KEEPING YOUTH AT THE HEART OF MENTAL WELLNESS

# HE MANA TAIOHI: UNDERSTANDING MANA MOTUHAKE

2021

WHĀRAURAU
Empower the Workforce | Manaaki Mokopuna

DMC

# HAERE MAI

# WELCOME

Kia hora te marino
Kia whakapapa pounamu te moana
Hei huarahi mā tātou i te rangi nei
Aroha atu, aroha mai
Tātou i a tātou katoa
Huī e! Tāiki e!

May peace be widespread
May the sea be like greenstone
A pathway for us all this day
Let us show respect for each other
For one another
Bind us altogether!

We want to dedicate this report to the rangatahi who have passed, for sharing love despite being amidst battle after battle. You are never far from our minds.

This report is also dedicated to the rangatahi who offered words of wisdom far beyond your years - a debt which we cannot hope to repay.

You are our leaders, our warriors, and our champions.

Thank you to the team at Whāraurau, for allowing us to do this mahi, for always seeking the knowledge of the rangatahi we work with, and for trusting our lived experience.

And a final thank you to the reader, for taking the time to hear the voices of rangatahi, and for what you will go on to do with it.

**Nāku nā, Sammie Dudley (with guidance and support from Romy Lee)**

# RĀRANGI ŪPOKO

# CONTENT

# WHAKATAKI

# INTRODUCTION

We begin this report with the karakia we shared at the online DMC event in 2020, acknowledging our ancestors and the strength we draw from them, that is held within us all.

Our goal for this report (as per the previous one) was to compile the perspectives of rangatahi to support transformation in mental health services. We did this by collecting information from rangatahi through our annual DMC events: a platform for young people with lived experience to come together and brainstorm how services can improve. Additionally, we wanted this report to recognise the mana motuhake (self-determination) of youth in these spaces and the wisdom and power they hold to make positive changes to our services.

With this report, we want to provide rangatahi with a direct voice to the workforce, working to bridge the gap between us through the one thing that we all share: being human. At the heart of our work, what youth fundamentally need are the same things every human needs to survive; robust community support, wisdom and knowledge from our ancestors, culture, a purpose, self-determination, and a sense of who we are. By building on this foundation of human experience, it is much easier to recognise that the issues facing youth are usually a lack of these basic human needs. Needs that everyone can relate to.

With this in mind, the DMC in 2020 was an opportunity for us to discuss the difficulties we have in accessing these needs, along with possible changes that could be made to services to assist us. We draw these ideas from youth who have shared their lived-experience of mental health and addictions services with us, and we feel immensely proud of the rangatahi who came forward and did so.

Thank you for reading this report. We hope it inspires you towards meaningful change.

# KAUPAPA MAHI

# OUR PROJECT


DMC stands for "deep meaningful conversations" - an informal way for young people to describe heart-to-heart kōrero. To find out how the project was founded with taiohi whaiora (young people in search of wellness), check out our last report: “Youth Informed Transformations”, which details this on page 5.

Due to the risk of COVID-19 transmission, we held the 2020 DMC online via Zoom (group video call). The online format of the DMC allowed us to invite observers from the workforce to watch the conversations as they were happening. After the introduction sessions, observers were asked to switch off their video and sound, leaving the discussions to the young people with lived-experience who attended.

**Whakawhanaunatanga**

The introduction session began with everyone sharing their names, occupations, the meaning/story of their name, and finally, what mental health meant to them. We then broke off into two breakout groups of around five rangatahi (including facilitators) and 4-6 observers. The purpose of this was to allow people to orient themselves and discover some potential similarities that could enable discussion throughout the meeting.

**Community Vision**

In this session, we began kōrero in our break-out groups by sharing what impacted our communities. This gave us time to reflect on the year and to air how we've felt as individuals and collectively as a group. This session gave us time to reassert our own values and expectations of mental health services, what we're looking to achieve, and start thinking about how we can turn the ideas we have into a reality.

**The Ideal Service**

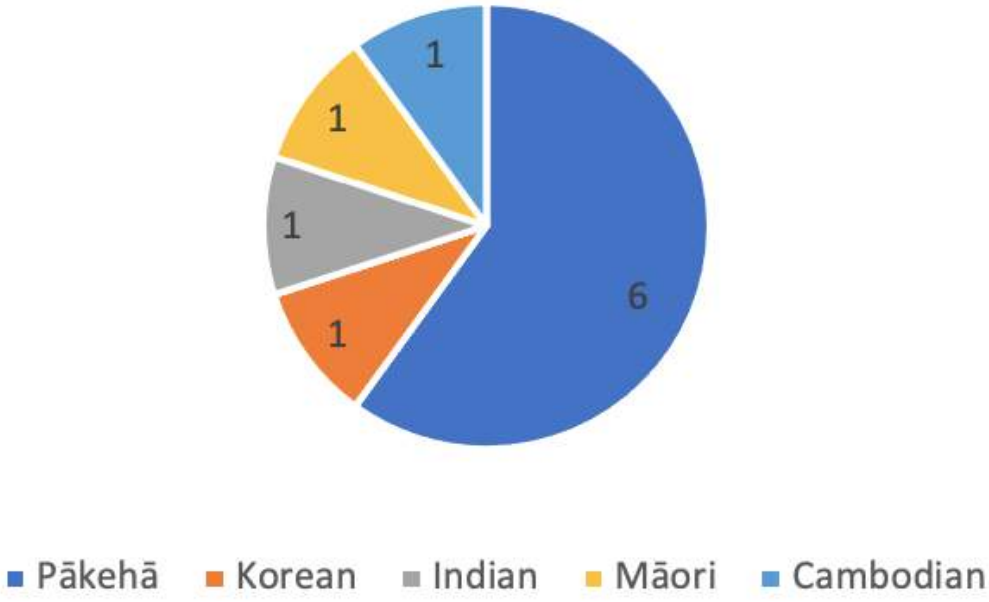
With our common values understood, we explored what an ideal service should look like. We utilised the Zoom whiteboard to draw out designs and to build our ideas cohesively, which set a foundation to share back to the original group (all participants).

**Time for Action**

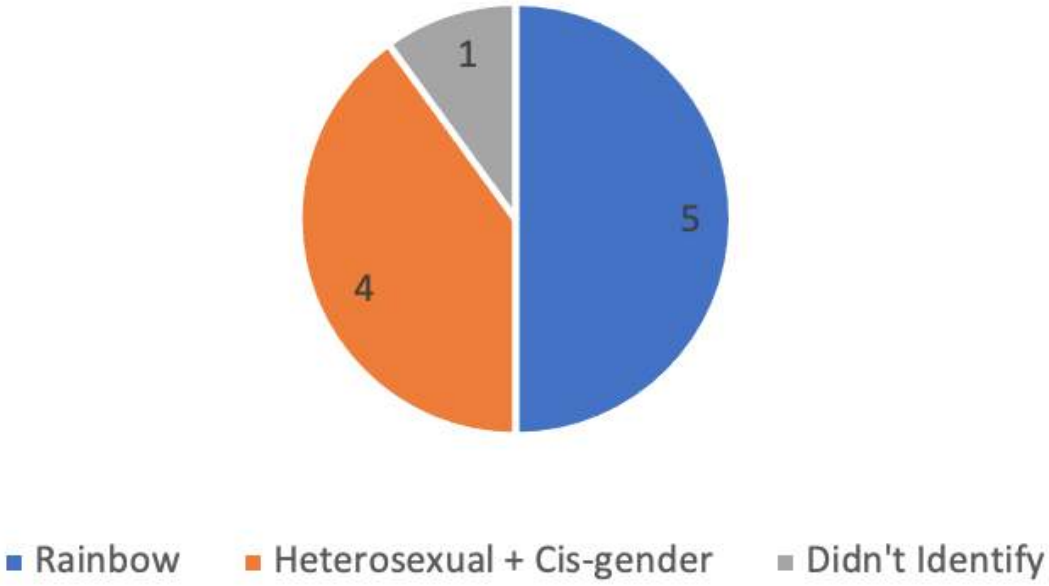
We came back to the original group, and each breakout group summarised and shared their ideas. We found that our ideal services were similar, placing the importance of our health on statements relating to community, giving back, and inter-independence (if all those around me are strong and independent, I am also strong and independent). These visions of our communities can be viewed in the next section “Community Vision”.

## Online DMC 2020 Participant Information

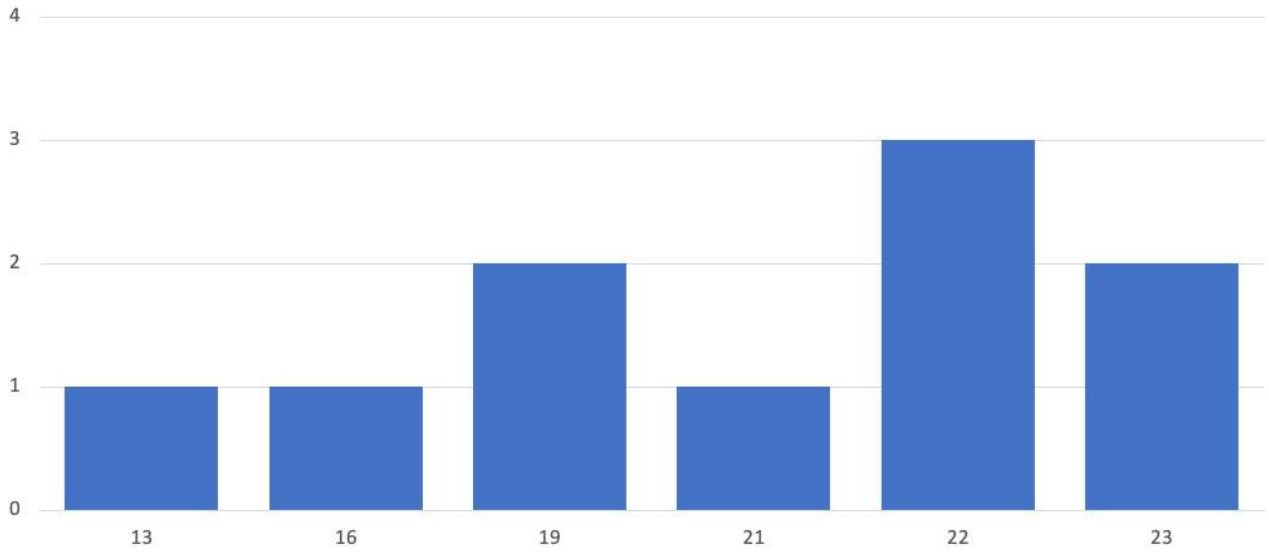
***Ethnicity***




***Gender and Sexual Identity***



## Age



# TIROHANGA Ā HĀPORI

# COMMUNITY VISION

2020 was a challenging year for Aotearoa, with the impact of COVID-19 being a driving factor. Simultaneously, we felt the pull to understand our identities this year, alongside the global movements protesting inequality, and to protect our taiao (environment). It was essential to us, in this report, to capture that significant cultural shift and how our perspectives of mental health may have changed as a result. Rangatahi were clear that to discuss the state of our mental health system, we needed to dig deeper into the environmental and socio-political issues impacting it.

Echoing the values of our lived-experience champions in 2019, our focus for change in 2020 and 2021 was about spirituality, community, and self-identity. Through this, we focused on reframing the path to mental wellbeing as a constructive journey to self-awareness, not as an impossible and daunting task one must overcome to be 'whole' again. The constructive nature of our vision is through a strengths-based model: self-acceptance first, which has given us the power to overcome challenges in our mental wellbeing. This is a take on mental health much more sustainable than the alternative: becoming distressed if our efforts to secure our mental wellbeing are not met with self-acceptance as a result.

Through this vision of self-acceptance first, we claim back our power and view challenges not so much as an arduous journey, but as an opportunity for growth and self-discovery. Additionally, this involves being conscious that mental wellbeing is not a destination, but rather the by-product of self-acceptance, moral integrity, and robust support systems.

As the year went on, we began to recognise that not only was mental wellbeing subjective to individual experience, but the environment in which we maintain it is also subjective to the individual 'climates' we live in. For example, we saw a collective impact on the whole of Aotearoa in response to the lockdowns, yet individual people (or certain communities of people) were most impacted by them. Tāmaki Makaurau (Auckland), for example, underwent longer lockdowns than any other region, and when they occurred, we sent more support to our Tāmaki

Makaurau whānau because they needed it. The same applies to our struggling youth in Aotearoa. Youth in general are experiencing difficulties, but there are differences in the impacts of these difficulties depending on the community within the youth population. Our sector must prioritise these struggling communities in the same way we have prioritised support to Tāmaki Makaurau.

Through this understanding, we urge services to consider that universal application of support to the entirety of youth in Aotearoa is not always effective, and we must prioritise those of us struggling the most. This theme of equity was widely discussed in our community vision session, along with how we as a sector can empower youth to find strength-based solutions. In addition, we discuss how these efforts must be backed by changes to socio-political influences, leaving youth with sustained support outside services too. An explanation of these issues can be read below, along with ideas for further improvement to best support tangata whaiora.

## GENDER ROLES

Our genders are deeply embodied within our identities. When we think of the concept of gender, often our thoughts turn to notions of femininity and masculinity, and what they mean to us. One might believe that masculinity is embedded in physical strength, and to another, physical strength could be seen as a deeply feminine trait, particularly when we think of the physical strength required during childbirth. Depending on the era, the concepts of masculinity and femininity have consistently changed, and are therefore socially constructed concepts that are exclusive and separate from gender. Gender is an identity, masculinity and femininity are the ideas we draw from it.

Despite this, femininity and masculinity are still primarily tied to gender. Being a woman should not automatically be linked to being 'feminine', nor being a man to 'masculine'. Rangatahi were clear on this. Women and men do not owe it to us to demonstrate what our ideas of femininity/masculinity are, and gender diverse people do not owe us what we feel is ‘appropriate’ androgyny. To fully support our gender diverse communities, we must let people decide what their gender means to them, and indeed, what our genders mean to us.

The perception of gender through masculinity and femininity certainly still poses an impact on rangatahi as not everyone holds this open-minded perspective. For young women, continued pressure to conform to sexist body standards (particularly in the

form of fatphobia towards women) influences the striking increase of eating disorders for young wāhine in Aotearoa (New Zealand Eating Disorders Clinic, 2021; Swinbourne, Hunt & Abbott, 2012) . Toxic masculinity is an ongoing issue for men, coercing them to act in a way that is seen as a societally acceptable standard for men, so that we can then deem them 'masculine' and 'manly'. Gender diverse rangatahi can still experience ongoing stigma to conform to being feminine or masculine, making transitioning and living to true genders very difficult.

**How services can support us**

Though many of us are deeply aware of the roles of gender in society, there is still pressure to conform to traditional ideas of masculinity and femininity. Rangatahi did not feel that ideas of gender directly affected mental wellbeing, but that the resulting pressures we felt to conform to these ideas have become widely problematic. From a sociological standpoint, services and support staff can help rangatahi by being aware of the dialogue we use when identifying gender. Consistently use your pronouns in all introductions (even if not asked to provide them). This can make a huge difference in helping gender diverse rangatahi feel normal, as they often feel they need to denounce their pronouns even if no one else does.

To protect rangatahi from the consequences of harmful gender norms, services can help by promoting body positive imaging. In addition, we feel it is essential that service staff are aware of potential self-deprecating language, particularly to do with weight. How we talk about our bodies and the dialogue we use influences what is acceptable for rangatahi to say about themselves. If service staff and adults are self-deprecating about their bodies, they promote the idea that it is okay for rangatahi to do the same. We must all recognise why it is important to support and love people regardless, and to turn that same love onto ourselves. This, we believe highlights our theme of self-acceptance through a strengths-based approach to mental-wellbeing (in response to feminine gender norms).

Services can help our tāne (men) by opening the dialogue about toxic masculinity and holding discussions for men to openly talk about how it affects them. Not assuming that men are the perpetrators of abuse, but holding the space to discuss how harmful masculine ideology might impact their ability to share struggles. Creating safer spaces for men to break the cycle of toxic masculinity, and distance them from the pressure to conform to masculine ideals.

Gender diverse rangatahi felt most supported in services when they could get support from people in similar situations - "like me". Mentorship from older, gender diverse rangatahi provides a sense of safety and trust. It holds the space for gender diverse people to speak directly to their struggles with someone who understands. In addition, it is helpful for a service to consult with lived-experience peers, and to train their staff on appropriate gender diverse language before rangatahi are asked to explain it themselves.

## SOCIAL MEDIA

Online platforms for social connection were one of the largest themes discussed during our community vision session. Often, discussions on this topic linked back to a disconnect we felt when only communicating virtually with our peers and with service staff. This disconnect we feel comes from an ingenuine connection – a lack of mindful presence to engage with one another on a deeper level, and ultimately, the absence of safety to allow others to be vulnerable. This means that social media presents risks to forming genuine connections that would otherwise not be there if connections were always made face-to-face.

Rangatahi felt that genuine connection to others was, (and is) a vital part of our mental wellbeing journey. However, the genuine connections we seek with others requires us to be vulnerable. Despite this, we still try to pursue deep emotional relationships that nourish our wairua and add to our sense of purpose – there is now just heightened risk once we do. Again, this concept builds on the foundation of human needs we mentioned earlier: we are the first generation to grow up with social media, yet our needs to connect to others in a wholesome way remain the exact same as everyone else.

Social media, while incredibly useful, seldom encourages nor provides truly safe spaces to be vulnerable - draining the energy we have to form and maintain meaningful relationships. Instead, social media can be a mixture of harmful and triggering content. We found this particularly true within the Rainbow community, with many of our rainbow rangatahi describing the inaccessibility of safe spaces on social media platforms for transgender people. Expressing gender and sexuality online is intermittently met with heterocisnormative ideology (normalisation of cisgender and heterosexual culture), and this makes being vulnerable and, by extension, forming genuine relationships difficult.

**How services can support us**

As social media has such an enormous impact on young people, we felt it was essential that our services understood how we're impacted by it and how it evolves. We want our services and clinicians to engage with social media, understand the nuances of youth culture within it, and to teach youth how to deal with the complexities of social media to still maintain our important relationships.

Those services that decided to engage with social media platforms were most popular and appreciated by youth when their presence online was energetic, with visually appealing posts and videos of real people speaking directly to those watching. We also loved the idea of making it possible to request a counselling session or contact the service using an app or to review our journey in the service by having a personal automated homepage displaying our data. In cases where an app is unavailable, a good website can work well, provided that it is co-designed by rangatahi.

To enable youth to have a genuine connection with like-minded people, having peer-led programmes for rangatahi is a great way to create safe spaces for those wishing to seek help. Interacting with our peers who can be vulnerable with us (and us them) assists us to build genuine relationships, becoming potentially new avenues of support outside the service. A great example of this in Aotearoa is the service 'Reframe Wananga' - you can check out this service here: (rw.org.nz).

## ACCESS TO ONGOING, AFFORDABLE CARE

During our kōrero at the DMC, we made note that like privilege in society, privilege also exists in the ability to maintain health. Referring to differences in how communities are impacted by struggle (as we mentioned above) the opposite applies to those that do not have these obstacles. This lack of obstacles to access help for mental distress is what we consider ‘mental wellbeing privilege’. An example of this is the difference in deprivation for Pākehā versus Māori youth – which in turn may impact a young person’s ability to access help if needed. Mental health treatment is frequently inaccessible to the middle and lower class, or rangatahi in poverty, who tend to lose hope and give up finding help in services if they are not receiving the help they need. When services are available, they tend to be time-limited, often at capacity, and there

are long waits to see clinical staff. In addition, we feel that the support we receive is situational. When we ask for help, we think it needs to be when we are experiencing something severe, because we know the mental health system is strained and do not want to take help away from people that need it 'more'. Going to private counselling is often not an option for many rangatahi because of the cost, and those who can afford it have a better chance at learning the skills required to maintain their wellbeing.

**How services can support us**

Rangatahi are aware of the difficulties existing in the mental health sector for clinicians to keep up with patient needs. Many of us empathised with the pressure that clinicians are under to navigate supporting us in these difficult times. We acknowledged these difficulties and discussed ways to work better together in the limited time we have in services. One way was to prioritise preventative measures of mental illness. This means diversifying the education we receive in schools to include mental health, trauma training, and financial skills. Outside of schools, we refer back to the idea of services having rangatahi-led programmes to learn about these topics and create meaningful relationships with others who require the same skills too.

Another method was to simply ensure that the time we have in services is as meaningful as possible. For new service-users, an annotated gallery and map of what the service looks like before we get there can be useful for reducing anxiety in a new environment. We also loved the idea of making this gallery a virtual experience, with 360-degree vision (this is possible with some panoramic photos), or a short video of the interior of the service.

During sessions it is helpful to ask rangatahi if they would like you to open the session with a karakia, providing a safe space for spiritual grounded-ness (an often neglected but important component of Te Whare Tapa Whā). Spirituality can be touched on through connectivity to nature, which means having lots of plants around (biophilic design) or, if possible, giving rangatahi the option to take their session outside.

## YOUTH CULTURE

Universal to our discussions was an underlying motif of youth culture in Aotearoa.

During counselling sessions, rangatahi tended to feel most comfortable around other youth due to their understanding of youth culture. We discussed this in our conversations referring to the disconnect we felt when explaining ourselves to clinicians who were not particularly orientated with what occupies the time of youth. Rangatahi who spoke on this issue felt that due to the size of social media (and the culture that it brings to youth), relating to us has become difficult without a good grip of the online world we live in, and, by extension, the context in which we try to maintain our health. Understanding our world (online and offline) means removing the lens of 'mental health' and researching how we live each day.
What barriers exist for us outside of mental health, and how do these barriers impact how difficult it is for us to maintain wellbeing?

A good example is the way that young people speak to each other. In Aotearoa, it is informed mainly by the kiwi culture of self-degradation or "banter culture". We are quick to point out faults in ourselves but not quite as quick to celebrate our achievements. In addition, when we speak to each other, we often downplay achievements and lean more towards a culture of making fun of each other when we succeed. Rangatahi noticed that the purpose of this was to avoid seeming grandiose, and to instead appear humble, even if that means lessening our achievements in the presence of friends. Initially, this can seem like a positive thing - keeping humble no matter what we do, however when we are constantly obscuring our achievements, banter culture can be harmful and damaging in the long run.

**How services can support us**

To put it simply, we need environments where we feel comfortable enough to celebrate the things we've managed to overcome. Focusing on a strengths-based approach to mental wellbeing, it is essential that while learning the skills necessary to overcome mental distress, we also learn the skills to savour every moment of joy we experience. We need services that promote body positivity, the openness to share achievements, and spaces that uplift us; that energise us. Services can assist us in this by looking at mental health from a positive angle - that rangatahi are beautiful, loved, worthy, and capable of overcoming our hardships, rather than being perceived that we are 'fragile' or in distress.

Maintaining mental wellbeing is easier when it is community-based. We must learn to utilise our environments, to lean on each other in times of hardship and celebrate

each other alongside celebrating ourselves. Services that engage with us on this level were the ones that rangatahi felt connected to the most and felt most comfortable with. Furthermore, positive environments encourage rangatahi to focus on the people and things that make them feel good about themselves, and to decipher what in their environment is positively or negatively contributing to their wellbeing. Fundamentally, teaching us this skill to decipher is what we feel separates a useful service, to one that we must repeatedly return to.

# HE RATONGA PAPAI

# THE IDEAL SERVICE

Upon identifying the problems facing the youth community and providing possible solutions to these issues, we wanted to give an example of the ideal clinician, the ideal one-to-one session, and the ideal staff. In the next section, we include a description for the ideal service, with an annotated visual design and a floor map of how the service is constructed. Keep in mind that this service design is only one example of an ideal service, but in constructing it we wanted to include all suggestions young people made to give you the best example possible.

### THE IDEAL CLINICIAN

Reiterating points from the last DMC report, we still believe the ideal clinician is one that is authentic, genuine, culturally knowledgeable, and non-judgmental. Moreover, a youth clinician should be well-informed on current youth culture, with a strong personal understanding of social media. Being knowledgeable before sessions about youth culture and social media is essential to work with rangatahi effectively as it provides context to youth mental health. It is much easier to connect with rangatahi when clinicians understand our culture and who we are. The ideal clinician is also one that listens first to understand, and secondly provides us with avenues of support that we can choose from. This approach strengthens our mana motuhake and again, focuses on a strengths-based solution.

### ONE-TO-ONE SESSIONS

During sessions with a clinician, we notice the power dynamic between ourselves and adult clinicians. Usually, for this reason, we tend to relate slightly better to younger counsellors with similar life experiences to us. Of course, clinicians can still connect with us in many ways by understanding the world of youth today. A way to do this is by engaging in our humour, being light-hearted, and respecting our mana motuhake (autonomy) in these spaces by asking us how we would like to go through the session and what we would like to get out of the day.

## THE IDEAL STAFF

Our vision of the ideal clinician this year includes a vision for the entire service staff. We felt the people running our services needed to reflect cultural diversity - both in their practice and in reflecting their demographics. We felt this strengthened a service's capability to relate to rangatahi and helped a service reduce the vulnerability of specific populations of youth by including staff with similar demographics. Culturally diverse staff add to important conversations that impact rangatahi and can help them feel more comfortable attending a service.

# TOROHANGA Ā KANOHI

# A VISUAL TOUR

In truth, an ideal service consistently strives to do better by always listening to the voice of the people. Does your service cater to the needs of youth? Do your clinicians understand social media well? Is it inviting, peaceful, and does it focus on our components of wellbeing, along with nature and spirituality?

The ideal service design (in the following few pages) is a summary of what a service (with unlimited resources and funding) could do, look like, and be. Through this short visual journey, we hope you will find inspiration and joy in the vision we have for our community. This design is a reminder that we must aim high because it forces us to always move in a forward direction towards the service we truly want. It is also a reminder that although we have a long way to go, we can climb high mountains by simply learning to put one foot in front of the other.

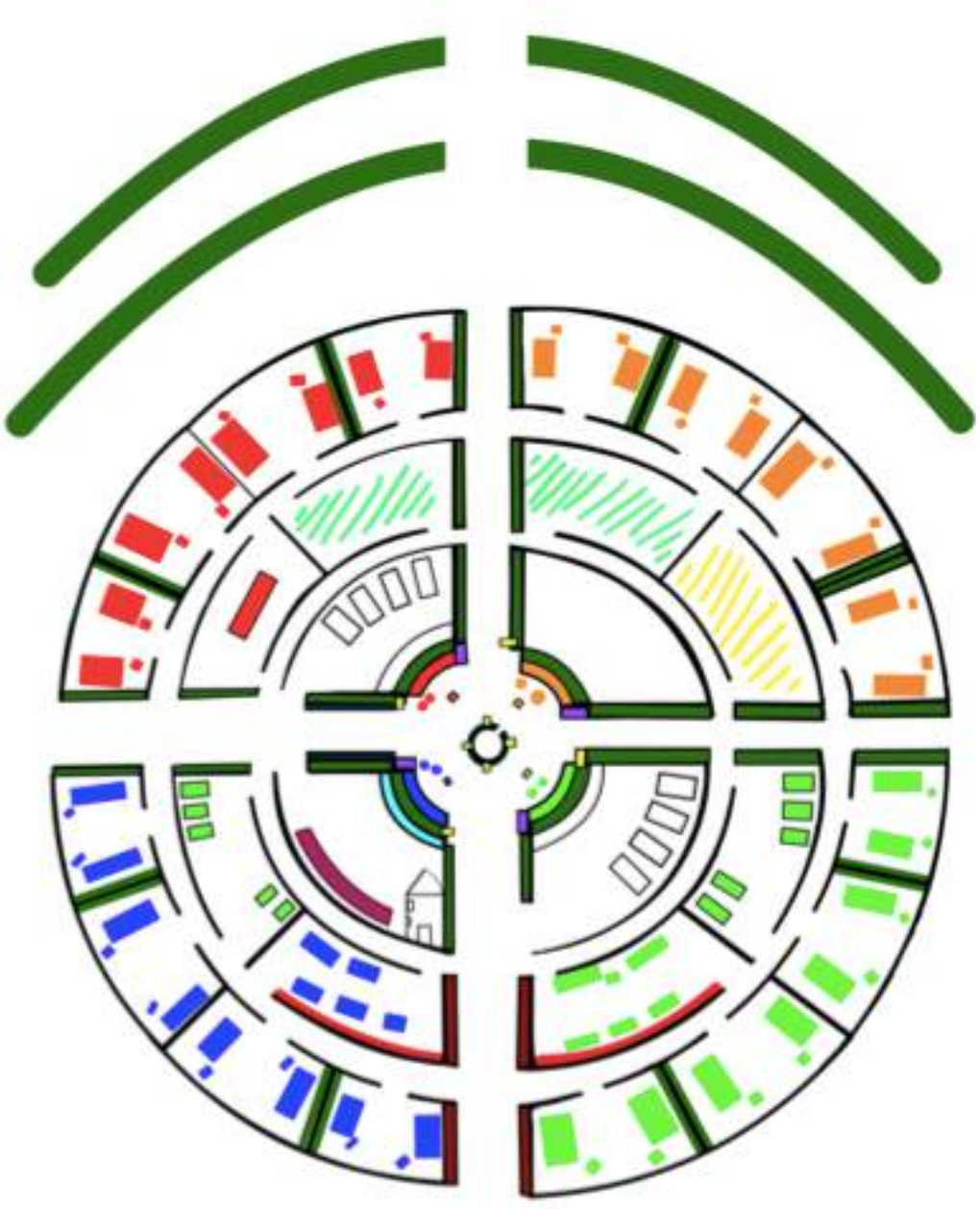
**FLOOR DESIGN**

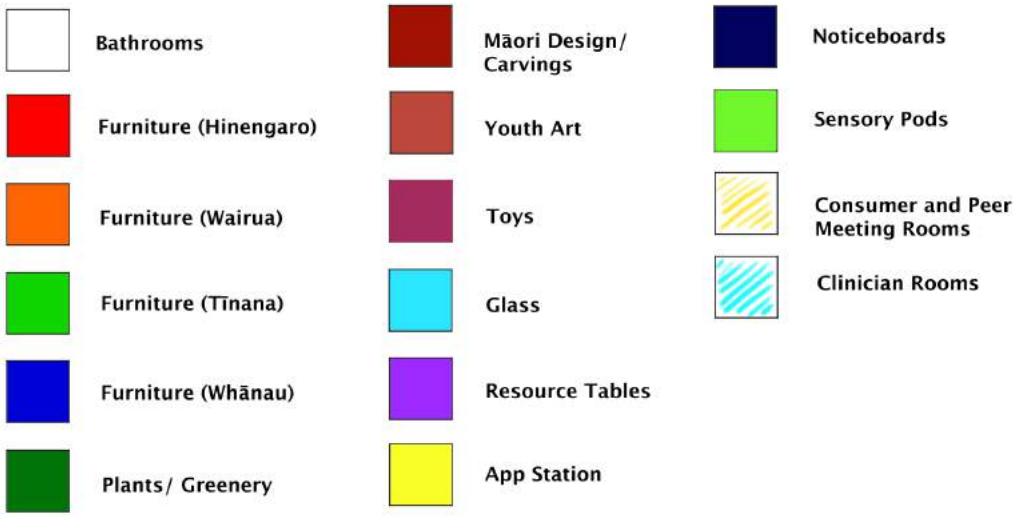
The first thing we felt was essential to have in a service was nature, or 'Biophilic Design'. We wanted our mental health spaces to feel as if we were coming home - back to our land, the same way that when facing difficulties, we may return to our homelands to find out who we are. Secondly, we wanted the service to fully reflect holistic wellbeing, utilising Māori models of health that already structure holistic wellbeing so we could implement it comfortably into the service.

We wanted a name that sounded friendly and wholesome, so we named our ideal service 'The Youth Wellness Hub'. The entryway design features Māori carvings on either side, leading into the centre of the building. The purpose of this is to imitate the feeling of walking through a wharenui, seeing photos or carvings reflecting our ancestors. The carvings in our entryway represent the rangatahi who helped us design the service - the ancestors who paved the pathway for us. It is also a reminder to return to our centre in times of distress - to return to our whare (our emotional, physical, spiritual, whānau and whenua connection) and see the big picture before

we learn how to move forward. Walking through to the centre of the Hub, you can sign in using the app station – letting your counsellor know that you've arrived. Bathrooms and toilets are unisex, with showers, and each bathroom has a changing table and bins in each of the stalls. Bathrooms should also be equipped with sanitary items (pads, tampons) and condoms. Entryways into the bathrooms should be comfortably wide enough for wheelchairs.

Around the other side of the service building is a large garden that clinicians may use to take their sessions with youth outside. During weekends the garden may also be available for gardening events, and any food grown from the garden can be donated out to the community. Gardens and outdoor spaces were one of the most important things when considering our ideal service. Having a garden attached to the service connects us to the land and demonstrates the analogous nature of nurturing something to grow, as we nurture ourselves to do the same.




Bathrooms
Furniture (Hinengaro)
Furniture (Wairua)
Furniture (Tīnana)
Furniture (Whānau)
Plants/ Greenery
Māori Design/ Carvings
Youth Art
Toys
Glass
Resource Tables
App Station
Noticeboards
Sensory Pods
Consumer and Peer Meeting Rooms
Clinician Rooms

## THE WAITING ROOM

The waiting room is divided into four areas, representing the four areas of health in the Te Whare Tapa Whā model (Durie, 2001). While waiting, people are encouraged to select one of the four areas of health that they'd like to know more about or need some help with, and to wait in the section they choose. Each of these four sections contain resources specific to certain areas of health. For example, in the 'Tinana' section, you may have a resource that helps you cook inexpensive, healthy food. In the 'Wairua' section, you may find a resource that helps you learn about cultures that practice spiritual grounding techniques. In this area, chargers for devices, tissues, and free WiFi passwords are available.

Each area of the waiting room (along with resources) has a small screen that plays information about resources for wellbeing (depending on which area of the waiting room you are in). Rangatahi may choose to put messages up on the noticeboards, giving advice to those coming into the service and needing support. This immediately creates a community connection between us and our peers and may help us to feel that we are not alone in our struggles if we see that others like us have been here too.

## WHĀNAU ROOM

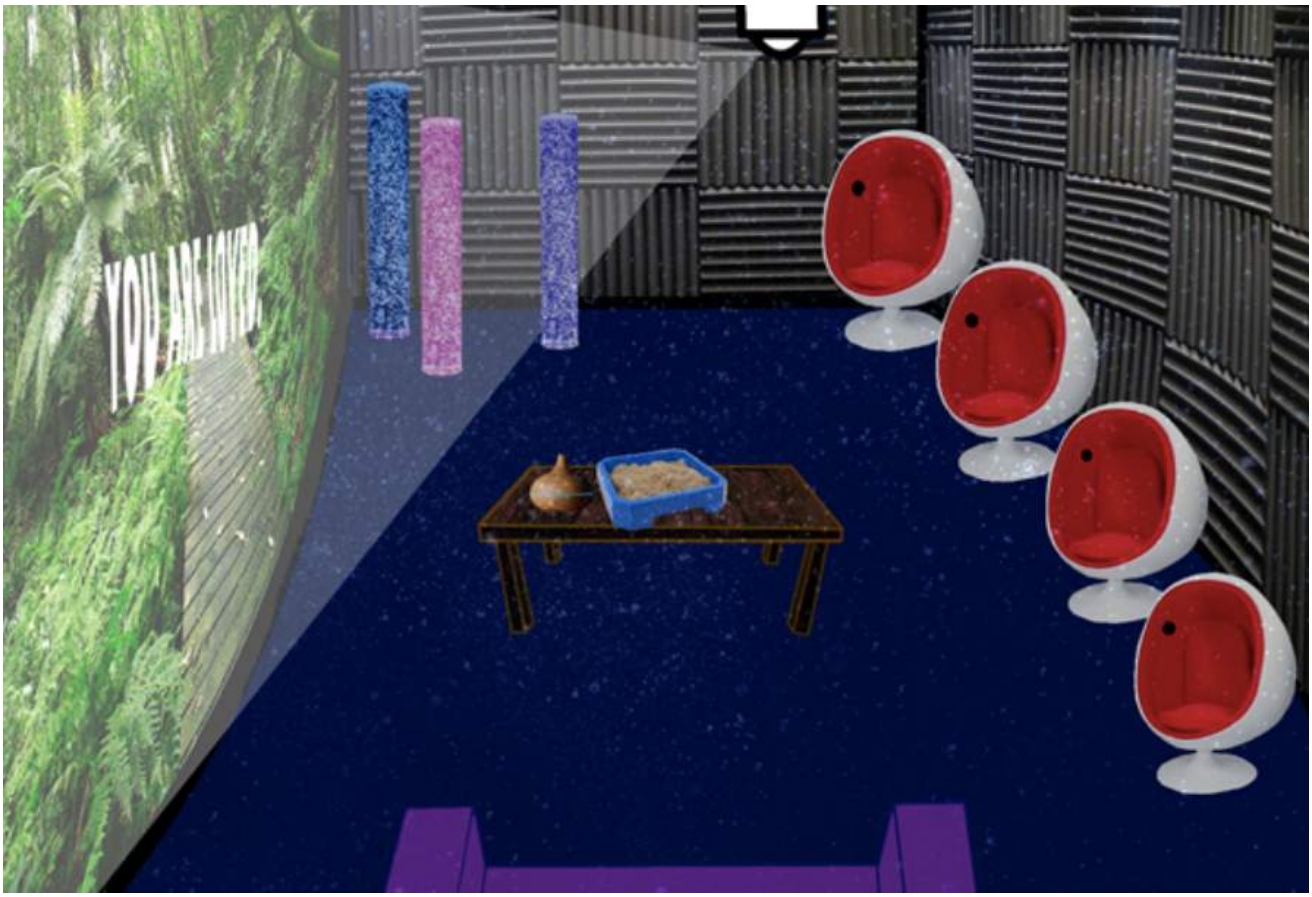
For parents with small children, we wanted to have a safe space for their tamariki to play and have fun while they were at the service. We wanted parents to feel welcome to bring their child and that they were provided with a safe space to learn or create. Our whānau room is equipped with lots of toys, puzzles, paper, and pencils to draw with. When playing, parents in waiting rooms can see their tamariki through the glass between the whānau section of the waiting room and the whānau room next door. An accessible toilet is also available from the whānau room, letting tamariki go to the bathroom without leaving the safe space available for them.

An interactive board with a projector playing soothing nature videos helps our tamariki interact together or experience nature in a safe environment. The projector may also be used to play movies on special occasions.

## SENSORY ROOMS

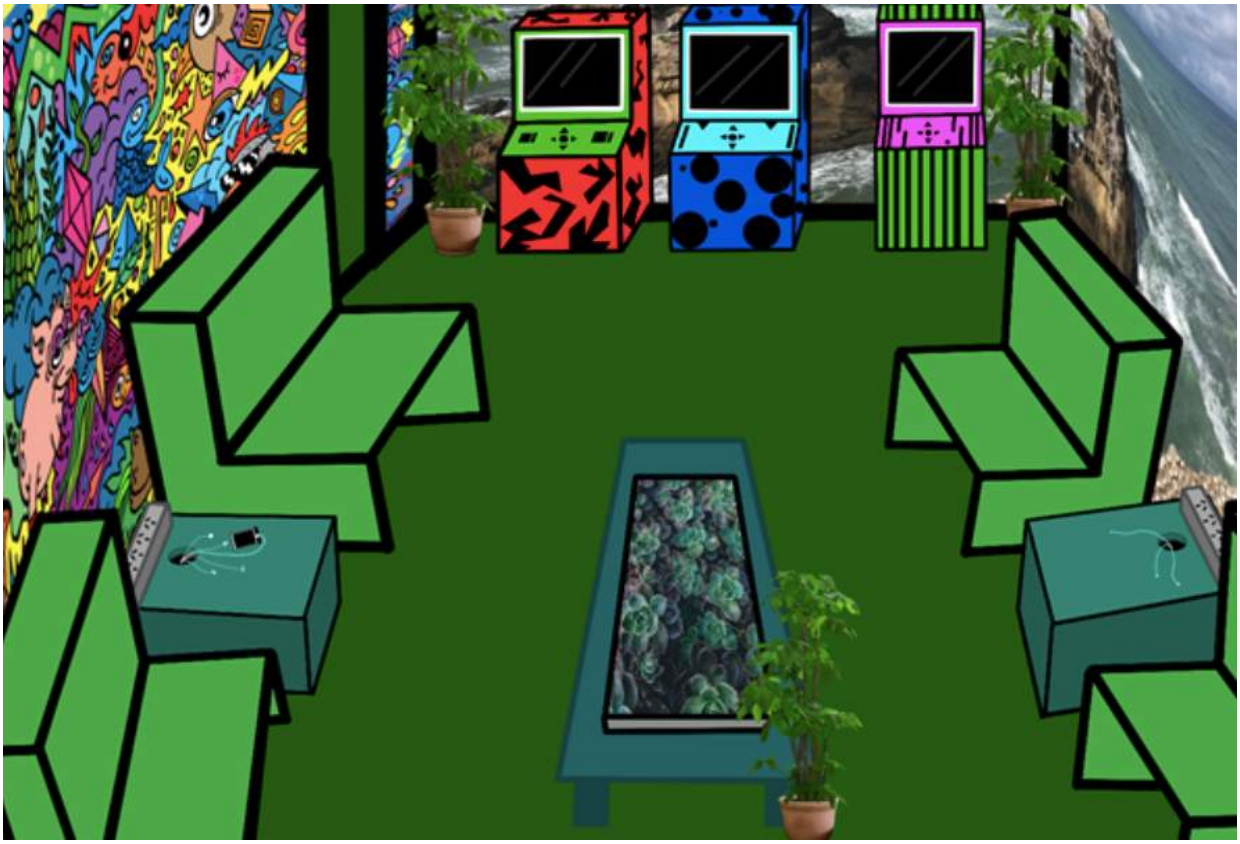
Sensory rooms should focus on all of our sensors, to create a truly sensory experience. In our ideal service, sensory rooms are equipped with soundproof mesh, creating a deeply tranquil space. Diffusers are available in the rooms, releasing calming smells like eucalyptus and lavender. Scents can also be requested for the diffusers in the service's app.

For a sensory experience, we wanted to have the option for a comfortable couch and individual spaces. Small pods with left and right speakers block out light and play music accompanying the visual playing on the screen. Left and right speakers are essential to give the impression of surround sound, immersing you in the music. There are also sensory toys available and bubble lights designed to ease autistic youth.



## RANGATAHI ROOMS

Rangatahi rooms are available for youth to come in and study or hang out, with chargers and power outlets available. Spaces are also open and friendly, with contemporary art, arcade games, comfortable couches, and pictures of natural spaces.



## CLINICIAN ROOMS

Clinical rooms for one-to-one conversations exhibit biophilic design. We felt that being within nature helped us to feel calm and secure and would assist us in having open conversations with support workers and staff. We also loved the idea of a tea and coffee station available that clinicians can use to ask rangatahi if they'd like something to drink. The table in the centre of the room is optional, however we thought it may be a good idea to have so that clinicians can use it to show us our data on their allocated tablets. These allocated tablets are also connected to the app for the service, and rangatahi can send through diary entries or information before the next session – making the sessions we have both efficient and thorough.

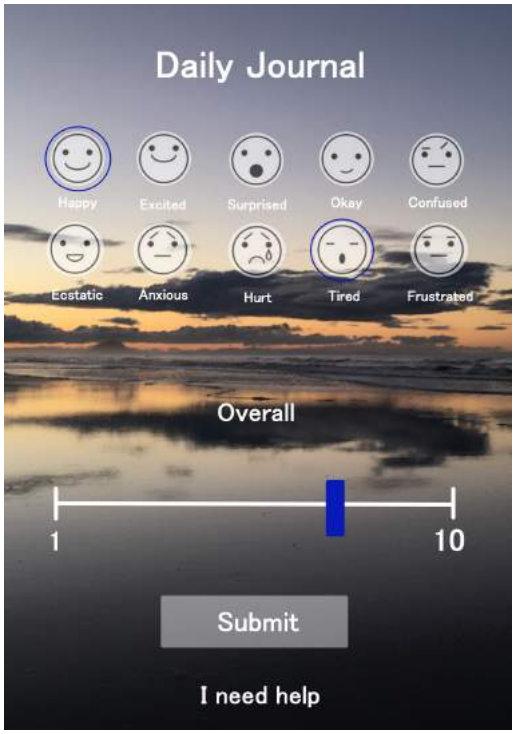
# HE TAUPĀNGA, HE PAE IPURANGI

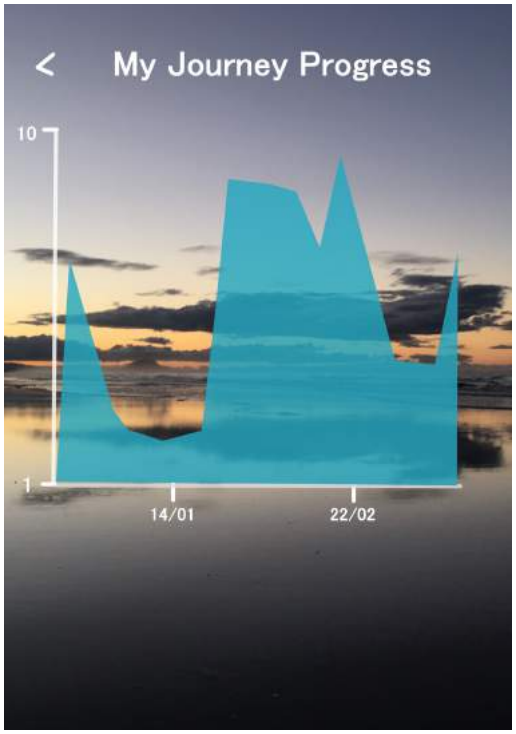
# APPS AND WEBSITES

To continue to support rangatahi outside the service, we need to utilise technology to our advantage. The ideal service comes with an app specifically designed to help young people navigate the service. The app logo is a mangopare, representing the strength of a hammerhead shark. It also embodies the four areas of health – spirit, family, mind, and body. By logging in, users come to their homepage, along with a small button near the bottom if a user needs assistance with the app. The 'I need help' button takes you to a list of contactable services in emergencies (i.e., 1737).



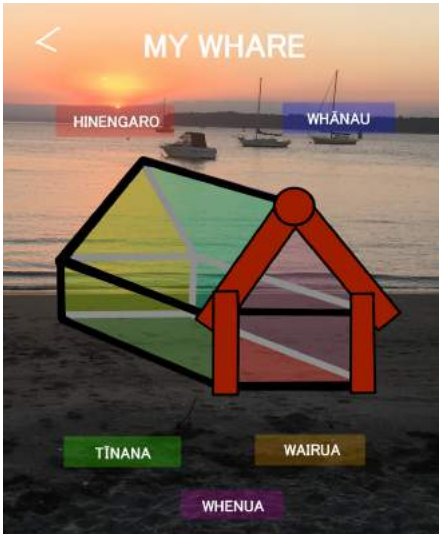

Rangatahi can write entries in their journal and share these entries with their counsellor (if they wish to do so). They're also able to connect with any other users they've met during their time in the service and share entries or progress with them (with permission from the entry writer). This system holds us accountable for maintaining our health and sharing progress with our friends when we consistently journal our thoughts. Daily journals also make it easier to log how we've been doing throughout the day. We can select all emotions that we've experienced that day, which can be generated into a progress graph to view at the end of our time in the service.




**OUR WHARE**

The second section of the app focuses on the maintenance of our four areas of health. By selecting any of the four regions of the whare, we can journal how we've been maintaining them and share these entries with counsellors or peers if they wish to. With this section, there is also a selection of resources available to assist rangatahi if they need help in whichever region of health they select.





**COMMUNITY CONNECTION**


Finally, it is important to us that the services we attend prioritised community. We want our services to hold peer-led events, using the app to view a timetable of events and RSVP. Users can request to host events using the spaces for rangatahi by requesting to book these in the app too.

For appointments, users can request from the app (to be sent and confirmed by the receptionist/clinician) and request to volunteer for the service, providing opportunities for youth to gain experience and offers for referrals to assist in developing CVs.

# KUPU WHAKAMUTUNGA

# CONCLUSION

This report would not have been possible without the contributions of rangatahi with lived-experience. We remain incredibly grateful and humbled by the wisdom of these youth, and hope those who read this are inspired towards making the vision we have here a reality. The purpose of this report is to bring together the vision we see as youth, to bridge the gap between ourselves and the sector, and move forward together cohesively. It was important to us in this report to be honest about the socio-political issues affecting youth, and the culture we find ourselves in that make it challenging to uphold our four areas of health (wairua, whānau, tīnana, and hinengaro).

We believe that sustained change for our sector may only occur by changing the ways we think about mental health, and how our environment impacts it. To truly understand mental ill health, we must dig deeper and start to have conversations about difficult topics that we find ourselves avoiding often. By doing so, we eliminate the stigma and encourage others to be brave also.

Delving into these topics is precisely what we asked DMC participants to do. We view their wisdom and lived-experience as a koha - a gift, which we now pass on to you.

# REFERENCES

Durie, M. (2001) Mauri Ora: The dynamics of Māori health, Auckland, Oxford University Press

New Zealand Eating Disorders Clinic (2021) Anorexia Nervosa, retrieved from: www.nzeatingdisordersclinic.co.nz/eating-disorders/anorexia-nervosa/

Swinbourne, J., Hunt, C., Abbott, M. (2012) The comorbidity between eating disorders and anxiety disorders: Prevalence in an eating disorder sample and anxiety disorder sample. Australian & New Zealand Journal of Psychiatry

**CONTACT:**

Wharaurau.org.nz
Coordinator@Wharaurau.org.nz