

YOUTH CONSUMER ADVISOR GUIDE

A RESOURCE FOR NEW YCAs



WHĀRAURAU
Empower the Workforce | Manaaki Mokopuna

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Citation

Whāraurau. (2020) Youth Consumer Advisor Guide.
A Resource for YCAs. Auckland, New Zealand: Whāraurau for Child and
Adolescent Mental Health Workforce Development.

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Haere ora atu, hoki ora mai. Go well, stay well41

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Acknowledgements

Thank you to the National Youth Advisory Group (NYCAN) for contributing your wisdom into this book - for sharing stories with us, and reviewing our work so that we're able to guide new YCAs, as those who came before us guided our path.

To Stacey Porter, Maliaga Erick, and Rawiri Wharemate, we are floored by your wisdom in culture and we thank you for what you teach us as we grow and help others to grow in these spaces; and to the 2020 Whāraurau Team - thank you for empowering the work that we do.

Thank you to Karin Isherwood and Abigail Milnes for pushing us to complete this - we continue to be humbled by the support you give us everyday, and we know that this book would not be the same without you. E aroha ana mātou koutou!

And to Manisha Morar - for your guidance, for your trust, and for your wisdom. It was an honour to learn to become YCAs from you (Romy and Sammie).

Arohanui!
Sammie Dudley, Romy Lee, and Manisha Morar

Nau mai Haere mai!

This guide is an introduction to the vast and varied role of a Youth Consumer Advisor (YCA) in the Mental Health and Addiction Sector. It is made up of three sections: a brief history, a summary of the sector today, and finally, a handful of resources to get you on your way to shaping the sector's future.

If you'd like to know where we've been before you decide where to head, start at the beginning of the book. If you'd rather dive straight into what being a YCA entails, start at page 22.

We must warn you, however, that while the future-focused sections

attempt to explain the basics, the nature of the work you do as a YCA will be specific to the organisation you've joined, and your own vision of how the sector can evolve.

This role, like most advocacy, is often rewarding, but can also at times be isolating and exhausting. We hope you find some small comfort in this guide, and great comfort in your peers.

Know that regardless of what comes your way, you are the expert of your own experiences. They will give you the strength to do remarkable things.



I ahu mai i hea? What has been before?

I ahu mai i hea? What has been before?

A brief history of mental health in Aotearoa

We begin with a history of mental health in Aotearoa and focus on the colonisation of Māori people. Over our time as Youth Consumer Advisors, we have learnt to be staunch allies to minority groups, and that they already have the solutions to the distresses they face.

We start with history to share how things were, how they are, and how they could be. We hope this inspires you to listen to the people who are worst served by the current system, and who already know exactly what needs to change.

The Story of Mauao

We begin with a pūrākau¹ from Tauranga, which provides insight into the way Māori may have conceptualised and managed mental health. We believe this story can guide us in creating a world where all rangatahi know that mental health exists, and that while it can be challenging at times, they can always seek help, and they will be loved and celebrated for their unique experience of the world.

¹ Pūrākau are stories or legends that explain the world around us. They are the stories that Māori rangatahi would have been raised on (prior to colonisation).

In the Hautere forest, there lived two great mountains and a small nameless hill. Otanewainuku was a strong, tall mountain; Pūwhenua was a shapely, green, beautiful mountain, and the small nameless hill was a pononga² to Otanewainuku, and deeply in love with Pūwhenua. Pūwhenua was already in love with Otanewainuku, and the nameless pononga knew he had no hope. Overwhelmed with despair, he reached out to the patupaiarehe (magical people of the night) and asked them to drown him in the Pacific Ocean (Te Moananui a Kiwa).

The patupaiarehe plaited ropes to haul the pononga towards the ocean. Chanting their waiata, they left huge trenches in the ground, which filled with water and created the Waimapu river.

The patupaiarehe worked all through the night, hauling the pononga towards the ocean. But, when the hill arrived at the water's edge, the sun rose, fixing him in place. The patupaiarehe fled back to the Hautere forest before the sun descended upon them.

A name was finally given to the small hill by the patupaiarehe – Mauao, which means 'caught by the dawn'.

Today, Mauao is known widely as 'Mount Maunganui', and many Māori believe Mauao has greater mana than that of his rival, Otanewainuku.



We share the pūrākau of Mauao to start this book because this story models how we can create a society without stigma.

Upon hearing this story, rangatahi have learnt that our emotions can be overwhelming at times. They have seen that when Mauao felt this way, he turned to the people around him to seek help (even if it is not the help we expect). They also learn that despite his desire to commit suicide, he was not shamed or pitied for struggling with his mental health. Instead, Mauao is celebrated for his struggles, and cherished by the people that live near Mount Maunganui today.

Rangatahi may have also noticed the way Mauao felt pain in the dark

but found his identity and gained adoration and mana in the light. This would imply that sharing our burdens, seeking support for and shedding light upon our adversity equips us to grow and learn from it.

These rangatahi would have grown up knowing that it was okay to struggle with their mental health. They would have grown up knowing it was okay to ask for help. They would have grown up knowing that their struggles did not diminish their mana. Like Mauao, they would find themselves and build their identity through adversity. They would have known the words for their most difficult feelings: *“I feel like Mauao”*.

Mental Health in Māori and Pākehā cultures pre-colonisation

Māori feel deep connection to whenua (or land) due to the spiritual presence of ancestral history. The whenua we care for now is the same as the whenua that fed and nourished our tūpuna. Māori believe mankind descends from Papatūānuku³; we are part of the land, the land is a part of us, and that the ancestors that lived on the land before, are within us.

In Māori culture, everything in the world contains its own spirituality - its own wairua and therefore spiritual interconnectedness between all things (Bennett, 2018). This also means that all aspects of health - physical, familial, mental, and spiritual - were equally important, with the slight exception that spirituality could encompass all (as detailed in Te Whare Tapa Whā by Mason Durie - introduced later in this book). Poor health was considered a consequence of the infringement of societal norms or rules and ascribed to spiritual causes.

For example, remove a sacred artefact from its designated resting place, or if someone was to wear shoes inside a whāre, this would be breaking spiritual tapu, and mate Māori (Māori illness) was believed to surface as a result.

Once Māori land was occupied and sold by Pākehā, Māori lost their connectedness to whenua and culture and this, among other factors, became the predecessor to poor health.

As Pākehā settled in, so did their ideas. The four interconnected aspects of health (as seen in indigenous models) were disregarded for the biomedical model - which identified all aspects of health as physical and individual in cause.

It was believed that poor mental health was the result of personal failings, while improved mental health could be procured through personal discipline and medical practice. Physical health was generally considered more important than spiritual or mental health, and this belief remains evident among health services today (Rochford, 2004; Le Grice and Braun, 2017).

Modern Māori (and Indigenous) models of health tend to challenge the idea that individuals are the source of their own distress, identifying social, environmental, institutional and intergenerational sources of trauma. They also identify these systems, and the people around us, as central to regaining wellbeing (Le Grice and Braun, 2017).

³ To learn more, visit <https://teara.govt.nz/en/first-peoples-in-maori-tradition/page-2>



This is a central theme in Māori culture – we work together to prevent and combat ill-health and acknowledge each other and our experiences through whanaungatanga.

While both models have their strengths, the mental health system of the future could empower communities with lived experience of trauma to draw upon their innate and indigenous wisdoms, and be informed by biomedical research to develop the models that work best for them (Werry Workforce, 2019; Rochford, 2004).

Te Tiriti o Waitangi

Te Tiriti o Waitangi is the founding document of Aotearoa New Zealand⁴. It has two versions, one is the Treaty of Waitangi, which is written in English and has three articles.

The other, te reo Māori version, known as Te Tiriti o Waitangi, was signed by over 500 rangatira and, and also has three articles. We will be referring to the te reo version as Te Tiriti in this guide.

⁴ There are two versions of the Treaty, the English version (The Treaty of Waitangi) and the Māori version (Te Tiriti o Waitangi). The two versions say different things, and in this book, just like in international law, we are adhering to contra proferentem. When two versions of a document exist, the version that must be upheld is the one in the language foreign to the writers of the document. As the Treaty was written by English-speaking representatives of The Crown, Te Tiriti o Waitangi is the version to uphold.

1. Kawanatanga

Kawanatanga was originally a transliteration used to describe ‘governorship’, though more recently it has been transcribed as ‘government’. This article was used to establish the Crown’s legal right to administrate laws for themselves in Aotearoa and to lay out the foundation for the relationships between the British and Māori people. There was no direct translation of the word ‘governor’ in te reo; Hapū leadership rested with multiple levels of tohunga, ariki, rangatira, kaumātua and kuia, instead of a singular entity who presided as governor of the entire Māori population – as proposed by the Crown’s interpretation of The Treaty (Nairn, 2013). Today, many Māori believe that the rangatira (leaders of the hapū) would not have signed Te Tiriti if the Crown’s interpretation had been put to them on the day.

Embracing kawanatanga in the mental health system requires leading services and stakeholders to ensure their decisions protect Māori people and their practices, values and beliefs, to do no harm to present and future generations. This requires kawanatanga to respect the aspirations of whānau and to resource rangatahi to shape the ways in which they determine their treatment.

The example of ‘kawanatanga’ used by the missionaries translating the document was that of the governor Pontius Pilate in the King James Bible.

2. Tino Rangatiratanga

This section of Te Tiriti is the most controversial due to the colonisation of Māori people. Article 2 guarantees to hapū, full and undisturbed possession of their resources and practices. The term ‘tino rangatiratanga’ was borrowed from He Whakaputanga (Declaration of Independence), and the Māori translation of the King James Bible to describe sovereignty in terms of Julius Caesar and God. It meant that hapū could continue to develop their wellbeing and customs in their territories as they saw fit and critique and control any new processes that would affect them or their wellbeing systems. This means land, fisheries, and all belongings that Māori own are to remain in Māori control. Tino Rangatiratanga is also the name of, and philosophy behind this flag, which represents the rights and culture of Tangata Whenua:

Exercise of tino rangatiratanga in the mental health system would ensure the Māori custom of nurturing mokopuna, a precious gift to (and of) the hapū, through all stages of their development as the purpose of all communal life systems and to be enhanced at every opportunity. This would suggest giving rangatahi guidance and wrap around support to grow, and the autonomy to decide the ways in which they receive treatment, to become self-determining (focused, and self-managing).



3. Ōritetanga

Ōritetanga in Article 3 guaranteed Māori the same rights as all other New Zealanders when engaging Crown health care.

In our mental health system, ōritetanga is health equity and equality. Marginalised groups should have adequate access to care, and that care should be informed by lived-experience peers.

Te Tiriti has a final section that guarantees religious and spiritual freedom. While the right to religious and spiritual freedom is now in New Zealand Law ([Section 21 of the Human Rights Act](#) and Section 13 of the [NZ Bill of Rights Act](#)), it is not formally

recognised by the government as 'Article four of the Treaty of Waitangi'.

The ideas of kāwanatanga, tino rangatiratanga, ōritetanga, and spiritual freedom are important to guide work with Māori, and they also provide an excellent framework for the relationship between a community and its services. People who use services must be part of decision-making in their own care and in the running of their service. The only way services will meet the needs of communities is if they understand, and are led by, that community.

The Flag of Tino Rangatiratanga: Created by Hiraina Marsden, Poua Erstich, Linda Munn and Jan Dobson for Te Kawariki, 1990.

Tohunga Suppression Act

The Tohunga Suppression Act (1907) was used to stop Māori using traditional healing practices, or to prevent any 'healing' that involved a spiritual influence.

"The Tohunga Suppression Act had dual but contradictory purposes: on the one hand it sought to promote Māori health while on the other it actively discouraged Māori autonomy...By associating poor Māori health with tohunga, traditional healers, the Act was rationalised as an instrument to improve Māori health."

Mason Durie, 1997

As a result, Māori have lost many models of health that drew upon spiritual concepts such as: connection to ancestors, connection to land, and the spiritual connection to others.

The purpose of the Act was also, in part, (although not officially admitted) to convert Māori to Christianity and spread a Westernised religion to iwi. Today, there is strong advocacy from youth to utilise holistic models of health, and to reinstate recognition of wairua and other kaupapa Māori practices in clinical care.

Deinstitutionalisation of Mental Health Practice

A significant amount of the mahi (work) in the Mental Health system right now is integrating holistic models of health into Western practice, but it has not always been this way. Before the '60s and '70s, psychiatrists and psychologists largely treated people by what would today be considered barbaric and drastic means; including electro-shock therapy, aversion therapy, forced sedation and many other methods. All of this was within in-patient care (or institutionalisation). Once people began to recognise and research the negative effects of these treatments, deinstitutionalisation began.

During the '60s and '70s while this deinstitutionalisation began in New Zealand, we saw patients progressing with their mental health in ways that let them decide their type of care. Psychiatric hospitals were closed, and non-government organisations (NGOs) established to deliver holistic care. Many agencies opened up, supporting the rights of Rainbow people, and decolonising Māori models of health. There has been a slow shift toward speaking to marginalised groups and working closely with consumers to make mental health services better for everyone.



Community care and whole of person wellbeing became the focus of our mental health system in the early '90s, and ever since then, our focus has been to increase personal choice in treatment.

Though the mental health system has come a very long way towards better patient care, and improved Cultural and Rainbow competency, there remains significant societal stigma about mental health, which prevents many young people from seeking and receiving the help they need.

Blueprint for Mental Health Services in New Zealand (1998)

The Mental Health Commission (the Commission) was established to guide the development of mental health services in Aotearoa, New Zealand. The Commission's Blueprint report advocated for a focus on recovery, which requires mental health services to take concerted action toward addressing the discrimination faced by people accessing mental health services, both within the service and in their broader community.

This report was a seminal document in the mental health sector, and is the source of a number of things we take for granted now, such as:

- The goal to achieve 3% access rates. The report suggests that at any given time, around 3% of the population face severe mental distress, and should have access to specialist services. They also suggest that over time, this goal should be expanded to reach 5% access rates. The authors highlight that this figure is likely to differ for different regions, socioeconomic groups and ethnicities, but provides a useful overall target for funding and service development.
- The Blueprint was also the document that started the Consumer Advisor movement. Prior to its existence, staunch lived experience representatives advocated for changes to the mental health sector, but the Blueprint provided guidelines for all regions to employ consumer representatives and fund consumer-led initiatives. The Blueprint indicated that for every 100,000 people in the general population, there should be the equivalent of 3.4 full-time employees with lived experience who work in the mental health services that impact them. This recommendation complemented the suggestion that services should be agile, continually undergoing quality improvement and working closely with the communities they serve.

He Ara Oranga (2019)

If you've felt like there are things our mental health system must do better, you aren't alone. Since 1987, there have been 67 inquiries into the mental health system. With so many predecessors, it can be hard to imagine He Ara Oranga would be any different. But it was. Inquiries prior to [He Ara Oranga](#)⁵ occurred in response to incidents when a person experiencing mental health challenges committed an act of violence. These reports often pitted people with lived experience and people without it against each other.

By contrast, the Inquiry into mental health in Aotearoa in 2017 sought to improve our mental health system for the people that needed it. This represented a huge societal shift and demonstrated that our leaders and everyday New Zealanders finally understood that mental health impacts us all.

He Ara Oranga is an inspiring, yet easy read, and we strongly recommend you take some time to delve into it. In 2019 researchers presented a technical report on Māori voice in the Inquiry, [Whakamanawa](#)⁶ (2018) honouring the lived experience and solutions of Māori submissions.

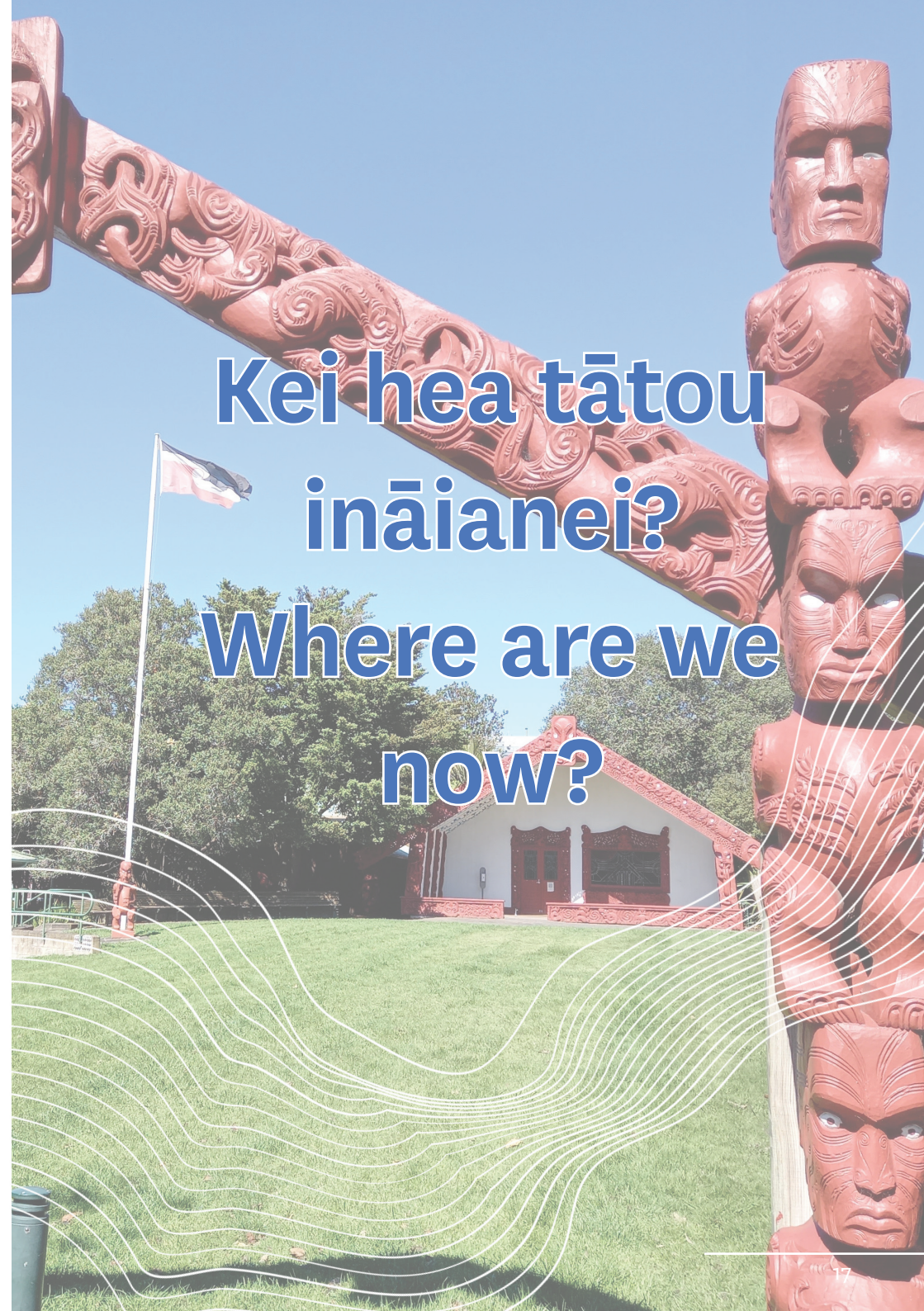
⁵ <https://mentalhealth.inquiry.govt.nz/inquiry-report/he-ara-oranga/>

⁶ Ngā Kōmata-O-Te-Rangi Hui, March 2019. Mangatoatoa Paa, Tokanui



Moving Forward

To create the mental health system of the future, we must learn from the past. A better mental health system is possible. We can create a society where those of us who experience mental health challenges are supported to thrive. Getting to that involves working together and elevating the perspectives of those who may be least served, or who find it most difficult to reach out for help through our current system.



Kei hea tātou ināianei?

Where are we now?

Now that you know where we've been, it's time to get to know the youth mental health sector of today.

Your lived experience means you're already familiar with what our services and system can feel like, and this section focuses on providing an insider's guide.

We'll start by introducing three key models: a model of health, a contemporary Indigenous initiative that supports entire whānau, and a model of health promotion, to guide your thinking.

Next, we'll explore some of the key concepts in mental health today.

Finally, we'll look at all the people and organisations that make up the sector. Along the way, we'll explore how these organisations and ideas work together, and where you fit in.

Models that Guide Us

There are many models of health and health service delivery, reflecting diverse worldviews. In this section, we'll look at three of them.

The first, Te Whare Tapa Whā, is a Māori model of health. It considers health holistically and is a useful tool to assess the practices of our services and systems.

The second is Whānau Ora, an initiative that places whānau at the centre, and encourages services to collaborate to meet the needs and aspirations of whānau.

The third is the Ottawa Charter, which is a model of health promotion. This model helps us identify the different levels of the system we can work at to effect change and draws a clear distinction between the work of an advisor and the work of a practitioner.

Other models of health that you might want to look into include [Te Wheke](#), [Te Pae Mahutonga](#), the [Fonofale model](#), and the [Kakala framework](#).

Te Whare Tapa Whā

Te Whare Tapa Whā is a Māori model of health developed by Dr Mason Durie in 1982. In this model, hauora (health and wellbeing) is a whare (house) with four walls.

Each of the walls of this whare represent a different dimension of health:

1. Taha wairua (Spiritual health)
2. Taha hinengaro (Mental health)
3. Taha tinana (Physical health)
4. Taha whānau (Family health)

Just like this whare, where all four walls contribute to its structure, people (and communities) need access to all of the dimensions of health to experience hauora.

Taha Hinengaro

Mental and emotional wellbeing

Taha Whānau

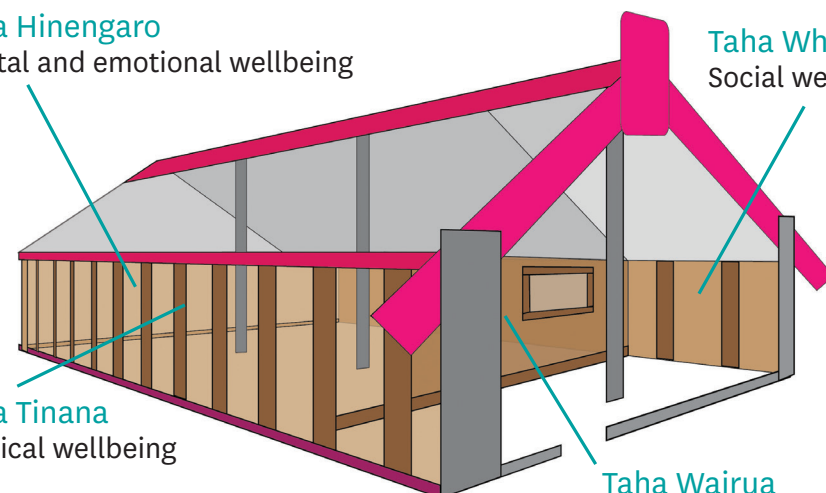
Social wellbeing

Taha Tinana

Physical wellbeing

Taha Wairua

Spiritual wellbeing





When describing this model, Dr Mason Durie highlights the importance of integration; none of these dimensions of health exist in isolation, they are interdependent. Similarly, individual people do not exist in isolation, they are influenced by the hauora of the people, environments and systems around them.

The impact of our broader environment on hauora is sometimes depicted by the whare sitting upon the whenua (which can mean land and placenta). This symbolises the way in which hauora relies upon the wellbeing of our natural environment, and the way in which we build upon

the actions of our ancestors and are responsible to the generations that will follow.

This model is well known within the health sector, but not always well used. We have found it to be a useful tool to advocate for holistic care that encompasses and seeks to strengthen each of the dimensions of hauora.

To learn more about this model, we recommend you give Chapter 5 of 'Whaiora: Māori Health Development' a read. If you don't have time for a chapter, check out this explainer by the [Mental Health Foundation](https://www.mentalhealthfoundation.org.nz/)⁷ instead.

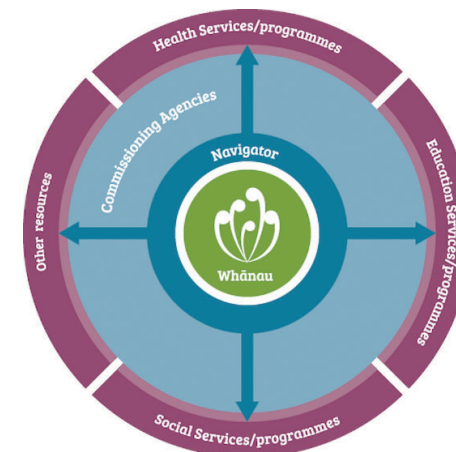
⁷ Mental Health Foundation <https://www.mhaw.nz/explore/te-whare-tapa-wha/>

Whānau Ora

Whānau Ora is an initiative that seeks to improve the wellbeing of entire whānau. To achieve this, services work together to support whānau to build on their strengths and achieve their aspirations. Embracing this approach is essential to providing effective care to young people, because the wellbeing experienced by young people is intricately linked with the health and wellbeing of their whānau.

This approach is revolutionary for a number of reasons:

1. Whānau are supported to identify their own goals and work alongside a Kaiārahi (navigator) to identify the organisations and initiatives best placed to support them to actualise these aspirations.
2. Whānau receive flexible ongoing support, allowing them to transition from being in crisis to thriving, with the right support at each step of the way.
3. The programme focuses on relationships, self-determination, and capability building, allowing whānau to work together, build on their strengths, and lead the change they need.



tpk.govt.nz: Whānau Ora

4. By centring on whānau, rather than services, all their needs: economic, cultural, environmental, and social, are addressed in the order by which they prioritise them. In doing so, interventions can address the causes as well as symptoms of distress and create sustainable change.
5. The focus on whānau makes this approach particularly effective with Māori, Pasifika and other collectivist cultures. While it is a Māori initiative, all whānau are able to access it.

To learn more about Whānau Ora head online to [Te Puni Kōkiri](https://www.puni.govt.nz/) or the [Whānau Ora](https://www.whanauora.nz/) website⁸.

⁸ www.tpk.govt.nz ; <https://whanauora.nz/>

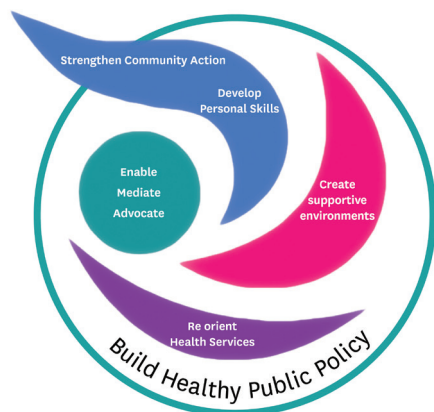
The Ottawa Charter for Health Promotion

The Ottawa Charter for Health Promotion was created in 1986. This model demonstrates how numerous sectors can work together to give people the resources they need to experience wellbeing. While it's not commonly used in the mental health sector, we've included it because it's a useful model to think about the work of a YCA.

Health promotion involves enabling people to lead happy and healthy lives, mediating their access to the resources that influence this, and advocating for people and communities.

In our services, the work of enabling, mediating, and advocating is usually done by practitioners, e.g. peer support workers, social workers, nurses, psychologists, etc.

As YCAs, our work is a little different. Instead of working with individuals, we step back and listen to many people to find patterns, or the parts of our system that could be improved to make things better for everyone. To do this well, we need to collect feedback from all the young people and whānau that use our services. Later in this book, we'll share our advice on how to do this.



Ottawa Charter of Health Promotion: www.who.int

As a YCA, your work will probably involve some, and maybe even all, of the other activities of health promotion. These are to:

- 1. Strengthen Community Action**
YCAs work alongside local youth to help them design projects, and then connect them to sources of funding.
- 2. Develop Personal Skills**
As a YCA, you bring areas of expertise that your service needs. Part of your role can involve upskilling staff on the things you know best. In the past, YCAs have supported their services to better understand youth culture, Rainbow culture, and even how WINZ works.

- 3. Create Supportive Environments**
Attending a mental health service can be daunting at the best of times. As an insider that remembers what it is like to be an outsider, you might have lots of ideas on how to turn your service into a safe space. You might advocate for things like changing the posters, providing sensory tools, and making sure there is a gender-neutral bathroom.

- 4. Reorient Health Services**
As a YCA, you have the unique perspective of seeing local services similarly to how a young person seeking support might see them. This allows you to identify the key differences between local services, and helps you identify services that might be missing. You can advocate for your service to fill gaps, or support a local community group to apply for funding to ensure that everyone in your region has access to the support they need; whether that's art therapy, cultural models of healing, or something completely new.

- 5. Build Healthy Public Policy**
This involves looking at all the policies of your service and advocating for changes that improve the health of everyone. Most of this will naturally fit within your role, like ensuring that working with the advisory team is an essential part of all planning and decision making or introducing creative hiring practices. You might also advocate for things that change your work environment, like flexible working hours or regular shared lunches.

The Ottawa Charter is useful to keep in mind as you navigate your role, as it makes the distinction between the work of a YCA and the work of a practitioner a little clearer. While it provides lots of options about what your work could involve, deciding exactly what to do is something you'll need to work out with the people you work with and the young people who access your local service.



Making Sense of Mental Health

This section introduces you to the big ideas in mental health today. In many ways, we think of mental health in the same way we think of physical health (in the sector, anyway); sometimes unexpected things happen, and they leave us in tricky situations. Services support people through adversity and give them tools to cope (and hopefully thrive) in the future.

We also think that tricky situations can be avoided by taking preventative action, like giving children mindfulness tools, or ensuring families receive generous parental leave to form lasting bonds with their children.

Four concepts we think you'll hear about heaps are: wellbeing, resilience, recovery, and trauma-informed care, so we'll introduce them now:

Wellbeing

There is a growing focus among researchers and policy makers on wellbeing, although it can be difficult to pin down exactly what 'wellbeing' is. Most definitions share the common themes of 'feeling good and functioning well'. In the [Wellbeing Budget of 2019⁹](https://www.treasury.govt.nz/publications/wellbeing-budget/wellbeing-budget-2019), wellbeing was defined as 'when people are able to lead fulfilling lives with purpose, balance and meaning to them'. The elusiveness of this definition is part

⁹ <https://www.treasury.govt.nz/publications/wellbeing-budget/wellbeing-budget-2019>

of what makes wellbeing so radical; if wellbeing is about what matters to you, then it cannot be diagnosed. A focus on wellbeing returns power to the people and lets everyone define how they're doing and what matters to them.

Despite the subjective nature of wellbeing, asking people how they're doing is a strong predictor of a range of outcomes: including how physically and mentally healthy they are, how socially connected they feel, and even how long they live.

Wellbeing is particularly important to mental health services for two reasons:

1. **Wellbeing is self-defined**, so young people get to engage with services on their own terms. A system that focuses on wellbeing would give everyone the support they needed, when they felt they needed it. More than that, a young person would get to decide exactly what they wanted to work on and wouldn't have to navigate being diagnosed if they didn't want to.
2. **Relational wellbeing** relies on people feeling connected to the things that matter to them. Services that strengthen a person's connection to their support systems give people and their communities the tools to develop resilience. By supporting people to feel connected to their whānau, their

friends, their culture, and the natural world (or anything else that matters to them), we may be able increase their capacity to seek healing in these settings and to reduce their need for clinical or specialist services.

Resilience

Resilience is the capacity to recover quickly from difficulties. Resilience reminds us that we don't always have to be okay, and that how we're feeling at any given time is influenced by the things around us. Fostering resilience involves checking in with how you're feeling and having a well-stocked toolkit of resources and supports to help you get back up when you're feeling down. Services can build people's resilience by reminding them to check in with how they're feeling, giving them tools to cope, and connecting them with networks of people that help them ride difficult waves.

Recovery

Recovery looks different to everyone, but it can be helpful to remember that it's a journey, not a destination. Recovery is the process of fostering resilience. It's about finding ways to ride out the tough times and enjoy the good ones. Most of all, it's remembering that you are not your diagnosis, and with the right support, we can all lead the lives we'd like to lead.



A van Leeuwen

Trauma-Informed Care

When bad things happen, we experience trauma. Trauma can be one-off or ongoing stressful events that impact a person or group of people, e.g. abuse, car accident, pandemic, or intergenerational, where things that affected our parents and grandparents like poverty, wars, and colonisation continue to affect our whole family. Trauma-informed care occurs when services provide support that acknowledges that we all cope as best as we can with the tools that we currently have. This involves being aware of traumatic events that might shape a person's life and supporting them to find healthy ways to cope. Trauma-informed care looks like cultivating a culture of safety, empowerment, and healing in light of people's experiences.

The Sector in 2020

Now that you know the ideas that drive our thinking, it's time to meet the Youth Mental Health and Addictions Sector. This sector is made up of a range of organisations that work together to support rangatahi in times of need. Organisations include:

Services

These are the places rangatahi and their whānau go to get support. They include physical services, as well as online resources, apps and helplines.

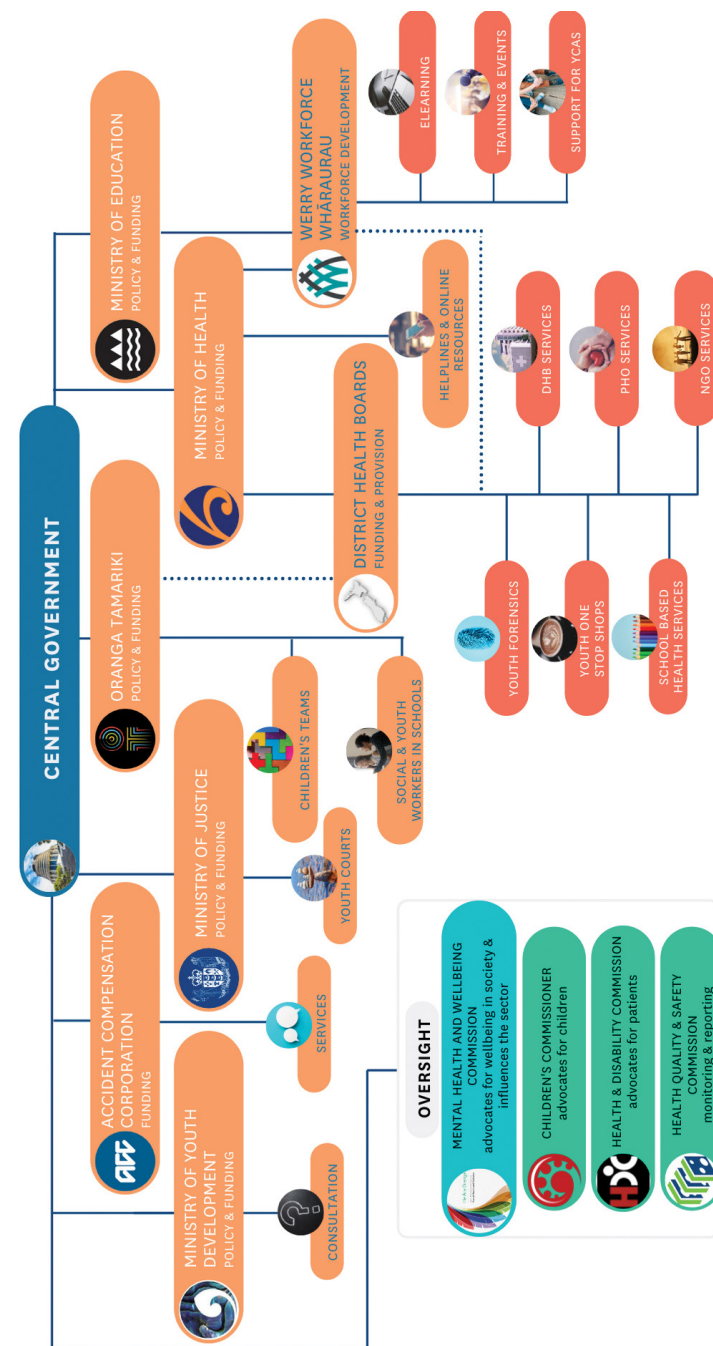
Planners and Funders

The Ministry of Health sets the mental health budget and District Health Boards work to develop an overall plan for their region or area of focus. There are some things that they have to fund, like mental health

YOUTH MENTAL HEALTH & ADDICTION SERVICES

IN AOTEAROA, NEW ZEALAND

Ideas become policy, receive funding, and affect the care rangatahi receive through this pathway



services for young people; and some things they may get elsewhere, like inpatient services for young people. As the organisational chart (pictured) indicates, Oranga Tamariki, the Ministry of Justice and the Accident Compensation Corporation also provide funding to child and youth mental health services. These organisations focus on the bigger picture, which helps them to decide what to fund.

Workforce Development

Whāraurau supports services and practitioners that work with rangatahi and their whānau to understand the latest evidence and constantly improve their practice. Te Rau Ora , LeVa and Te Pou¹⁰ also do this, with a specific focus on Māori, Pasifika, and Adult and Disability services respectively.

Central Government

Central Government passes legislation and decides what our priorities are as a country, and what we invest in as a result. Funding for DHBs tends to use a population-based model, meaning the make up of people in each area determine the funding the local DHB receives.

Oversight

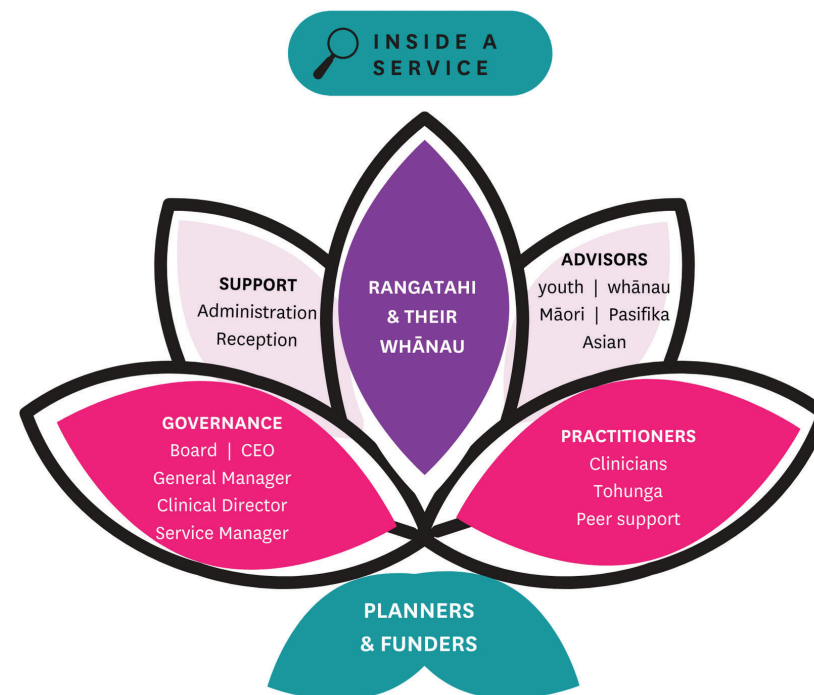
There are a few organisations that provide oversight, or keep a close eye on what the entire sector is doing.

They collect evidence, guide decision-makers, and measure the impact of what's happening on the population they exist to advocate for.

The organisational chart demonstrates how all of these organisations work together. You might be a little surprised to see how many organisations both fund and provide mental health services to rangatahi!

In the ideal world, YCAs would either work in, or with each of the organisations in the sector to advise on decisions before they're made, and to collect feedback on how things are working. By being in the decision-making room to begin with, YCAs can troubleshoot ideas, and increase the likelihood that programmes will work the first time.

Furthermore, YCAs can act as messengers for what's happening on the ground. We can usually measure whether something works with numbers, but it can be harder to know the reasons why something is working. When a YCA understands people's experience of a service, they can help shed light on why really good ideas might not be working in practice, and how we can change that. Having a YCA involved helps organisations avoid making mistakes in the first place, and makes them nimble, so they can troubleshoot and change tack quickly.



A Closer Look

Most YCAs currently work in services, and are part of a bigger team as depicted in the image above. You will probably find yourself conspiring with other advisors, and working alongside decision-makers, support staff, and practitioners to awhi, or support, the rangatahi in your community.

What's working, and what's not

To get a sense of where the youth mental health and addictions sector is at, check out the executive summary of the latest ICAMH/AOD Workforce stocktake.

To create the stocktake¹¹, every two years folks at Whāraurau talk to services around the country about what's working well, and what's not. The final report provides a useful snapshot of how everyone is doing and the challenges the sector is facing.

¹⁰ Te Rau Ora <https://terauora.com/>
LeVa <https://www.leva.co.nz/>
Te Pou <https://www.tepou.co.nz/>

¹¹ <https://werryworkforce.org/stocktake>

The things that work are clear: we have a workforce that is driven and compassionate, and a society that cares deeply about mental health. Despite this, there remain important steps to take to create an ecosystem of care where all rangatahi receive the help they need, when they need it.

In 2019, the stocktake identified many areas of growth. These include:

1. A Diverse Workforce

There are currently many vacancies in mental health services, and it is essential that we train and retain diverse and skilled mental health professionals that understand the communities they serve.

2. Early Intervention

Early intervention involves investing early in the life course, or as soon as possible during someone's experience of mental health challenges.

Programmes that support parents with young children can radically transform the environment a child grows up in. Similarly, school-wide programmes can combat stigma, help young people identify distress in themselves and their friends, and even equip them with tools to stay well.

3. Improving access

He Ara Oranga advocates for mental health initiatives across the spectrum of need. Ensuring everyone gets the help they need when they need it requires a range of solutions.

These include community-wide public health campaigns as well as more targeted support where people already are, like schools and workplaces and GP clinics.

In 2019, we talked to young people with experiences of mental health challenges about how they thought mental health in Aotearoa should change. We captured these ideas in a report called 'DMC: Youth-Informed Transformation'¹².

It is a relatively easy read and shares practical advice on how our services can better meet the mental health needs of rangatahi across Aotearoa.

We hope the aspirations in that report (or more recent ones) alongside the following section leave you confident, passionate, and motivated to start as a YCA.

¹² https://werryworkforce.org/sites/default/files/pdfs/YCA/2019-DMC-Report_Youth%20Informed%20Transformation.pdf

Kia anga atu ki hea? Where to next?



Kia anga atu ki hea?

Where to next?

This is up to you! But you're not alone.

This section of the book imparts the wisdom ancient YCAs gifted to us. We share the tools and skills we've learnt to do our job well, as well as advice on how to cope when things don't go quite so well. We hope the advice we provide steels you in moments of uncertainty and supports your transition from a new YCA to a remarkable one¹³. For now, we're guessing you're in the first few days of your job, sitting at your desk (assuming you have one). You might be feeling rather overwhelmed and if our experiences are anything to go by, you're not too sure what to do yet.

¹³ If it doesn't, get in touch with the Whāraurau YCAs to complain (or receive exactly the support you need).

That's okay. We've all been there.

The best advice we can give you right now is to reach out to other YCAs. You'll want to start by dropping a line to the team at Whāraurau – flick us an email.

When you do, we'll welcome you to our team of YCAs across the country, answer all of your questions, and help you figure out what a YCA actually is, and how you can put your very own spin on it. We YCAs are a rare breed so it's important for us to stick together.

What is a YCA?

A YCA is typically a young person with lived experience of mental health and/or addiction challenges. We work at all levels of the mental health sector to ensure that decisions are informed by young people who have experienced mental health and addiction support. There are a few choice metaphors to describe the job. Some of our favourites are:

- **A bridge**
YCAs form a bridge between decision-makers and the young people that use services. They translate 'service-speak' into conversations young people understand and are interested in contributing to, and then bring the ideas and reflections of young people to the table when decisions are being made.

- **A feedback loop**
Our world is filled with feedback loops, where actions lead to a series of outcomes which the initial actor can measure. Think of the way a heat pump measures the temperature of a room, so it knows when to turn on or off. YCAs are like the thermometer in a heat pump. We have an ear to the ground and work closely with young people to identify if things are working, and how. They let a service know when to keep doing what it's doing, as well as when it needs to change.



Having a YCA on the team allows a service to understand what the experience of being young today is like. YCAs may be able to identify social changes, e.g. the growing popularity of vaping or social media platforms, before clinicians can.

YCAs also allow services to try new things, by both supporting them to collect feedback on new initiatives as they happen, as well as by providing advice on initiatives when they're still just ideas.

Self-Care

If you have experienced mental health and/or addiction challenges, you will probably have a good idea of what recovery looks like for you. It's important that you don't let the pressures of the job take over and neglect your recovery and self-care routine.

Being a YCA can be difficult at times. You'll probably be dealing with the most vulnerable population of youth and will be hearing stories that could be similar to yours.

Make sure you have tools in place that you can use if you feel triggered or overwhelmed. The tools we use include:

Reaching out to your support network

A support network is a group of people you can reach out to when you need someone to talk to. Whether you're stressed, confused, need some support or even a second opinion. Working in the Mental Health and Addictions sector can be triggering and some of the things you deal with might trigger an emotional response in you or can bring up memories from the past. Make sure you reach out to them if you need support. And of course, your YCA colleagues from around the country, and the team at Whāraurau, are always here to help if you need a YCA-to-YCA chat.

Whatever you're going through, there's another YCA around the country that's been through it too, and we're always here for you.

Feeding your wellness

Mindfulness and meditation, sports, music, arts.

Your personal recovery probably involves other things that fill up your cup. When you start a role that requires you to reflect on your personal journey, some days you're going to have to step back and feel the feelings before you can make a plan of action. To manage this, it's essential that you know exactly what makes you feel good.

Take a moment (right now), to write down all the things that help when you're feeling down. They could be things you already do, or things you'd like to try. Try to include big things like hobbies as well as small things you can do at your desk, like holding a warm drink and taking meditative breaths.

YCAs across the country paint, garden, cook, make music, power-lift, read, forage, jiu jitsu, and craft to stay well. Find what works for you and dive straight in. You deserve to do the things that make you feel good.



You May Face Some Challenges

Tokenism

You will probably be the only young person working in your organisation. Your youth and your lived experience are the difference you bring to your team. Still, it can be intimidating being surrounded by older, more experienced colleagues. To manage this, it's important to remember a few things:

1. Your unique perspective is not only valid, it's essential. You're there because you see things differently than your colleagues.
2. Just as you've probably never worked with clinical professionals before, many of your colleagues might not know how to work with

a youth advisor. Take the time to get to know them and find ways of working that work for both of you.

3. You deserve to feel safe and valued in the workplace. This job should be challenging and rewarding, and you should feel supported to share your perspective. If you aren't, something needs to change.

If you feel like you are being treated like a token – not being heard, given a limited voice, and have no responsibility or decision-making powers, you probably need to have a chat with your manager.

An organisation employs a YCA to offer a youth perspective into the areas of work concerning young people, and it's important that you are given the space and support to do this.

Your manager should work with you to co-create solutions to what you've been experiencing. When things go wrong, or when we feel our engagement has been tokenistic, we recommend you:

1. Share how you feel with someone you trust. This could be a colleague, your manager, a friend or another YCA. You want someone who is going to help you figure out how you feel and why you feel that way.
2. Once you know how you feel, reflect on how things could be done differently. There might be things you can do differently, or things your colleague needs to change.
3. Set up a meeting to share your reflections and aspirations. Touch on what hasn't been working in the past, but if you plan to work together in the future, focus on how to do that better. Let this be an opportunity for both of you to learn to work together.

Imposter Syndrome

It can feel overwhelming delving into the 'adult' world. You may be working with people who have helped you on your journey, such as clinicians and peer support workers. You might feel like your lived experience isn't enough reason to be employed.

This may be your first 'real job', and that can be a big adjustment. If that sounds like you, then don't give yourself too much of a hard time.

Everybody feels like they don't know what they are doing when they start a job. If you've worked before, you know that every day gets easier. If things are tricky now, take it easy. Spend a few weeks reading key documents, meeting with your team and getting to know YCAs across the country. By the end, you'll be raring to go.

Find strength in the fact that you have been hired as a YCA because of the unique lived experience you have had. That is priceless. Your lived experience, used in the right places, will be an incredible inspiration to those around you and a massive strength to your work.

Bridging the gap between youth advisors and practitioners

It is likely that the practitioners in your service have probably been there a whole lot longer than you. It's important that you find the people who will support you to do your work as well as collaborate on meaningful projects.

Remember, as an employee, you have a right to put your ideas on the table and make meaningful contributions. It might take you a while to find your voice and that is okay.

Often the teams you are working with have little knowledge about the YCA role, and you may have to educate them about what you can do. This can be daunting when they seem more experienced. Take the time to be clear about what your role is and practice talking confidently about it.

Getting strength from your story

Your lived experience is your superpower. Above everything, your story as a young person who has lived with mental health and/or addiction struggles is what most qualifies you to be a YCA! You have the freedom to disclose how much or how little of your story you want. And if you feel compelled, you can share parts of your story when relevant to assist the people or projects you are working on.

Representing other people's experiences

Yes, you may be the only Youth Consumer Advisor at your organisation, but it is not your job to represent the voice of all rangatahi in Aotearoa. The reality is you are one person with your own experiences. No matter how hard you try, it's not actually possible to represent all young people. So, don't feel disheartened or helpless if you feel that pressure. Instead, focus on the things that you **can** do. You bring your lived experience, skillset and network to the role.

While you can't speak to other people's experiences, it is part of your job to ensure that your service is continually seeking feedback from the young people and whānau it supports. YCAs have set up all sorts of systems to do this, from feedback boxes to Youth Advisory Groups (YAGs). A YAG allows young people who are currently or have recently used a service to come together and share their experiences and suggestions. Setting one up allows young people to give back to a service that's supported them and to make things better for future young people. It also allows your service to constantly improve, with change driven by the suggestions (and maybe even leadership) of current and previous service users. To learn more about how to set up a YAG, refer to The YCA Toolkit¹⁴.

¹⁴ <https://werryworkforce.org/youth-leadership>

Getting support in the working world

We spend a lot of our time at work, so it's important we get along with our colleagues. Take the time to get to know the people you work with. Not only will it make working with them more enjoyable, but it will make it easier to get things done, and to seek support when you need it.

Navigating HR, pay and contracts can be confusing. Make sure you ask questions if there is anything at all you are confused about. If your manager can't help you, reach out to your colleagues in Human Resources.

If you run into any trouble, try to resolve the issue with the people involved first, and if that doesn't work, talk to your supervisor, mentor, manager, or support person. Sometimes it helps to discuss your approach with someone you trust before you do anything else.

If you'd like external support, we recommend these organisations:

- Over the course of your life, you'll spend around 90,000 hours at work. To make the most of the collective power you and your colleagues have to make your workplace and the world better, consider joining your union. For most YCAs, this will be the Public Service Association¹⁵.

¹⁵ <https://www.psa.org.nz/>

- If you'd like to know more about your rights as a worker, visit Youth Law¹⁶ or the Young Workers Resource Centre¹⁷.
- If you have specific questions about your contract or employment law, get in touch with the Employment Relations Authority¹⁸.

What to keep in mind throughout your role

You've probably realised that YCAs can do vastly different things. The things you go on to do will be shaped by the nature of your organisation and what it needs from you, as well as your lived experience, skills, and areas of passion.

To decide what to do next, we recommend talking to:

1. **The team that hired you.** They probably had specific roles or a broader focus in mind. Work with them to figure out where to start. Once you've settled in and have some key roles, look at your job description again to see if there are other activities or initiatives you could start to ensure you're meeting all the goals of your role.

¹⁶ <http://youthlaw.co.nz/>

¹⁷ <https://www.facebook.com/youngworkersrc/>

¹⁸ <https://www.era.govt.nz/>



2. **Other advisors in your service.**
Your service may have whānau, cultural, and clinical advisors. They all work to make the service better for people who use it, and can help you explore the scope of your role. Their experience as advisors leaves them well placed to provide you with guidance, support, and mentorship.
3. **Previous YCAs at your service and current YCAs around the country.**
YCAs know the challenges and opportunities of your role well and can share how they overcame challenges and made opportunities within their roles.
4. **Young people in your community and at your service.**
Understanding the needs of your community can be a powerful

way to advocate for effective change. Take time to meet with community groups, local schools, and young people who are exiting your service to collect ideas about projects you could start, support, or advocate for your local DHB to fund. You probably won't be able to change all the things they have ideas about, but you could be well placed to connect them to organisations that work on their interests, or even funding for their idea.

Trust your gut and the team around you. You might not know exactly where you're headed right now, but you have all the tools and support you need to figure it out.



Haere ora atu,
hoki ora mai
Go well,
stay well...



Haere ora atu, hoki ora mai Go well, stay well...

In this book, we've shared where we've been, where we are, and our advice to guide you through the future.

We hope this introduction has energised and inspired you to learn and grow, as well as to support and occasionally challenge your colleagues in the mental health sector to do better.

You will find strength and guidance in your own experiences, as well as the experiences of your friends, whānau and community. Cherish those relationships and trust the things they teach you. It will nourish you to lead change. You might not feel it now, but you will grow into the person you need to be. And we'll be right here whenever you need us to make it happen.

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