

Ūloa in Action



Co-designing, Implementing and Evaluating a Pacific Mental Health Service Delivery Model

Presented by

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Moanaroa Mana Ola - September 1st 2026

MOANA CONNECT

Who are we?



**Assoc. Prof. Sione
Vaka**

University of Waikato, Principal
Investigator & Clinical Lead



Dr. Ruby Tuesday

Moana Connect, Coordinating
Investigator, Qualitative and
Evaluative Lead



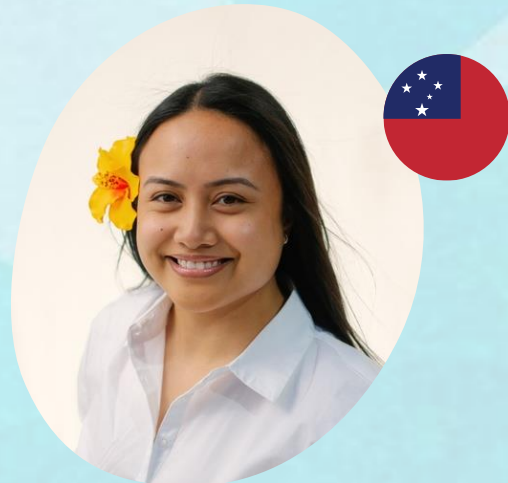
Dr. Kava Fuavao

Moana Connect, Quantitative
Lead



Manō Faletoease Asafo

Moana Connect, Researcher -
Quantitative



Michaela Roberts

Moana Connect, Researcher -
Qualitative



Taufagoali'i Moefilifila Aoelua

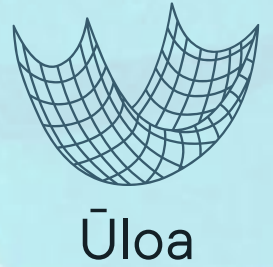
Te Whatu Ora Counties Manukau,
Onsite Clinical lead



Faumuina Leisha Ah-Kuoi

Te Whatu Ora Counties Manukau,
Onsite Operational Lead

What do we want to do?

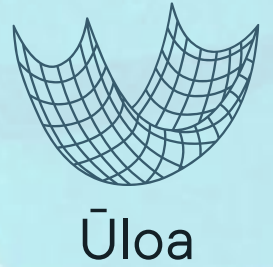


- Co-design a Pacific Secondary/Community MH pathway grounded in the Ūloa model



- Implement the model over 18 months
- Evaluate this initial implementation

Why do we want to do it?



- Poor mental health outcomes for Pacific peoples, low rates of access to secondary/community MH
- Lack of “robust” evidence around how to apply Pacific models to clinical practice
- Service coordination and cultural responsiveness are longstanding issues in the MH sector
- Support development of practice-based evidence to validate and celebrate Pacific approaches to MH care
- Support translation of Pacific research into service improvements

What the Ūloa Model Isn't

- A model of health e.g. Fonofale, Fonua
- An assessment tool e.g. Matalafi Matrix
- A therapeutic model e.g. the Mea'alofa approach

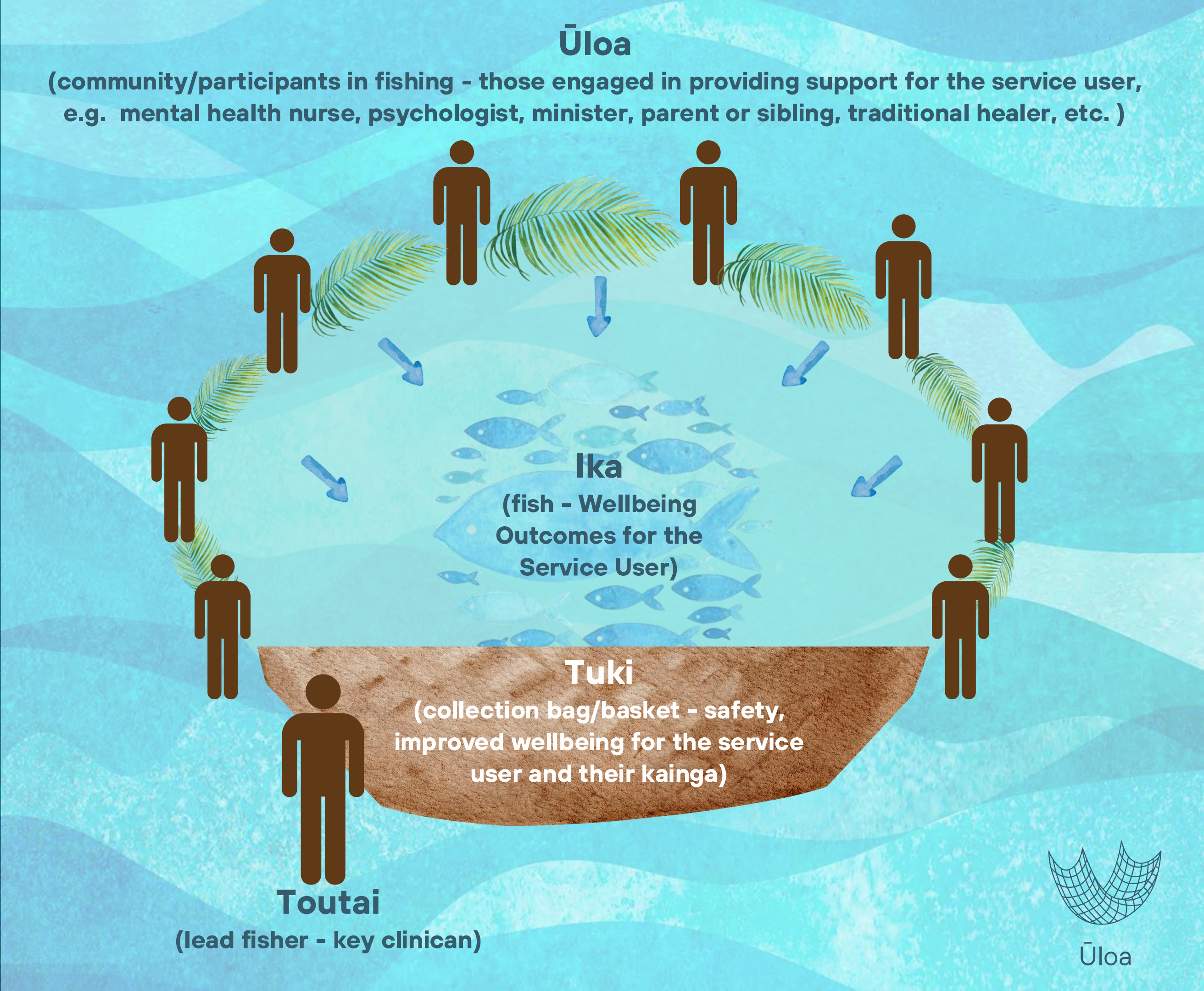


What the Ūloa Model Is

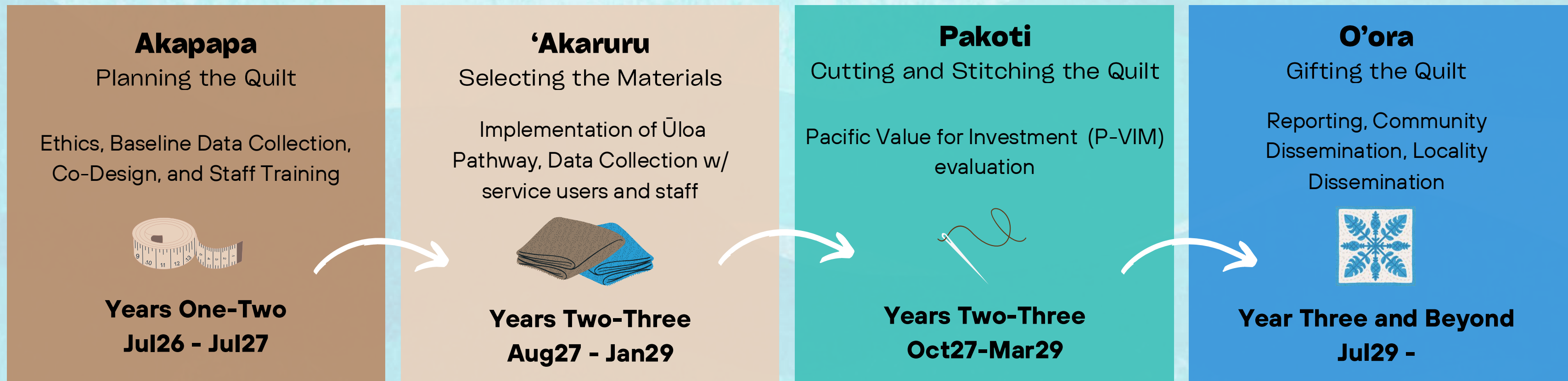
- A service delivery model - an approach to coordinating care

Ūloa: The Underlying Metaphor

Communal fishing method
Carried out in groups such as village or church communities
Involves members of all ages and genders
Moving fish toward a central collection basket/bag using a coconut leaf net
Requires coordinated, symmetrical movement
Responsive to climate, tides, resource availability, number and capability of people etc.
Fish are distributed evenly to the whole village or church



How will we actually develop, implement, and evaluate and Ūloa-model based pathway?



We know that... If we...

Pacific peoples have poorer mental health outcomes compared to other groups.

Pacific peoples have lower access to specialist services.

Specialist services face persistent challenges with coordination and cultural responsiveness.



Co-design, implement, and evaluate a pathway grounded in the Ūloa Model

Then we can...

- Build the capability needed to offer care grounded in Pacific values and practices.
- Strengthen coordination, communication, and planning.
- Nurture relationships with NGO and primary care.
- Involve and collaborate with aiga/kāinga, community, and spiritual supports.

So that...

- Services are culturally safe and affirming
- Care is consistently and collaboratively delivered.
- A wider range of supports are available and accessible.
- Aiga/kāinga and community can be more involved in providing care and support.

Which leads to....

- A more confident and culturally competent MH workforce.
- Better access to specialist services when needed.
- More awareness of and clearer pathways to NGO and Primary support pathways.
- Reduced stigma among aiga/kāinga and community.
- More informal support from aiga/kāinga and community (better prevention, earlier intervention).
- Evidence for wider change.

Improved MH Services, MH Outcomes, and Stronger Communities

From metaphor to model

From model to practice

**From practice to evidence for systems
change**