identification	ST2-AP-EPA10	
Stage of training	Stage 2 – Proficient	Version	v0.2 (EC-approved 06/11/15)	
The following EPA will be entrusted when your supervisor is confident that you can be trusted to perform the activity described at the required standard without more than distant (reactive) supervision. Your supervisor feels confident that you know when to ask for additional help and that you can be trusted to appropriately seek assistance in a timely manner.				
Title	Collaborative management of people of Pacific Island descent.			
Description Maximum 150 words	The trainee can develop appropriate management and recovery plans for Pacific people. They understand Pacific peoples' models of health and traditional healing practices and integrate these into management planning as necessary. The trainee understands the role of family in supporting care and recovery and forms collaborative relationships with the family and other caregivers, as appropriate.			
Fellowship competencies	ME	4, 5, 6, 7, 8	HA	1
	COM	1, 2	SCH	
	COL	1, 2, 3, 4	PROF	1, 2
	MAN			
Knowledge, skills and attitude required The following lists are neither exhaustive nor prescriptive.	<p>Competence is demonstrated if the trainee has shown sufficient aspects of the knowledge, skills and attitude described below.</p> <p>Ability to apply an adequate knowledge base</p> <ul style="list-style-type: none"> • Understanding of the crucial role of family, the roles and responsibilities within Pacific families and the nature of family relationships with people with mental illness, in supporting the care and recovery of Pacific people with mental illness. • Understanding of the role of cultural advisors and the skills involved in working alongside Pacific people and their families. • Understanding that the specific Pacific culture of a patient and their family is an important tool in engagement and forming a therapeutic alliance and the importance of working with cultural workers and community leaders. • Knowledge of the importance of spirituality and of the extended family to Pacific people, that Pacific people may regard spiritual interventions as key contributors to their recovery and of the need for a holistic biopsychosociocultural approach in management. 			

	<ul style="list-style-type: none"> • Understanding that difficulties in engagement and therapeutic alliance in implementing management and recovery plans may reflect issues around stigma, or a lack of trust of the dominant culture and health models which do not embrace traditional cultural ideologies and practices. • Knowledge of the particular physical health issues and the increased risk factors from psychotropic medications in Pacific peoples, especially the need for metabolic screening and intervention. • Knowledge of Pacific peoples' models of health, especially regarding treatments and healing practices. • Knowledge of the available services and supports for Pacific people. <p>Skills</p> <ul style="list-style-type: none"> • Engagement and collaboration with cultural workers when developing and implementing care and recovery plans with Pacific people and their family. • If the cultural worker cannot act as an interpreter, skills in the continuing follow-up and management of Pacific people using an appropriate interpreter, where necessary. • Integration, where appropriate, of traditional healing practices and cultural beliefs into the management and recovery plan. • The ability to work with cultural advisors and to respect the patient's wish for self-determination and autonomy as well as their need for family and community connectedness in developing a collaborative management and recovery plan. • Ability to use appropriate outcome measures (eg. Health of the Nation Outcome Scales [HoNOS]) and adjust management planning accordingly. <p>Attitude</p> <ul style="list-style-type: none"> • An ethical, professional and collaborative approach to care and recovery work with Pacific people and their families. • Openness to learning about culturally appropriate treatment and healing interventions from cultural advisors, patients and families. • Awareness and self-reflection on own cultural biases and how these may impact on working with Pacific people.
Assessment method	Progressively assessed during individual and clinical supervision, including three appropriate WBAs.
<p>Suggested assessment method details (these include, but are not limited to, WBAs)</p>	<ul style="list-style-type: none"> • Mini-Clinical Evaluation Exercise. • Case-based discussion. • Direct Observation of Procedural Skills (DOPS). • Supervision discussion following an <i>Engaging Pasifika cultural competency workshop</i>, such as run by Le Va, is recommended.
<p>References Le Va. Manukau City: Le Va, 2015. Viewed 13 August 2015, <www.leva.co.nz>.</p>	

LUI D. *Family – a Samoan perspective*. Keynote presentation to the SF National Conference. Christchurch, September 2003. Wellington: Mental Health Commission, 2003.
<<http://www.hdc.org.nz/media/199714/family.%20a%20samoan%20perspective.doc>>

MEDICAL COUNCIL OF NEW ZEALAND. *Best health outcomes for Pacific peoples: practice implications*. Wellington: MCNZ, May 2010. Viewed 13 August 2015,
<www.mcnz.org.nz/assets/News-and-Publications/Statements/Best-health-outcomes-for-Pacific-Peoples.pdf>.

PULOTU-ENDEMANN FK. *Fanofale model of health*. Auckland: Health Promotion Forum of New Zealand, 2010. Viewed 13 August 2015,
<www.hauora.co.nz/resources/Fonofalemodelexplanation.pdf>.

SAMU KS & SUAALII-SAUNI T. Exploring the 'cultural' in cultural competencies in Pacific mental health. *Pac Health Dialog* 2009; 15: 120–30.

COL, Collaborator; COM, Communicator; HA, Health Advocate; MAN, Manager; ME, Medical Expert; PROF, Professional; SCH, Scholar